









# Chronic Disease—Its Cause and Cure

*(An easy and comprehensive exposition of the method  
of chronic treatment translated from Dr. N. Ghatak's  
Bengalee treatise on the subject)*

BY

**P. N. Banerjee, B. A.**

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## PREFACE.

The method of treatment of chronic diseases is peculiarly difficult, and the few books we have on the subject are in too technical and erudite a style for the ordinary man, and as such they are hardly enough for enabling a thorough grasp of the subject, particularly when studies of Homœopathy—in this country at least—have to be made unaided in most cases. As an humble but ardent student of Homœopathy for over a decade, I had myself had to encounter difficulties in having a grasp of this difficult subject, and I have ever felt the want of a small but comprehensive and easy treatise such as could be read and assimilated without the aid of an instructor. Such a book, I however found at last in Dr. N. Ghatak, B. A.'s remarkable treatise—“প্রাচীন পীড়ার কারণ ও তাহার চিকিৎসা”—in which he has explained the subject of chronic treatment to the Bengalee reader with a lucidness such as I have hardly come across even in the whole range of Homœopathic literature in English. And when I went through it on his having very kindly presented a copy to me, I conceived the idea of presenting a translation of this remarkably lucid exposition to those unacquainted with Bengalee, in the expectation that it might prove useful not only to the

student and the practitioner but also to such of the educated public as might care to know about disease and cure. The great Doctor's permission was sought for out of such considerations, and on his having very kindly given it to me and that most ungrudgingly and without any reserve—I turned out the following pages. A large portion of this was published in the famous Homœopathic Journal—"The Hahnemannian Gleanings" of Calcutta—during the last one year. And it is at the request of a large number of friends who saw it in that Journal that I am now offering it in book-form; and am leaving it to my reader to judge how far I have been successful and how far my expectation of having offered something useful has been realised.

Dr. Ghatak has placed me under a deep debt of gratitude not only by having given me his most unreserved permission for rendering a translation of his valuable book but also by having very kindly gone through the manuscript, and I take this opportunity of acknowledging it with thanks.

Sasaram.

P. N. Banerjee.

The 3rd April.

1931.

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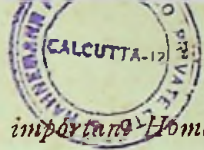
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*Prescribed as a text book in many important Homeo  
Colleges in India.*

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# CHRONIC DISEASE

— ITS —

## CAUSE AND CURE.

BY

P. N. BANERJEE, B.A.

**The book that has created a sensation  
in the Homeopathic World.**

*This precious book contains an easy and comprehensive  
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# OPINIONS.

**The Hahnemannian Monthly, Philadelphia, says :**

This is the fifth book on Homœopathy reviewed this year and marks a recrudescence of Homœopathic literature, particularly in this country in the last two years.

This is an esoteric book for those familiar with all the philosophy, finer technique and the most intricate aspects of this speciality.

\* \* \* \* \*

To our knowledge there exists in our literature no better an exposition of the interpretation of the reaction to a remedy, the rules for repetition, the choosing of the potencies, the use of complimentary drugs, the rules for repetition of potencies and their change than is encompassed in this book. Also cases are given with extraordinarily capable analysis with particular emphasis on the slow evolution of the disease state and a dissection of the symptomatologies with interpretation and evaluation.

Altogether it is a valuable book for the specialists or student in Homœopathy. To the one who would essay to treat chronic cases homœopathically it might well be considered as a Bible.

**Messrs Boericke & Tafel, Philadelphia says :**

We have perused this book carefully and congratulate Dr. Banerjee. He has made a very real contribution to Homœopathic literature. His style is clear and the repetition of the dose and the potency is well covered. We would be glad to help you in distributing this book in this country by ordering a few copies and keeping the book in stock.

**The Homœopathic Recorder, California, America, says :**

This valuable book demonstrates how thoroughly the concept of Hahnemannian Homœopathy has taken hold of some of our Indian Homœopaths. The psychological mind

of the people of the Orient is peculiarly adapted to the Homœopathic concept.

\* \* \* \* \*

While the basic cause of disease is plainly set forth, the practical application is made plain. The stress is made to place a simple, clear presentation of the subject in such a manner as to urge the student to go to the more extended works of Hahnemann, Boenninghausen, Kent and Close. It is a valuable contribution to our literature.

**Dr. A. Dwight Smith, M.D., California, America says :**

This book gives all the fundamental principles of Homœopathic Philosophy as taught in the Organon, Hahnemann's Chronic Diseases, and by many of the older Homœopathic writers. It describes clearly and in an easily readable manner the cause of disease, the difference between acute and chronic diseases, taking of the case, keeping records, obstructions to recovery etc. The various fundamental laws of Homœopathy are well illustrated by actual clinical cases. In reality this is a book on Homœopathic philosophy, something which every Homœopathic physician must know in order to practise real Homœopathy, but a knowledge of which many physicians of to day are sadly lacking.

\* \* \* \* \*

I have never read any one book, however, that went so thoroughly into the fundamentals and philosophy of Homœopathy as this one does. The writer is a real master of Homœopathy and knows how to express it. Every student of Homœopathy whether in medical College or in practice, should read and study this book.

**Dr. H. Landale, M.D., Calcutta, says :**

I have read the above book which you have sent me with much interest. There is a great deal of valuable information within its pages on a subject that does not receive

the attention it should and I am sure any student of Homœopathy will be repaid for a careful study of this book.

The subject has been dealt with in a masterly manner.

Dr. Banerjee and the publisher are to be congratulated on what I hope is the first of many publications.

**Dr. S. C. Dey, M.D., (U. S. A.) Calcutta, says :**

\* \* \* \* \*

I have gone through it very carefully and am much satisfied. Your style is very good. The words are very simple. Every minutest point and characteristic in Homœopathic science is dealt with every particular care, and can dare say in high words that this book will be a boon to the Homœopathic practitioners and students alike and will stand on the same level with the books edited by eminent English authors. I have not read such a book for a long time and am of opinion that the long felt want of our community will soon pass over.

**Dr. S. C. Ghose, M. D. President, All Bengal and Assam Homœopathic Conference, Vice-President for India of the International Homœopathic Congress Committee, London, etc., says :**

\* \* \* \* \*

It is a valuable book which clearly demonstrates how Hahnemann's Homœopathic Philosophy has taken hold of some of the Homœopaths in India. The more we read the book the more we become convinced that Dr. Banerjee has done the work very nicely. Those who are eager to be conversant with the conception of Hahnemann's Chronic Disease theory are requested to read this book carefully. The perusal of the book in question will satisfy them in every point. I can strongly recommend that this book should be read by every student of Homœopathy.

**NUMEROUS SUCH OPINIONS.**



# CHRONIC DISEASE—ITS CAUSE AND CURE.

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## INTRODUCTION

### CHAPTER I.

#### The Cause of Disease.

Some people are ever so busy in ascertaining the causes of the different diseases that they hardly find time to look to the more important part of their business as physicians—namely “cure”. For *true Homœopaths*, however, this is, to a large extent, waste of time and energy; and to some extent, it amounts to pursuing a wrong path, losing sight of the “Truth”. Various opinions have been expressed regarding the cause and origin of malaria. Some say that malarial germs breed in marshy tanks and ditches, and a kind of mosquito carries them into the human system, while others have discerned yet other causes by expensive and laborious researches. The

Allopathic method of treatment is a method of treatment by contraries, and as such, these searches for ascertaining the cause of a particular disease may be necessary for Allopaths. But one who understands Homœopathy and has really entered into its spirits knows, that the cause of disease is not outside the patient, and that the so called external circumstance that immediately precedes the disease and looks like the cause is really an *exciting cause* only. (Mechanical injuries—e.g. burns, a fall from a tree or a cut in the thigh, are not diseases, properly speaking, as they do not imply any disorder in the normal processes of the organism, and as such, they are left out of our consideration here). The *true cause* of disease is in the patient himself. There are many in malarious places, who have been exempt from infection, and the cause of this should be investigated. The true Homœopath knows that Gelsimium will cure a case of fever, if the particular symptoms of the case are similar to the particular symptoms of the medicine, no matter whether the fever has been caused by malaria or what. But an Allopathic physician has to know that the fever has been caused by malaria, as in that case, and in that case alone he can prescribe Quinine for killing the germs. You are a Homœopath, and you do not gain anything by knowing whether the fever is malarious or not, as you cannot give any other medicine than Gelsi-

mium, when it is Gelsimium alone that corresponds to the case. Your business is only to learn up the materia medica of the drug and to fit the drug to the patient. Your treatment is not according to cause (exciting) and you have no germs to kill. Of course, it is to be admitted that you too should have some knowledge of the external exciting causes, as these exciting causes have to be avoided for a prevention of the disease, though not to be treated.

There are other dangers, too, if, as Homœopaths, you do not take account of the *internal cause*, and worry yourself over the external exciting cause only. Suppose, a Gelsimium patient, who has been cured with Gelsimium, has a relapse after a short time, or suppose a Gelsimium patient is not at all cured with Gelsimium, you will be led at once to conclude that, for fever, there is no other medicine than Quinine—that in Homœopathy there is no treatment for fever, and so on. If on the contrary, you have understood the internal cause, and if you have the requisite insight, you will be able to discern that in the symptomatology of the patient there are indications of Psora, Syphilis or Sycosis, or of any two or of all the three of them, and that it is this internal enemy in the system that is either not allowing your medicine to act, or if it has acted, not allowing the action to be permanent. Then, you will be in a position to meet the situation with suitable anti-

Psoric, anti-Sycotic or anti-Syphilitic drugs. If you have no knowledge of the internal cause of disease, and if you have not the insight necessary in such cases, Homœopathic prescribing is not possible.

Medicines, on the basis of the exciting cause, may be necessary at times—e.g., cold due to swimming, diarrhœa due to night keeping, and so on. But in such cases, the exciting cause will be one of the symptoms of the case, and the totality of the symptoms, and not this one symptom only, will decide the selection of the remedy. It is no Homœopathy to prescribe on the external exciting cause alone.

Three things are essentially necessary for true Homœopathic prescribing—(1) *The Law of Similars*—“*Similia Similibus Curantur*”—(2) *The minimum dose*, and—(3) *The application of only one medicine (unmixed) at a time*. There are other things too, but these three are the most fundamental.

---

## CHAPTER II.

### The real Cause of Disease.

Now, what is the real cause of disease? This is a question that needs be discussed with care. Samuel Hahnemann said that, "*Psora*" is the real cause of all diseases—that all diseases are only temporary outbursts of *latent "Psora"*.

We seldom understand the real thing, by the expression "*Psora*". Most people understand it to be "itches" or some kind of skin disease, but it is not so. Itches or skin diseases are not "*Psora*", but they are the "effects" of *Psora*. Itches and skin diseases are some of the manifestations of "*Psora*". "*Psora*" is the *cause* and itches and skin diseases, its *effect*. If you have "itches", it is to be understood that you have "*Psora*",—that you are *Psoric*, because it is impossible for one to have "itches" without having "*Psora*". "*Psora*" is a condition of the system, that precedes "itches", and makes it possible for the system to have them. Thus, "*Psora*" comes first and "itches" afterwards, and it would, therefore, be a

mistake to identify "Psora" with "itches". It would be a confusion.

But what is "Psora"? What is its essence?—It is only a *condition of the system that enables it to develop diseases*. But how did this condition come about?—So long as man lived strictly according to the Laws of God, so long as man thought, felt and willed as he ought to have done, as a creation of God, who is all good, there was no trouble. But as soon as he allowed himself to go astray, and began to yield to false thinking and false willing and planning evil of his neighbours, violating His laws and abusing the peculiar gift of freedom of will (with which he was endowed and which made it possible for him both to think well and think ill), there was a "disorder" in his mentation. And it was this disorder in mentation that came gradually to be reflected in his physical body, and this was the *primary appearance of "Psora"*. It is from this "disorder" (first in mind and then reflected in body) that man acquired the susceptibility to disease. There was not this susceptibility so long as there was no bad thinking, because he was created good and was intended to be good, and it was his own folly that he took to bad thinking and brought on a "disorder". Let us make it clear that the "disorder" referred to above was yet a disorder in "thought". There was no disorder in "action" yet. But this "disorder in thought", only made

“disorder in action” possible, because after “thought” comes “action”. The mind was rendered bad, and the essential primary condition for bad action created. Bad action came, and in its train all the ills of man.

Bad thinking comes first, and if we think closely over the matter, we will perhaps understand that this peculiar condition of the mind which promotes bad thinking is almost akin to an “internal itching”. This “internal itching of the mind”, as it were, furnished the first requisite for all human illnesses. Bad thinking and bad willing came first and these gradually wrought out some changes in the external body, because the external body is always in keeping with the internal mind. The internal “itch” of the mind—as it were—manifested itself in external itches, because the body is only an outward reflection of the mind. The external disorder in correspondence with the internal disorder is the manifestation of Psora. It was in this way that man acquired the susceptibility to disease, that is to say that, he acquired such a condition as subjected him to the ravages of external nature (exciting causes), and he lost all the power of withstanding them.

It has already been made clear that evil thinking is almost an internal itching, an itching of the mind, and that external itches on the body are only manifestations of that mental itching. As a matter of fact, the first appearance of Psora in the human body was

in the shape of a kind of itches with exudation, and this is perhaps why some people make the mistake of identifying it with "itches" and think that "Psora" means "itches". But it is not so, as explained above. Itches are only active expressions of Psora and not Psora itself—only that there can be no itches without Psora being there. As a matter of fact, itching is an unmistakable indication of the existence of Psora; if there is Psora, there must be itching; there is no itching in eruptions due to the abuse of mercury.

It is perhaps sufficiently clear now, what exactly is to be understood by "Psora." *It is a condition of the physical body, brought on by evil thinking, and is the prime cause of all the varied illnesses of mankind. It is that acquired condition which is now inherent in human life-force and which gives that life-force the tendency for disease.* Please note that this "Psora" is being transmitted from generation to generation and is gradually growing mischievous more and more.

There are two other things (miasms) besides Psora, to make man ill, and they are,—*Sycosis* and *Syphilis*. A detailed study of these will be made afterwards, but it is necessary to say here that, they cannot attack the human body and make man ill, unless Psora is already there. The system which is not already Psoric cannot receive *Sycosis* and *Syphilis*, because these originate from bad and evil *action*, just as Psora from bad and evil *thinking*. Action always

comes *after* thought. We think something first and act accordingly afterwards. Evil thinking first, and evil action then. Man thought evil thoughts first, and then did evil things. If there was no evil thinking, no evil action would have been possible for him. Thus man must have Psora first, and then Sycosis and Syphilis.

This Psora is in itself a cause for a hundred diseases, and when it unites with other factors, it carries on its destructive death-dealing processes in the most ruthless way. The following are some of the cases of unification of Psora with other things:—

1. The allopathic method of treatment, instead of freeing the patient from this Psoric taint and thereby eradicating the prime cause of the particular disease, which last is only a temporary outburst of Psora, as already explained, is only pushing it inward, by means of strong medicines. Quick, very quick relief is shown in some cases, by removing the external itches, the external manifestation of Psora, by means of external application of drugs, but this only gives the disease an inward turn, and the result is that the internal organs are gradually affected. If a child has got itches, external medication may of course drive them off quickly, but this does not *cure* the child, though the itches are no longer visible to the physical eye. The external application only drives the malady from the skin to some other internal

organ. Perhaps, the nervous system is attacked this time, and a severe headache is brought on. The Allopath will, however, now say,—“The itch has been cured (?), there is no trace of it. The headache is quite a new disease.” And he will again treat this “new” disease in his own fashion, and it will be suppressed again in the same ruthless manner. Perhaps, opium or some such thing will be given and the patient will cease to feel the pain. Being driven from the skin, Psora moved on to the nerves, and now being driven from the nerves, it settles on the heart. Thus come diseases one after another in all their “newness”, though in fact, none of them is new, all of them being only different expressions of the same thing “Psora”. It thus comes to this that “new” diseases come, only on account of Psora being *suppressed* with unsuitable drugs, instead of being *cured and driven out of the system*. I have cured hundreds of such chronic, inveterate cases having history of suppressed skin diseases, with Homœopathic medicines, like Sulphur, Psorinum, Mezereum, Natrum mur., Sepia etc., prescribed on the law of Similars. Allen, Kent, Farrington have also left innumerable records of such cures, and every true Homœopath has similar experiences in course of his own practice. It is an unmistakable fact that all the various diseases with all their learned names are only fruits of the parent tree “Psora”. The type of suppressive treat-

ment described above, is therefore no treatment really. It is only a method of suppression and transformation of one manifestation of "Psora" into another of a more severe character. Strong crude drugs make easily curable cases, more difficult to cure, and incurable too.

2. Psora unites with Sycosis and Syphilis, and it then becomes ten times more mischievous and destructive. Correct Homœopathic treatment can radically cure Sycosis (Gonorrhœa) or Syphilis when it has only been just acquired, i.e., when it is yet unmixed and un-united with any other thing. But if an injection is taken in the meantime, the disease force is given an inward turn, and it then unites with Psora and makes the system a stronghold of various diseases. Rheumatism, Phthisis etc., are the results of this type of conjunction of Psora, Sycosis and Syphilis.

3. Application of Homœopathic drugs from a Homœopathic box and by a Homœopath does not necessarily mean Homœopathic treatment, though ordinary people may think so. Treatment, to be Homœopathic, must be according to the three main principles of (1) Similarity, (2) Minimum dose and (3) Application of only one medicine at a time. If I make a selection of medicine ignoring the above three principles or any one or two of them, and prescribe Belladonna for headache, Aconite for fever, Arsenicum for cold, or if I make a mixture of two or three medi-

cines, or if I prescribe two or three of them either at a time or in alternation, or if I use medicines of too low potency, my prescribing is far from Homœopathic, and it brings about no permanent cure, even if it relieves some of the symptoms of the patient. Aconite may bring down the temperature, but that cannot be called "cure", because reduction of temperature by unhomœopathic (i. e. not according to the three principles described above) use of Aconite, only depresses the heart, which consequently pushes less blood to the periphery and shows a fall in the temperature. But the subsequent reaction of the heart, which commences directly the action of Aconite is exhausted, will possibly result in danger. All well informed Homœopaths know what mischief came one day out of unhomœopathic (i.e. not on the principle of Similarity) use of *Veratrum Viride* in Pneumonia. There are many so called Homœopaths who alternate two or three medicines at a time, and there are some yet, who use only potencies like 1x, 2x or 3x. This type of Homœopathic treatment can never *cure* a patient, and it is in no way superior to Allopathic medication, as it only *suppresses* the malady. The Homœopath who prescribes repeated doses of *Ceanothus*, mother tincture or 1x for months, as soon as he finds the spleen enlarged, or who recommends *Blatta Orientalis* during an asthmatic fit does not deserve the honourable title of "Homœopath". His treatment

aggravates the activity of Psora and turns it inward instead of turning it out. He makes diseases incurable, and he creates new diseases by his folly, just like an Allopath. He is a Homœopathic failure.

If, however, you object to the above and want it to be established by facts and figures that, Allopathic medication and the type of Homœopathy described above, only suppress diseases and create new ones in their places; if you object to the very reasonable fact that "Psora" is the prime cause of all diseases, I may put forth my arguments below. I hope this will clear up the matter though it is highly abstruse.

If the treatment of a particular patient is carried on, on the correct line of Homœopathy, the following facts will appear:—

(a) You record the history and symptoms of a patient and you find that the present symptoms are only troubling him for 4 or 5 years, e.g.,—Suppose, he is having slight fever in the afternoon every day; there is cough; some burning; an internal creeping chilliness; loss of appetite; aversion to food, and diarrhœa. Suppose, this patient used to have attacks of intermittent fever previous to this, and suppose, he was treated with Quinine etc., and suppose, previous to this intermittent fever, he had an eczema on his feet, and suppose, this was removed by some ointment. Suppose, this eczema used to exude pus and a watery discharge and was bad smelling. Suppose, still before

this, he had another type of skin disease all over his body which had a bloody exudation and was itching and burning intolerably at night, when in bed. After studying up the case thoroughly, you find that he prefers heat and cannot tolerate cold, that he cannot tolerate milk, that he is peevish. On these constitutional symptoms you give him a dose of Ars. Album in the c.m. potency, and in 2 or 3 months' time you will see that the present symptoms of the case have altogether disappeared, but the patient will come and say, "The old intermittent fever which I used to have two or three years ago has re-appeared." You open out the record now and find that the patient actually had intermittent fever two or three years ago. Now, you have to understand this re-appearance of an old symptom as a favourable indication. If you now watch carefully and allow your medicine to act on, without interfering with any other remedy in the meantime, you will certainly see that all the old symptoms which were not *cured* but only *suppressed* by allopathic treatment will gradually re-appear in the reverse order and be cured. And last of all, will appear the prime manifestation of "Psora" in the shape of dry itches and disappear of itself. Your patient will then have been *cured*, and *cured radically*. This sort of gradual appearance of old symptoms in the reverse order of their coming, and their gradual automatic disappearance one after another will at

last express the primary image of "Psora," and you will have no doubt that it was "Psora" which was suppressed and was causing all the trouble, and you will also have no doubt that it has now been annihilated. The allopathic physician gave this "Psora," different names in its different stages of expression—first itches, then eczema, then remittent fever, and last of all phthisis—the present condition of the patient. *In fact these different conditions of the patient are all manifestations of one thing—"Psora".*

(b) Very often you will see that the symptoms of the patient disappear for a time under your treatment, but they re-appear soon afterwards, and thus the patient is not cured *permanently*. In such cases, you will have to give him a Homœopathic anti-Psoric medicine, selected on the similarity of symptoms, and until you do this, the patient will never be cured permanently. This clearly shows that it was "Psora" that was hindering the process of cure.

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## CHAPTER III.

### The "Disease" and the "Patient".

All other methods of treatment than Homœopathy treat the particular "disease", no matter how the condition of the "patient" may be. If one has got Pneumonia, then the treatment will be the same as in the case of another Pneumonia patient. There may be only some difference in the dose due to the difference in the ages of the two,—and that is all. If the *name of the disease* is once ascertained, there is no difficulty. There is a definite method for the treatment of that *disease*, and that method will be rigidly followed. Of the two Pneumonia patients, if one is unable to tolerate the hot antiphlogistine on his chest due to an inherent burning sensation in his body, and if the other finds relief on application of hot poultice on account of a feeling of chilliness in his case, and if both the patients are being treated by the same physician, then he will prescribe this hot poultice for both. Because, he will dogmatically assert that the tough mucus in the lung cannot be made loose, except by such poultice. Look

here, one of the patients has a craving for heat, while the other has a craving for cold, but this *difference in the patients* will make no difference in the course of the treatment; because both the patients have the same disease, Pneumonia, and his business is to cure the Pneumonia. Far from making any difference in the course of the treatment to be followed in the two cases different by their nature, he will say, "Even if the patient does not want the hot poultice, it must be applied." Suppose there are three patients having intermittent fever. One has the paroxysm between 9 and 10 in the morning with shivering and violent thirst during fever, and severe headache; another has the attack at 3 or 4 in the afternoon with burning in the hands and feet and no thirst; while in the third man's case, the onset is in the evening, the fever lasts for the whole night with restlessness and thirst for small but frequent drinks. In all the three cases, all other pathies than Homœopathy will be in a position to take up the treatment at once, as the disease will be diagnosed straight as "fever", and Allopathy will push in Quinine in all the three cases during remission. There is absolutely no necessity of looking to the individual peculiarities in the different cases, because "*fever*" is the object of treatment. Instances may be multiplied to show that the "*disease*" is the only object which they want to remove, and they are not going to worry about curing the "*patient*". If a physician of this

class is unable to find out what the "*disease*" is, it is all over with him. He will at once say, "Diagnosis is absolutely necessary for the treatment of the case; how can there be any sensible treatment at all unless the *disease is diagnosed*? It would be all throwing stones in the dark, and that is altogether unscientific." Some more physicians will at once be called in at this stage and every possible endeavour made to ascertain the *name of the disease*. If, however, it so happens unfortunately that the several physicians called in do not agree, there is danger ahead. The "disease" is not being diagnosed, though all the physicians are straining their brains to the utmost, and the patient is perhaps fast marching to his grave. I remember a case. In September, 1916, I had been to a particular place (Barabazar, Dt. Manbhum) to act as an arbitrator in a civil suit of one Babu Chandi Charan Modak. The poor fellow was in great trouble. An eight year old boy of his was at death's door. High fever, 50 to 60 fetid stools, thirst, restlessness etc., and a number of doctors were attending the boy, but they were not being able to ascertain to their satisfaction what the real "disease" was—whether the diarrhœa was the cause of the fever, or the fever was the cause of the diarrhœa. As this was not being decided, no medicine was being administered, while the patient's condition was growing hopeless. In the meantime, I was introduced by my companion as

a Homœopathic doctor and was allowed to cure the boy with a few doses of Ars. 30. All classes of doctors, except Homœopaths, are anxious to make a diagnosis of the "disease", because with their methods, there can be no treatment unless the "*disease*" is ascertained.

But this is not the case with Homœopaths. With them it is the *patient* that is all. They have the humility to admit that it is never possible to know the *disease*—human knowledge will never go so far. The Homœopaths can only understand from a study of the physical and mental symptoms that the man is not in normal condition (or there would not have been those symptoms)—that he is ill; and they endeavour to bring that man back to his normal condition of health, and that means the cure of the patient. It is, however, not so easy to understand the above, as it is to say; and it is, therefore, necessary to explain it at some length. Let me give a few examples first, and it will be convenient to elucidate the principle afterwards.

A man walks into your office and says, "Sir, I have been badly suffering from constipation for the last 8 or 9 years. I have consulted many doctors so far, and they have advised me to take purgatives occasionally, and have also told me that my liver is at fault. But some of them have examined my liver too and found nothing wrong with it." The above

shows that the man has got no "disease" yet. If after some time they find the liver enlarged, they will say—"Oh! Yes, you have got an enlargement of the liver." So long as the *patient only feels and experiences some inconveniences and uneasinesses*, they cannot admit the existence of any "disease", but as soon as there is some *organic* abnormality that can be felt out with the hand, touched with the finger or ascertained with their scientific instruments, some "disease" is hit upon. If a lady is suffering from a pain in the lower abdomen for some months, without the formation of a tumour yet, it is no "disease" with them, and perhaps a purgative is the only thing prescribed. But as soon as the tumour is felt there, they will say, "Oh! you have got a tumour, and it will have to be removed by operation." Again, suppose a man has reached such a stage of susceptibility to cold that he cannot stand the least exposure to the elements. The slightest cold brings on a cough, and the Allopathic doctor will say, "Oh! That's nothing, only take care to avoid exposure." Why this man catches cold so easily and why others in the same circumstances do not, are facts that they will never investigate. When, however, at 30 or 32, the man reaches a critical condition, the doctor is there to tell him, "You have got Phthisis; it is incurable. Avoid cold and take cod liver oil." etc., etc.

From the above examples it is abundantly clear

that these doctors give a "name" to the disease only when they can perceive with their senses, some palpable physical abnormality, and after giving the "disease" a name—which is "diagnosis"—they use the medicines that have been used by previous doctors in that disease.

You are a Homœopath, and if you are a true Homœopath, you of course know that the man who is dying today of Phthisis has been sick for a long time and not all at once, when the doctors perceived some palpable abnormality in his physical system. *He has been sick since when he has been catching cold so easily, and perhaps even before that.* And if he could have been cured then, he would not have been dying today. One who is diagnosed to have a tumour today must have been developing it long ago, and should have been treated then. *If the "sick man" had been cured, if the "patient" had been brought back to the normal condition of his health,* the life-force in him would have performed its functions normally and supplied the losses of the system, but as this could not happen, it has performed its functions in an abnormal manner, and instead of normal formation of tissues, it has formed abnormalities like tumour. It, therefore, comes to this, that *what is diagnosed as "disease" today is really no "disease", but its "effect".* When the bodily functions growing abnormal result in some such thing as they can perceive with their senses, they call it a

“disease”, and it is past their comprehension that these come long after as *effects* of the disease, which began its course long ago. Why one man develops these abnormal changes in the body, while others do not, is a matter that will never draw their attention. If, however, you are a *true* Homœopath, then by a particular “disease” you must understand that the *whole man* is sick, and not that any particular part of his body (organ) is sick. It is only this, that when the *man* is sick the sickness is *expressed* in the particular physical organs like liver, heart and kidney; and as a matter of fact, the *man* was sick long before these *expressions of diseases* came. And if he could have been cured then, there would have been no such expression of abnormalities in the parts of the physical body, so as to be perceived by the physical senses and “diagnosed” as “disease.”

From the above, we must understand that it is the *patient*, the *sick man*, that is to be treated and not the disease, because the so-called disease is not the disease really, but only an expression of it. If we can treat the sick man and bring him back to health, that is to say, if we can make him perform the normal functions and processes of life, the above so-called diseases, which are only expressions and effects of the real disease and are the only objects of treatment and removal according to the Allopathic and other systems of medicine, will automatically disappear.

Because, having been enabled to perform the normal functions and processes of life, the man will no longer be sick to develop abnormalities in any direction.

But, who is sick? If we are to treat the sick, we must understand clearly who it is that is sick, as otherwise we cannot possibly treat him. We have already said before that "*man*" is sick and not his body, but who is this "*man*"? Is it not his body?—No. If the body were the man, then the body could not be the man's. As a matter of fact, the body is the man's but not the man himself. We commonly say, the man's hand, the man's liver, the man's head, the man's body. Now, the *man* cannot, therefore, be the hand, the head, the liver or even the whole of them, the whole body taken together. All these different parts of the body and even the whole body *belong* to the man,—they are the property of the man, and as such, *they are different from the man, and the man is also different from them*. If I say, "I am ill", it means that this "*I*", who is different from my body and who is not my body, is ill. It often happens that a man walks into your office and says, "I am ill." You examine him, i.e. his body part by part, in all possible ways, and you find nothing wrong in them,—nothing wrong in the spleen and heart, nothing in any part of the body. And yet the man complains, he is ill. What does this

mean? Is he telling a lie?—No. It is a fact that “*he*” is really ill, but the illness has not yet been *expressed in his body*, in the different parts of it, and if you allow “*him*” to be ill like this for some time, you will then find that the illness that was so long confined in “*him*” only, has gradually travelled down to the physical body and has come to be expressed in the liver, as enlargement, in the heart as dilatation and so forth. It is therefore a mistake, a criminal mistake, to suppose that the man is not ill. If he is not ill, how is it that he has no sound sleep, how is it that he has no appetite, how is it that he is peevish, finds no pleasure in company, has no love for his friends and relations? Why these peculiarities in him, which you do not find in others? If we enter deep into the problem, we must find that the man is really ill and that he is not telling a lie; *he is ill in the interior, in the centre of himself, only that the illness has not yet come to be expressed in the external material body.* The disease has commenced in the interior, in the *centre of his “being”*, in his “*mind*”—*in his thought, feeling and will*, and it will gradually spread to the external body. *The disease has commenced in the centre, and it will come to the circumference.—from the mind to the body,—from the spirit to the matter.* Because the matter, the body is only a reflection of the mind; the “*subtlety*” of the mind has been expressed in the “*materi-ality*” of the body. What lies in the mind as “*thought*” is

expressed in matter as body.\* *The body is the creation of the mind.* Do you doubt this truth? Have not you found differences in the physical body in correspondence with differences in mind? Is it not a fact that the physical body, the appearance and expressions etc. of a saint are different from those of a villain and murderer?—Certainly; and the explanation is that the good-thoughts and noble sentiments in a saint shape his body in one way, giving it a beauty all its own, while the evil thoughts and propensities of the murderer shape his in another, making it ugly and ferocious. If you study the world on this line, you will not have the least doubt and you will be convinced that it is the mind that creates the body and shapes it, makes it what it is and not otherwise. *It is in this way that disease begins first in the mind, in thought, feeling and will, and is then expressed*

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\* Compare here the remarkable lines of Rabindranath:—

ধোঁকা মাকে হুথায় ডেকে—

“এলেম আমি কোথা থেকে,

কোন্খানে তুই বুড়িয়ে পেলি আবারে?”

মা শুনে কয় হেসে কেঁদে

ধোকারে তার বৃকে বেঁধে,—

“ইচ্ছা হ’য়ে ছিলি মনের মাঝারে।”

The baby enquires of the mother—“Where didst thou get me?” The mother replies,—“Thou wert latent in my mind. Thou art but the concrete manifestation of my *will*.”

*in the physical body—liver, spleen and kidney. It is the thought, feeling and will that shape the body and the different parts in it giving them diseased conditions. Disease thus begins in the interior and then comes to the exterior, from the centre to the circumference, from the mind to the body. If this is the course of disease, then the course of cure also must be the same, i.e., from the centre to the circumference, from the mind to the body; because, unless that is done, i.e., if the cure begins from the circumference to the centre, from the body to the mind, the effect of the disease will only be removed, and the cause, which is in the centre, in the mind, will continue to work on and produce effects eternally. By removing the effect, you cannot remove the cause. The destruction of the effect, is not the destruction of the cause. A Phthisic comes up to you, and by an examination, you find out some degeneration in the lung and some tuberculous bacili, but you ought to know that the degenerated condition of the lung and the bacili are only the effects and expressions of the disease. The bacili are quite innocuous. If you watch carefully, you will find when they appear. They appear when the lung has degenerated to a certain degree, just as the small microbes appear in a rotten mangoe. The mangoe rots first and the microbes come afterwards, only to eat up the rotten portion of it and thereby to stop it rotting further. It is not that the mangoe rots*

because of the microbes, or the microbes would have been there before the process of rotting began, but no bacteriological examination has yet discovered microbes in mangoes before the process of rotting. Similarly, tuberculous germs come after the rotting of the tissues in the lung, and they come perhaps to eat up the rotten mass and to free the lung from further degeneration. These germs are therefore by no means the *cause* of the Phthisis from which the man is suffering. The *cause* of Phthisis is far beyond, and you have not the eye to look so far back, and you take these germs to be the cause,—these germs which you find in front of you and which you perceive with your senses, and you then devise means for their destruction. The cause of Phthisis or of any disease is subtler than that, and you can see it only with the *eye of Reason*.

We now understand that disease first begins in the mind and then travels out to the parts of the physical body, and that cure also has, therefore, to begin in the mind and gradually appear in the body. *The mind is, therefore, the beginning of disease as also of cure*, and Samuel Hahnemann, the father of the True art of cure has advised that in selecting a medicine for a given case, according to the totality of symptoms, the greatest attention should be paid to the symptoms of the mind. The "I" in the expression, "I am ill", which we say while expressing our diseased

condition to the physician, points to the mind, for our purpose, though in fact this "I" is even subtler than the mind. But we need not go further than that. If by "I" we can learn to understand the mind, and if we pay special attention to the mental symptoms while selecting a medicine, our object will have been realised.

We have already had some discussion regarding "disease" and its "diagnosis", but we have yet to clear up these things further. You are a Homœopath, and in your business of *curing* the patient, the "disease" or the "name" of the disease will be of no use. You have to look to the *patient* only and understand him thoroughly. Take for example, there are four patients that have come to you. According to allopathic diagnosis, one has dysentery, the second has fever and toothache, the third has a severe diarrhœa and the fourth one typhoid fever. If all these four patients have a mental restlessness, unquenchable thirst for small quantities of frequent drinks, and craving for warmth, then Arsenicum will be the medicine for all the four. Again suppose, for example, that all the four patients have "cholera" (as diagnosed by Allopaths), and suppose that the symptoms in each case are different; then one may require Arsenicum, another Veratrum, the third Camphor and the fourth Aconite. Thus, you may see that *your prescriptions are not on the basis*

of the "name" of the disease—but on the basis of the peculiarity of the "patient"—the peculiarity that marks out that particular patient from others. It is the *personal* differences in the different cases that call for different medicines, though all the four patients may be suffering from the same "disease"; and again it is the *personal* similarity in the four cases that calls for the same medicine, though the "disease" may be different. Thus, you see that you have nothing to do with the name of the disease; it does not help you in any way. Not only that it does not help you, but also that it often interferes with your prescribing, as the knowledge of the name of a disease may create a bias in you and lead you only to choose one particular medicine out of a number of medicines that are used in that particular disease. The "patient" is, therefore, all that you have to take into account. Study him up thoroughly, and write it down in the book of your memory that you will *treat the patient, the sick man, and not the sickness*. For a Homœopath, it is a maxim that you cannot overlearn.

It is not unoften that we find people in malarious places, even during an epidemic, who are not at all attacked with malaria, and again there are people, who are never freed from it in spite of all possible treatment. We say, malaria is a dangerous thing. This is finding fault with the external object at once—and we never seek to explain the above difference.

Why one does not get malaria, and why another is never freed from it, is a fact that should engage our attention, but instead of doing that, one who has been attacked with malaria and is not being freed from it, is being stuffed with quinine in ever increasing doses until at last when there is no hope, the unfortunate victim is told to go on a change of climate. This amounts to a confession that there is no more art for trial on him, and he should, therefore, leave the place and relieve the doctor of his responsibilities. If we think on the right line, we shall see that it is a mistake to say that malaria does not leave the patient, but it is the patient that does not leave the malaria. What benefit can then change of climate do? If the patient does not leave the malaria he will not leave it even while going on a change. The life-force in him has reached such a stage that it is unable to reach back the normal condition and make the man healthy again. There is one whose life-force is such as no disease can attack him, and even if it attacks, he recovers from its clutches in no time, while there is another again whose life-force is such as is attacked easily by any disease, and once it is attacked, it cannot recover so quickly. What is the cause of this difference between the two life-forces? Is it that it is God, Great and Good who has given us life-forces of different degrees of strength and power? Is it that it is God who has made one ill and another healthy?

—No. It is we ourselves that spoil our life-forces and make them weak, by our actions—how or by what action, I will explain. In fact, it is our action alone that is responsible for all these differences.

If, however, it is true that it is we ourselves that affect our life-force and weaken it in all sorts of ways and thus subject it to the external influences, then how far can we expect to cure the *patient*, by treating the *disease*? It is the treatment of the patient that is necessary, and the treatment of the “patient” means *the treatment of the mind, because the mind—and not the body—is the “patient”*. He is what he is today, i. e., in diseased condition, only because of his mind. If his mind was not like this, he would not have been what he is, i. e., “patient”—diseased. The disease began in the mind and then came to be expressed in the body—from the centre to the circumference. Cutting down the branches is not cutting down the tree, and similarly the disease cannot be demolished by removing the bodily expression of it. The difference between individual and individual means a difference between their respective minds, and this again means a difference between their actions and physical body, which means difference in their diseases. This suggests the necessity of a difference in the medicines to be used for curing them, and the physician's task is to fit the drug to the disease in this way, because the above is curative. We are fools. We ourselves by our own

actions subject ourselves to the influences of external nature. We catch cold when the east wind is blowing and then complain, "The east wind is very injurious." How very fine to find fault with the east wind! We know that everybody does not catch cold on it, and yet we find fault with the east wind! The fault, the defect is really in certain systems. All winds and all weathers should be equally pleasant for one who is healthy, i.e. whose system is in normal condition. "I do not tolerate milk—it gives me wind and acidity." Does the fault lie with milk, or with me? There are others again who cannot go without milk—they get constipation. Why?—They too must be as ill as I, who cannot tolerate milk. One who is really healthy must have the same liking for all kinds of food and the same capacity for tolerating them. The child has a fall, due to his own carelessness, and he kicks the place where he fell! And we too do exactly the same thing. We are ourselves at fault. Evil thinking has given shape and character to our body and made it a slave to the influences of external nature, and we now complain—"The east wind is very injurious!"

Now, the question is, "How can we cure the sick?" How are we to know that this medicine is necessary for this patient and that for that?—The very simple reply to this question is that *it is the condition of the patient that will suggest the medicine.* The condition of the patient means the totality of the

symptoms which differentiate him from a healthy man and from other patients. *Thus, it is the totality of the symptoms, and not the name of the disease, that will help you to find out the medicine for bringing him back to health.*

In curing the patient, you have, therefore, to study up and understand—(1) the *patient*, the personality of the sick man, and not the disease which is only an expression of the personality and is not, therefore, identifiable with it and (2) the *totality of the symptoms*, and not the name of the disease which is only a conventional technicality, and is, therefore, not sufficiently comprehensive and intelligible.

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## CHAPTER IV.

### Disease — of the Mind and of the Body.

It is the bodily ailments that are generally called "diseases", and it is for their removal only that people generally seek the assistance of doctors and physicians. The ailments of the mind are not considered to be of much consequence, at least so long as they do not assume such dimensions as to attract notice and to render the man incapable of his usual duties; or in other words, mental illnesses are recognised as disease only when the man is considered insane and is, as such, unable to perform his usual functions, and it is then only that some course of treatment is sought. If the man is doing his duties well enough for his purpose and for the purposes of those around him, the condition of the mind is never looked to—no matter whatever the said condition may be,—and as such no treatment is considered necessary. But if we look deeper into the matter and watch the condition of the minds of those around us, perhaps we will hardly find one man with sound

mind out of one thousand individuals. And yet there is no anxiety in any body for freeing the mind of its disease. It is really unfortunate.

It is a patent fact that our teachers often fail to correct the character of their pupils even with the best of endeavours. In many cases, friendly advices, harsh words and corporal punishments equally fail. They are perhaps reading in the same class and they have perhaps the same teacher, and yet each of them learns his lesson and forms his character in different ways. The sameness of surroundings fails to equalise their acquirements and character. Not only this, but also the children of the same parents even grow different in mentality and character. Every boy in his lesson learns the same thing—"Speak the truth", "Do not steal", and so on. But these produce different effects in different boys—but why? If you advise a thief "Do not steal", will he leave off the practice?—No. Because, he steals, as he cannot do without stealing. This is ordinarily explained as a matter of habit. The thief is said to steal because he cannot leave it off, on account of his having already formed a habit of stealing. But why should he, of all, have formed this habit of stealing? Why could he not have formed a habit of "doing good to his neighbour?" It therefore, appears that the explanation of habit is not convincing. It is of course a fact that one is bound to form a habit of one thing if the same thing is done repeatedly, but

how can one form a habit of that which he knows to be bad? The thief certainly knows that stealing is bad, that the consequence for him is 'jail', when he is caught, and he certainly, therefore, tries to avoid stealing, but yet he steals. What is the explanation? The explanation is that he cannot avoid it, and that means that his *mind is ill, that his mind is diseased*. The sound, healthy mind, cannot have the first impulse of stealing not to speak of making a habit of it. The sound mind cannot have the inclination for telling an untruth. Parents and teachers think that advices and instructions, threats and actual caning, are enough for such cases, but we know to our misfortune that these not only fail in most cases, but also produce disastrous effects. It is very frequently the case, these days, that young boys take to self abuse, and spoil their health for good, and it is not that they take to it as a matter of choice, but because they are diseased in their minds and as such they cannot avoid it—as if they do it under compulsion. There are some boys of course who learn these things from their companions and indulge in these, as a matter of pleasure, but we find some of them leaving these off as soon as they understand them to be bad, while some are unable to leave them off altogether, even after knowing them to be bad. The fact is that this compulsion or tendency for doing these comes from the *diseased mind*. Bad thought and bad action are impossible

in a healthy mind. We will find it everywhere in our life.

We often see that when there is some disaster in a family—say some death or some accident—all the members are not affected in the same way and to the same extent. One stands the mishap with a fortitude while the other is pulled down. The first of these has certainly a comparatively healthier mind than the other, or he could not have exercised that control over his mind that is necessary to keep him up. *It is in weak and diseased minds that things leave their stamp most, while on healthy minds, they are comparatively powerless.*

It is a daily affair that we find some people running into a passion at the slightest or no provocation, while others are hardly moved under similar circumstances. This difference in response to stimulus is always proportionate to the difference in the health of the different minds. The stimulus is the same, and the minds are only different (i. e. of the different persons), and if the response is different, is it not attributable to the difference in the minds?—Yes, and that difference in the minds is a difference in their health. I know of a case, in which a gentleman—the master of the family—used secretly to tear off the clothes of the female members and then scold them for those damages. In other respects this gentleman was in pretty good health. He happened to get an

attack of typhoid fever and was placed under my treatment. After his recovery from typhoid fever, he confessed to me the above habit of his and said that he used to do this only to find out some opportunity for scolding the ladies, and that he could not leave off doing it even knowing that it was more a loss to him than to those ladies, as clothes had to be supplied by him. He, however, happened to have been rid of this nasty habit after his recovery from typhoid fever, and it seems to me that some deep acting medicine happened to have been given to him during the course of his treatment, and this cured his mind. After all, it was only an expression of the fact that his mind was diseased to an abnormal extent.

Children lack the power of suppressing their ill temper etc., but when they grow up, they learn the art of showing up as good chaps, but this does not mean that they are really healthy in their minds. The very tendency for such pretended goodness is an indication of mental ill health. Samuel Hahnemann rightly felt and said, "Every man is a moral leper."

It has already been discussed before that disease originates from the mind. Evil thought casts its stamp on the physical body and moves it to action accordingly, and thus arise diseases. Evil thought first and then evil action, and never evil action first and then evil thought. It is the mind that shapes the body. The body is in fact a concrete manifestation of

the mind. As the mind is, so will the body be. If the mind is diseased, the body cannot but be so. If you want to keep the body in health, you must take care of the mind first. There is no other method for keeping the body in health. This is why our sages of old prescribed for our youths and boys a course of training in the very house of the preceptor where they might practise self-control and form their characters. It was a course of training directed entirely towards the mind. So long as this course of training was there, people were enjoying sound mind and sound body, but those days are gone! Nobody now takes care of the mind, and far less of the body, and all the endeavour is directed towards *showing up as good chaps*. If one is rotten in the interior of his being, no matter. It is all well if he can command an *appearance* of goodness, and this studied endeavour for appearing as good is in its turn adding insult to injury, making the body a veritable hot bed of all sorts of ills, which ills are only being suppressed from day to day, and an eternal process of multiplication of ills is going on.

If the soundness of the body depends on the soundness of the mind, and if the real solution lies in making the mind sound and healthy, how can that be effected? In order to answer this question, it is necessary first of all to find out why the mind becomes diseased. The mind is diseased by the same

cause as the body. Because the mind is only a fine condition, an immaterial spiritual condition of the material body;—the material body is only a product of the mind. *Psora, Sycosis* and *Syphilis* disease our body and so do they disease the mind. How these came to be is not the subject of discussion now, and let us only clear up the cause of the disease of the mind, and its cure. *Psora, Sycosis and Syphilis are the parents of all our ills—mental and physical.* When anything or any medicine acts on our body, the *first touch of that action is on the mind.* Take for example, I scold you for something or for nothing. Where does that scolding act first?—*It acts on the mind first of all,* and afterwards on the body. The scolding pains your mind first, and then physical symptoms of crying, palpitation, perspiration and even fainting follow. Thus, whenever there is anything acting on us, *the beginning of that action is in the mind;* this is the law. But there is one thing to be taken into account. If the thing acting is a material something, if it is not as fine and subtle as the mind, it may not in that case have the power to act on it. *If anything is to act on the mind, it has to be on the same plane, of the same fineness and subtlety as the mind,* because material things enter the body first and there they are converted into a fineness, in order to be able to reach the mind. Food, for example, enters the material body, is digested and converted into

assimilable ingredients of the physical body, and it is then that it reaches the mind, gives it the power to think, feel and will. But we are not talking of material entities. *The miasms of Psora, Sycosis and Syphilis are very fine—as fine and subtle as the mind,—and this is why they are able to act on it at once.* Homœopathic medicines in low potencies fail to act on the mind, but when they are of higher potencies, their first action is on the mind. This has been found out in course of provings of drugs. Crude drugs and those in low potencies have shown immediate action on the body of the provers, while the same drugs in higher potencies have commenced their immediate action on the *minds* of the provers, the action gradually appearing on the body. The miasms of Psora, Sycosis and Syphilis are very subtle, and they consequently attack the mind at once. *This is but the primary infection of mind, but there are more serious infections yet, and I will deal with them later on.*

By the way, I have to speak here about one thing. It seems, the eternal law of creation has a mystery behind it, namely that things cannot be traced either to a beginning or to an end. All have the history of the seed and the tree. Just as it is never possible to say if the seed was the first and the tree then, or vice versa, so is it with everything. Nobody can say whether it is the cloud first and the rain afterwards—whether the rain is the cause of the cloud or the cloud

is the cause of the rain. This is the eternal law of creation that human brain will never solve. There is something that vitiates the mind, and again it is the mind that creates the something that vitiates it. If we understand this inevitable law of Nature, we will be able to avoid much mean logic. However, *if the primary infection of the mind mentioned above is corrected at once, the mischief ends there, but this is unfortunately never the case.* Poor fellow! He was a nice chap, working in the Railway, and God only knows how he contracted Gonorrhœa and grew to be suspicious. Really, he was quite sincere and straightforward, but from the very moment he got Gonorrhœa, he seemed to have acquired a sudden habit of suppressing everything, of doing things in secret. This is the fact of the case, and every Homœopath knows how to remedy the evil. But it is misfortune! He goes straight to an Allopath and says, "Sir, I do not know why I have been feeling a pain in the urinary canal, while passing urine, and it has been so for the last few days. It might be due to my having to travel continually in the train, just for the sake of my bread, and as I can't leave off this nasty job, can't you please help me with a few injections?" Look here, *the same tendency for suppression again!* The man suppressed his mind when he contracted the Gonorrhœa, and he suppresses his mind again after the contraction when he goes to the doctor, and the

doctor is there ready to suppress the suppressed mind (the physical manifestation of the suppressed mind in the shape of Gonorrhœa). Injection is given at once, and the malady suppressed, and this passes by the name of "*treatment*". God only knows how dearly you pay for such treatment, for all the subsequent ills under different and new names are only the outcome of this "suppression"—suppression of the mind first, and suppression of its external manifestation on the body afterwards.

But who listens to these? Who will believe that suppressed itches may appear as asthma? What harm can suppression of itches cause? Itch is a disease of the skin, and it has to be treated with ointment, while asthma is a disease of the lung. What relation can itches have with asthma? These are the criticisms that will be hurled at you. There is none to pause and think. But if you are a Homœopath, it becomes you to do your business. You must be ever explaining the Truth, and Truth must be recognised sooner or later.

If the Gonorrhœa patient referred to above had a true course of curative treatment, as distinct from suppressive, then the mind would at once have been freed from the vitiation it had acquired, and the body saved from many a subsequent ill. But what happens is that the disease is suppressed with a few injections, and there is a temporary or even a permanent dis-

appearance of the painful physical symptoms in the shape of the discharge, while the disease force is only turned inward, and it then attacks the internal physical organs in the most insidious manner. There is then a gradual decline of memory, the temper grows irritable, and subsequently it settles down in the system, either as Rheumatism or chronic Catarrh or as Diabetes etc. *The smooth, even flow of the life-force has been disturbed and there is a violent tumult now.*

A small case has only been cited above, and my object was only to give an example, so as to make it clear that *the first disturbance to the life-force is caused by the primary infection, while the suppressive treatment causes the second* (though at a much later period), due to its characteristic antagonism to the flow of the life-force. If again, Syphilis happens to be there already, Sycosis mixes up with it, or if Syphilis is not there, it mixes up with Psora, which is undoubtedly there. If, however, there is a combination of all the three, the complexity produced is serious. Alongside this complexity due to the forces (Psora, Syphilis and Sycosis), there is a gradual deterioration in the mind, which, however, is never recognised, or sought to be remedied, until it results in palpable lunacy.

If we understand the philosophy of mind and disease, and if we carefully study up the mentality of our respective chronic patients, the whole world

will appear to us as an unmistakable asylum of lunatics. Nobody will appear to have a sound mind. There would have been no misery, if this unsoundness of mind had only been confined to confirmed patients, but the trouble is that it has spread even to the so-called healthy, to those who lead us in thought and action, to those who are entrusted with responsibilities of a grave character. It fills one with grief to find that the whole world is perhaps wrong. How can there be any soundness of thought and action in one with an unsound mind? Why should a sound man, a healthy man, a man with a healthy normal mind, have a craving for liquor? How can one with a healthy mind think of doing something to his own interest, even at the cost of the interests of others? *The healthy mind is a free mind. There is nothing to dominate it any way.* The craving for liquor is a domination, and the tendency to do evil to others is equally the same thing. Though, however, it is almost impossible to have really free, healthy minds in this world, yet it becomes a physician to do his best to balance the situation, because that alone is true treatment and true cure. *The cure of the body, without the cure of the mind, means an eclipsing of the mental unsoundness.* This is mischievous.

We now find that suppressive treatment turns the malady inward, which ultimately settles on the mind, and this mind again vitiated as it becomes after the

*inroad of the disease-force on it, is, in its turn, a cause of hundred other newer diseases.* The life-force has a peculiar inherent tendency to throw out to the surface, i.e., to the body, anything that interferes with its smooth, even flow, and to re-assume its own normal course, and the diseases of the mind thus take concrete shapes in the body, under illnesses of different names. This inherent tendency of the mind is a tendency for self-preservation, but such mischievous is the accepted method of removing disease that, any disease in the outside (in the body) is turned inward. It then attacks the internal parts gradually. There is thus no help rendered to the life-force in its inherent process of self-preservation and regaining of equilibrium, while on the contrary, the very opposite thing is done. The wounded venom is thus made to do its work in the interior with all the greater force. The outside is made smooth enough. The skin disease has disappeared, the running of the ear has stopped, and the patient and the physician are thrice blessed!

This is the situation, this is the method, but it is recognised as the true, rational, scientific method of treating ills. But how to remedy this?—The only remedy lies in educating the people in understanding *true cure*.

There is no man without *Psora*, these days, but the other two miasms *Sycosis* and *Syphilis* have not yet spread so far, and as such, if there is an acquire-

ment of these (as against inheritance), the patient should at once have himself treated by a true Homœopath. This will destroy the infection at once and stop it from running further into the interior. Some people are under the impression that, if this or that is done after contact with a Syphilitic or a Sycotic woman, there is no possibility of any harm from the contact, but *this is a dangerous impression* and is attributable entirely to the ignorance of the physician. In the first place, it is an encouragement to vice, while in the second place, this sort of avoiding of the diseases is impossible, because the infection spreads into the system simultaneously with the contact, no matter even if the physical manifestations in the shape of gonorrhœal discharge or syphilitic chancre may be delayed for some time, or stopped altogether by certain chemical washes. Man is fallible, and if there has been a fall actually, it is all foolish to pretend to suppose that there has been none, because such pretended supposition can never make the reality otherwise. The reality is reality—stern and cruel. No harm to it if you only ignore it. There should, therefore, be no blinking the fact, and immediate endeavours should be made to remedy the evil. *A true Homœopath should be consulted, and he will be able to eradicate the virus entirely from the system, and it will be impossible for it to work further mischief.* If, however, patent medicines or any

suppressive course of treatment is resorted to, only mischiefs will be multiplied and the way to death cleared. *There is absolutely no other method than Homœopathy, for "curing" Sycosis and Syphilis.*

Those who get themselves treated for these diseases, Sycosis and Syphilis, otherwise than Homœopathically and have them suppressed, may of course be rescued yet, if they undergo a course of Homœopathic treatment soon afterwards, at least before they go to their own wives, but if there is delay, the chances of recovery grow less and less. And if again the wives are contaminated, they too get the disease *in the same form as it exists in the husbands at the time of intercourse.* It often happens that the young wife has no such disease, but soon after her marriage, when she becomes pregnant for the first time, various troubles are found to appear. If you can trace the history of the husband in such cases, you will find Sycosis or Syphilis treated unhomœopathically and suppressed. *The various troubles referred to above are neither the typical Gonorrhœal discharge nor the Syphilitic chancre but are always the forms of these as they existed in the husband (as a result of the suppressive treatment) at the time the intercourse with the wife took place.* The birth of dead child at every pregnancy, the death of the wife at child birth (otherwise than due to mechanical causes), the sterility of the wife, the insanity after parturi-

tion are only some of the silent examples of miasmatic infection of young wives from the suppressed condition of the husbands' acquirements. Just imagine, what mischief is being done to our innocent girls by the merest transient and uncontrollable sexual greed of the husbands in the first place, and by the subsequent unscientific removal of the miasms by the accepted form of treatment, in the second.

*Psora, Sycosis and Syphilis can be removed from the system in a permanent manner only by Homœopathy.* It is, however, to be noted here that in cases of direct acquirement of these miasms, *true cure is effected, only when they disappear after showing their primary appearances.* If this does not happen under a course of Homœopathic treatment, take it for certain that the treatment has not been correct and that the patient has not been *cured*. In cases, however, in which the infection has not been acquired direct but inherited from parents etc., *the curative process does not show the primary manifestations*, but there are yet certain indications that give unmistakable evidences of a true cure. The longer these miasms will be in the system, the greater and more complex will be their effects on the patient. In many cases in which Sycosis and Syphilis have not been acquired by the patients themselves, they suppose themselves to be free from these, but this is a great mistake. Almost everybody has the habit of catching cold, of

having a rheumatic pain, of developing boils and abscesses, has a fetid sweat, and feels quite morose for no apparent reason. There are many who feel a sudden change in their bodily and mental conditions at the approach of a storm or rain, have no normal and natural inclination for evacuation; or even if the inclination is there, the fecal mass adheres to the anus. (You must not feel surprised to hear of the fecal matter adhering to the anus, as it never should in healthy persons. The normal, healthy evacuation of the healthy man should be so smooth, easy and comfortable that it should dispense with the necessity of a wash or the use of paper. This fact is yet sufficiently borne out by the animal kingdom, where beasts and birds—who are yet much more healthier than men—do not require any wash etc., on account of the fecal matter not adhering to the anus). These people think that these are normal and natural things and that everybody has them, and as such, there is nothing the matter with them, but they are mistaken. *But whatever the method of having the infection of Sycosis and Syphilis—whether by acquirement or by inheritance, only a Homœopathic remedy in high potency selected on the law of Similars, can annihilate them and free the life force from their grip, and nothing else can accomplish this.* When the Ayurvedic system of medicine was brought into being, there were no Sycosis and Syphilis, and

Psora was then the only miasm that was making man ill. The authors of Ayurved invented a process of treatment "Kuti-Pravesh" for curing the patient (not removing the disease), but our Kavirajas of today have perhaps forgotten those methods and have substituted them by disguised Allopathy. Perhaps they too are now being frightened by swarming microbes and bacilli floating in the air. However, if "Kuti-Pravesh" was necessary at that time, when there were no Sycosis and Syphilis, God only knows what tremendous and more tedious processes of treatment would be necessary today, for the destruction of these new miasms and all the varied complexities they have produced in conjunction with Psora. It is misery, unthinkable misery, that before long, even our anti-Psoric, anti-Sycotic and anti-Syphilitic remedies too, to popularise which and to explain whose deep-acting alterative powers on constitutions, on which Psora, Sycosis and Syphilis have been engrafted in all their complexities, will perhaps be no more a match. The unhomœopathic traits that have been gradually entering into Homœopathy—*injection* (Homœo.) and mixing up of several remedies at a time, and many such activities of a class of Homœopaths who are making a fool of Hahnemann, who was, even while a school boy, described by his teachers, as the "Double-headed prodigy of genius and erudition," are fast putting Homœopathy into disrepute and

making an idle game of it. It is painful to conceive that our Homœopathy too will be transformed by these august thinkers someday into "Allopathic Homœopathy," just as Ayurved has been converted into disguised Allopathy on a western basis. The number of true Homœopaths is daily decreasing. People do not want Homœopaths, and there is no encouragement for their hard and valuable work. They do not mind paying Rs. 50/- or 60/- and even more for an Allopathic injection, but they grudge paying Rs. 8/- or 16/-, even for the first prescription of a chronic case,—*a prescription that aims at annihilating the disease in its entirety and freeing the system altogether from all conceivable ills, and not a prescription that merely removes the appearance of the disease and gives it an inward turn.* Poverty is often pleaded as a ground for inability to pay, and in many cases, it is even said, "If Homœopathy is so costly, how can Homœopathic treatment be possible?" As if, it is Homœopathy and Homœopathic physicians that are being graced by their charity. This is the condition today. Truth is not loved, Truth is not respected. The outward show is all that is taken into account.

Some indications of remedying miasmatic infection by Psora, Syphilis and Sycosis, have only been set forth above, and if the remedial measure suggested is not taken, one is bound to spoil himself—mind

and body—for good, Newer diseases will be ever preying upon the victim and the children will necessarily become sickly and have poorer longevity. If, therefore, you want to avoid these calamities, live healthy lives and produce healthy children, capable of realising the duties of life, remember the following few things :—

(1) *Studied self-control and purity of mind.*

(2) If you have acquired Sycosis and Syphilis in your life time, by your own action, *have yourself radically cured by a true course of Homœopathic treatment*, the quickest you can, because delay will make matters worse and render cure difficult and perhaps impossible at times.

(3) If you have no direct infection, you must have had Syphilis or Sycosis or both by inheritance from your parents—parents having them either by direct acquirement or by inheritance in their turn, because nobody is free from these miasms, or at least from one of them these days. In such cases have yourself treated Homœopathically and be rid of them as quickly as possible.

(4) If you have neither acquired nor inherited these obnoxious miasms, but if you have been vaccinated for small-pox or plague etc., *it is certain that you are free from no miasms*, and in that case too, true Homœopathic treatment alone is necessary, or you will be ever feeling ill at ease both physically

and mentally—though not all at once, yet gradually and imperceptibly. The insidious and stealthy way in which Syphilis and Sycosis spread their effects gradually into the system is hardly recognised, as the slow process escapes the notice of the shrewdest observer, and the most sensitive constitution fails to feel the inroad. The poor fellow thinks that, the condition (diseased condition) that is being gradually implanted upon him, is his natural, normal condition.

I am closing my "Introduction" here. I have only made a preliminary, cursory consideration of some of the broad facts of Homœopathic Philosophy, just to prepare you for the study of the main thing, as indicated by the title of the book—"CHRONIC DISEASE—ITS CAUSE AND CURE."

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**CHRONIC DISEASE—ITS CAUSE AND CURE.**

**PART I.**

**DISEASE—ITS NAME, APPEARANCE  
AND CAUSE.**



## CHAPTER I.

### Disease—Acute and Chronic.

In order to prepare for the treatment of chronic disease, it is essentially necessary for us to have a very clear idea as to what chronic disease is,—what exactly we are to understand by “chronic disease.” Ordinary people would understand it to be a disease from which the patient is suffering for a long time. Thus, they understand a chronic disease to be an “old” disease, and an acute disease to be a “new” disease, i. e. from which the patient is suffering for a few days only. *It is, therefore, the difference in the length of the period of suffering that makes a disease “chronic” or “acute” according to ordinary people, and this is the idea of all other systems of medicine than Homœopathy.* Allopathy actually classifies diseases into three classes, according to this difference in the *length of the period of suffering*, e.g., a particular disease is “acute” if the patient has been suffering from it for not more than six weeks; it is “sub-acute”, if he has been suffering from it for more than six weeks, and it is “chronic”,

if he has been suffering from it for over two or three months. *The length of the period of suffering is the only criterion by which Allopaths and others classify diseases into the above classes.*

But Homœopathy has quite a different criterion for classifying diseases into "acute" and "chronic". The basis of time is too mechanical to be accepted as reasonable. We do not say that a disease is "acute" if the patient has been suffering from it for so many days only, and "chronic" if for more than so many days. According to us, a disease is chronic or acute *by its nature*—no matter what the length of the period of suffering from that disease may be. Thus, a chronic disease is chronic from the very beginning, even if the patient is suffering from it only for one day, and an acute disease is acute even if the patient is suffering from it for six months or more. But, what is the *nature* in the disease that makes it "chronic" or "acute"? What is there in a chronic disease, on account of the existence of which we call it "chronic," and what is there in an acute disease on account of the existence of which we call it "acute"?

If we examine a large number of patients suffering from various diseases for various lengths of time, we find that the diseases in some of those patients have the special characteristic of beginning, continuing and ending—ending either in recovery or in death, and in others, there is the special characteristic of ever conti-

ning (until the patient dies),—i.e. without ending at any time. It is this characteristic of having a tendency *to end* that makes a disease “acute,” and it is the characteristic of having a tendency *to continue*, without ending, that makes a disease “chronic.” Thus, when a disease attacks a person, torments him for some time (no matter what the length of this “some time” is) and then passes off, *of itself*, it is an acute disease. It is quite possible that an acute disease is very severe at times and may kill the patient, but yet it is to be considered to be an acute disease, *if only it has the inherent tendency of terminating*. If, on the other hand, the disease that has attacked the patient is devoid of this tendency of terminating either in recovery or in death, but has instead *a tendency to continue*, i.e. not to leave the patient at all, it is chronic. It therefore comes to this:—*An acute disease is that which tends to cease, and a chronic disease is that which tends to continue*, and there is absolutely no question of the length of the period of suffering in either. It is the *tendency*, it is the *inherent nature* in the disease, that makes it acute or chronic. Suppose, one has got small-pox. This is a disease that begins with certain symptoms, torments the patient for some time, and then passes off. Now, the very *nature* of this disease is to cease after some time. It may of course end the patient altogether, and that only

means that the attack has been very severe, but it has absolutely no tendency to continue in the said patient either in the shape of small-pox or in any other shape, and therefore it is an acute disease. But a chronic disease has not this tendency, but instead, the tendency of ever continuing. Now, suppose a patient is suffering from colic. You record his symptoms and find,—he has acidity, watering of the mouth, aggravation in the afternoon, in the winter, there are ring-worm and rhagades here and there in the body, colic relieved by eating and pressure on the abdomen, temper peevish, etc. etc. Now you prescribe Petroleum 1,000 on the basis of the law of Similars. The patient comes to you after 8 or 10 days and says, "Sir, the colic is much less no doubt, but I have got back that obnoxious disease "ring-worm" which was almost cured by an ointment". From this, you should at once understand that your prescription was correct. You now tell the patient that there is no anxiety for the ring-worm, and that ring-worm too will be cured, if the colic is gone, and you also warn him against the use of any ointment again, because in that case the colic will not be cured. The patient goes back and is relieved of his colic altogether in a few days. But as ill luck would have it, he disregards your advice and applies that blessed ointment again, as soon as he is free from the colic. To his great surprise, the ring-worm is cured but the

colic does not return this time, and he begins to think that your warning against the use of the ointment for the ring-worm was all rubbish. Full one year is gone since the use of ointment and his recovery from colic, and he comes back to you and complains, "Sir, I have got a cough, and I have consulted many a doctor for it without any benefit." You now refer to the record and find that Petroleum is again indicated, and the fact of the suppression of the ring-worm with ointment confirms your selection. If you now give Petroleum in high potency, the cough will disappear, and all the ring-worm that was suppressed with ointment will come out and be cured, and the patient restored to health. Now, the above is a case of *chronic disease*, because the tendency of the disease here is to *continue* to torment the patient, unlike the case of small-pox cited before. The characteristic of small-pox is to run out its course and end even of itself, but the characteristic of the disease in the above case is *to continue in the patient in various forms one after another*, unless and until knocked out of him. It begins as ring-worm, then it runs on to colic, then to cough—no tendency to cease, and it is made to go only when a powerful medicine (Petroleum) is used.

We now understand that *a chronic disease is a disease that has a special tendency of ever continuing, though in different forms, unless and until removed by*

*the aid of effective medicines, while an acute disease is a disease which has an inherent tendency of leaving the patient after it has run out its course, even without the aid of any medicine.*

It may, however, be argued, that in many cases, though the patient has got an acute disease, as defined above, and has recovered from it, yet he continues to suffer from various diseases after his recovery. According to the classification of acute and chronic diseases, as explained above, such cases of acute disease should come under the category of "chronic", and it would seem that acute diseases too have a tendency to continue in different forms even in spite of medicines. But such arguments are altogether untenable. If we examine such cases with scrutiny, we shall always find that the subsequent sufferings of the patient after his recovery from an acute disease *are invariably due to bad and unscientific treatment.* It often happens that dysentery comes in after measles. This dysentery is explained by allopathic physicians as a "sequelæ" to measles. It may be a "sequelæ," but it is entirely due to bad treatment, and has been made to appear on that account and on that account only. Why should there be any dysentery after measles? There is no dysentery inherent in measles, as we understand it to be. If there has been a "sequelæ," it is due to bad treatment which might have compelled the disease-force to course

inward giving rise to the so called "sequelæ," and if it continues, it is of course a fact that a chronic disease has been implanted upon the patient by the physician in his ignorance and incapacity, and that does not make the original disease (measles) chronic, because the special characteristic of a chronic disease is not there, and this chronic characteristic has only been imparted to it by the physician's art or want of art. *A chronic disease is chronic by nature, and an acute disease is acute by nature.* A cholera patient has no sequelæ if he is smoothly and correctly treated and cured, but there is bound to be sequelæ, when the patient is not *cured*, but only the disease-force is made to move on to some other organs.

From a study of the colic patient described above, it is clear that *a chronic disease has a peculiar tendency of continuing in various forms*, and that it can only be cured by another power (Dynamis) in the shape of medicine, and unless this is done, it will ever continue till the patient's death. *If you cure the colic only it is no cure of the patient.* The cure of the *patient* only can relieve him of the colic as also of the chronic disease (this will be dealt with later), or the chronic disease will ever travel from one organ to another. It was in the digestive tract in the shape of colic, and if you cure the colic only (without curing the patient), it will possibly move on to the lung and bring on phthisis, and then to the brain, resulting in insanity.

Mere relief from the disease (without relief from the *tendency* for disease) is only diverting the course of the disease-force, and this process of diversion has an eternal law,—“*from the less important to the more important organ, from the less internal and vital to the more.*” Let us understand that *true* cure does not lie in a mere removal of the disease symptoms or in their transfer from one organ to another, but in annihilating the very *tendency* for having disease.

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## CHAPTER II.

### The Cause of Chronic Disease.

We have already learnt what chronic disease is, and let us now ascertain its cause, because without knowing the cause of chronic disease, we cannot be in a position to treat and cure it. Here is a patient coming to you to complain, "Sir, I have got a severe headache. Pray, relieve me at once." You study up the case and give him a medicine, on the totality of his symptoms, and the man is all right in a few minutes. The same man comes to you again in a few days and complains in the same way, and you give him the same medicine. The man feels relief this time too, but not as quickly as at the first time. He comes to you again for the third time, after a week or so of the last dose, and complains of the same headache. You find the symptoms exactly the same as at the first and the second instances, and you, therefore, give him the same medicine. But unfortunately, there is no relief this time. Why? One thing will set you thinking at this stage—"Why is there a relapse again

and again? The same medicine is indicated every time! It used to give relief at the beginning, but subsequently there is no relief at all! I have changed the potency too, but to no effect! There is relapse again and again, and the indicated remedy fails to act! Why?"

Another man comes and tells you, "I catch cold so easily. It lasts for a few days after which there is some thick expectoration and I am all right then, but for a few days only, because there is a similar cold again, and that too is followed soon by a recovery. This is how I have been going on for some time. There is a regular habit of catching cold over and again. Can't you please do something for me?" You study up the case and prescribe some medicine as indicated by the symptoms in hand. The man is relieved once or twice in the beginning, but the same cold comes up again, when at last the medicine that gave relief at first, fails to give any relief at all, even in a higher potency.

You will find hundreds of such cases in your practice, and you will find that in these cases, there is a remarkable fact, namely that the disease is relieved at first by the indicated remedy, but it comes again and again, when at last the indicated remedy too fails to effect anything even in a higher potency. Now, what can be the cause of their return so frequently and why are these diseases not annihilated at all even

by the indicated remedy, which gives such prompt relief at the first or second attacks? These questions will lead you to suppose that diseases that have this very peculiar *tendency of returning repeatedly and of not being removed even by the remedy indicated on the basis of the law of similars*, must not be very superficial things and must have their source deeper into the system. And as such, more deep acting medicines than have already been used will be necessary for annihilating them. You will also be struck by another fact,—"How is it that one catches cold so easily, while others do not in the same circumstances, and how is it again that there are some who are even better from cold, instead of catching it? Then again, some people get headache for some reason, while there are some who get nothing from the same reason. How to explain all these?" You will perhaps say that it is the difference in the nature of these different *persons* that explains the difference in the affection of the one in one way and of the other in another, though the cause is the same. But the question comes up again, why should there be a difference in their nature?

If you study cases more closely, you will see that in some cases the headache perhaps disappears or is perhaps permanently relieved by some medicine, but instead there comes colic. And if the colic is not cured, there is perhaps epilepsy. Thus, after one

disease there is another. The above habit of catching cold at the slightest exposure may disappear for some time, but perhaps a habitual headache comes in, in its place. Here again there is a tendency of one disease coming in after another. These must lead you to think that there must be some very deep acting cause behind this tendency of one disease disappearing and making room for another, *In fact, it will be apparent to you that these apparently different diseases, cold, headache, colic, epilepsy and insanity, are only different manifestations of the same thing. And this thing Hahnemann has called "Psora."* This Psora is the only cause of all the various diseases of mankind; or in other words, this "Psora" is the only disease, while all the so-called diseases, having all the different shapes and names, are its *different expressions*. Now you will gradually understand that Nux, Spigelia or Sanguinaria, when you have used them in a case of headache, has only touched a leaf of the parent tree, while the tree itself and its roots have been left untouched. If you destroy a leaf, the main tree is not affected; it goes on spreading its branches in all directions, until the root is demolished. *Psora is the root, and until that is destroyed and annihilated, you cannot stop its activities, only if you remove the headache or the cold. They are only leaves of the parent tree, "Psora".*

Thus, Psora is the original disease of mankind.

If there was no Psora, there would have been no disease in man. Let us now try to find out how this Psora came to be, what its nature is and how it can be annihilated.

Man was not born ill. We cannot conceive that God who is goodness and greatness only, could have made man otherwise than good and great. The good, healthy man was living out his life in purity and health. God gave man goodness, but he gave man also the power to be bad. Man was good, and God, his Creator desired him to be good, but God gave him the power of free will and free action. So long as man lived according to the laws of God, i.e., without exercising or rather abusing the power of free will, there was no trouble. So long he was good, and therefore, pure and free from disease. But as soon as he exercised the power of free will, with which he was endowed, and willed against the laws of God, the trouble began. Man began to think, feel and will against the laws of God—against the laws of Nature, e.g., God willed man to love his neighbour, but instead of loving his neighbour, according to the will of God—law of Nature—suppose, he began to hate his neighbour, by virtue of the freedom of will with which he was gifted by God. Thus, man set himself against God. Evil thinking created a tumult in his mind. Yet, it was evil *thinking* only, that is to say, that, this condition of the mind was yet a

*condition of the mind only*, and was not yet expressed in an active desire. But any passive condition of the mind is bound to be followed soon by an active condition. The passive hatred gradually developed into actual hatred and then came action. First comes an idea (passive thinking) about something, then comes thinking (active thinking, actual thinking) and last of all action. Now, passive thinking is harmless, because in it, the element of endeavour to do is wanting, but active thinking, in which there is this element of "doing" according to the "thinking," is the beginning of harm. *This active thinking, this mental endeavour of doing, is a kind of mental itching, and this is "Psora"*. This "Psora" was yet in the mind, i.e., it was yet a condition of the mind not expressed in the body. In the mind, instead of the smoothness that was before, there is a tumult now, as it has been opposed to the laws of Nature. But this condition of the mind cannot be long confined to the mind alone, because the mind will gradually shape the body. Thought will be soon expressed in the physical body. Suppose, you feel dissatisfied at something; here the dissatisfaction of the mind takes concrete shape and is soon expressed in the features of your face. So, in the same way, the condition of the mind, which was a condition of itching, as it were, gradually came to be expressed in the physical body in the shape of itches. This was the physical

manifestation of Psora. The first evil thinking modified the mind and gave it a condition of itching; this was Psora latent. Then, this latent Psora of the interior gradually came out on the body in the shape of itches; this was the physical manifestation of Psora. The history of the growth of Psora is, therefore, this:—First there came in man a desire to think otherwise than God willed him, i.e., to think unnaturally; then there was actual unnatural thinking, and this unnatural thinking gradually came to be manifested in his physical body in the shape of itches. The unnatural, evil thinking produced Psora in the interior, but it was yet invisible. It came to be visible only when it appeared on the physical body. Now, what is Psora?—Psora is a condition. Condition of what?—Condition of Man, (and Man is his mind and body). Thus Psora is a condition of man, a condition that favours disease, just as the itching of the mind, as it were, favoured the appearance of itches on the body. *Psora is that condition of man, which tends to produce disease in him.* Without Psora (that is to say, without the tendency for disease), there could be no disease in man. And I have already explained how this tendency for disease came to be in man. It came only out of his free thinking—free thinking in such a way as he should not have thought; and this is equivalent to evil thinking.

Thus, you see that *the mind is the fountain of disease.*

There are many Homœopaths who understand Psora to be itches, but that is far from the fact. *Psora is not itch, but it is the cause of itch. Itch is an effect or expression of Psora.* Psora only makes itch possible. There could be no itch without Psora being already there, and that is all. Itch only indicates the existence of Psora, but it is never Psora itself. Psora and itch are never identical. Let me make it clear once again,—Psora is that condition acquired by man (at the beginning i.e., prior to his having any disease) by evil thinking, but now inherent in him, that gives him the tendency for disease. In short, *it is the now-inherent tendency in man for disease.* Though it has been stated before that itches indicate the existence of Psora, it does not necessarily follow that there is no Psora if there are no itches. The fact is that Psora may be there without there being itches, only that itches cannot be there without Psora. If itches do not indicate the existence of Psora, how are we then to make sure of its existence?—By *itching.* If there is Psora, there must be *itching (not itches)*, and if there is itching there must be Psora. Itching and Psora are inseparable. In fact, Psora is mental itching, and the itching of the body is the physical expression of that mental itching.

All our ills are due to, or are rather the effects

of Psora. *Psora has given us an eternal susceptibility to disease.* Let us enter still deeper into the matter. Let us understand how Psora gave us this susceptibility. What did Psora do?—It brought about a tumult in our mind; it disturbed, the even and natural processes of mentation; it affected the processes of our mind. Now, mind means thinking, feeling and willing; and that the mind was affected means that all these three processes were affected. Action is always in accordance with the mind. As the mind thinks, so will the action be. And the mind (thinking, feeling and willing) affected as it became, evil as it grew, led to evil action. Psora having vitiated the mind, the very spring of action was vitiated, and the action of man was necessarily evil; and his evil action brought on two other diseases—*Sycosis* and *Syphilis*. *Psora was the result of evil thinking, and Sycosis and Syphilis were the results of evil doing.* It, therefore, follows that without Psora there could have been no Sycosis and Syphilis, because without thinking, there could have been no action. Thus, without Psora there could have been no disease at all. In fact Psora prepared the ground for all our ills and for Sycosis and Syphilis too. Psora is, therefore, the cause of these two also. Psora is the prime cause, the only cause of all diseases. All the different diseases are only external manifestations of the internal cause, Psora. There could be no disease in man,

that is to say in the external body, if there was no image of that disease in the internal mind, because the external is only a reflection of the internal.

I have endeavoured to give you a correct idea of Psora, what it is, its growth and character, and I believe, there is no ground for your confounding it with "itches." As, however, there are some people, who actually confound Psora with itches, it is quite possible that there will be some who would understand Sycosis to be a gonorrhœal discharge, and Syphilis to be chancre. But they are never so. Sycosis is not gonorrhœa, nor is Syphilis chancre, and we must understand Sycosis and Syphilis very correctly, as any misconception is bound to lead us into errors.

**Sycosis**—In order to understand Sycosis, it is necessary, first of all to understand Gonorrhœa, so that we may guard against confounding one with the other. Gonorrhœa is not the urethral discharge which often results from an inflammation of the canal due to over heating in the sun or stimulating food and drink etc. But it is quite a different thing. It is a highly poisonous infection, which is acquired by co-habitation with a woman who has already had it. It is also had by inheritance from parents, who might have had it either by direct acquirement or by inheritance in their turn. There can be no Gonorrhœa unless there is either direct acquirement or inheritance. Now, this

Gonorrhœa, whether it is acquired direct or inherited, may be radically cured by a course of true Homœopathic treatment, and if it is cured at once, the trouble ends there. (It is not my intention to write about Gonorrhœa and its treatment, because these can be found in many books on the subject, but my object is to give you an idea of Sycosis and all about it). But if on the contrary it is not *cured* according to the law of Similars—the only law of cure—it implants upon the system the great miasm of Sycosis. *Sycosis, therefore, is not Gonorrhœa, but it is that condition of the system, which is bonded to it by Gonorrhœa, when it is not cured; but only liable to disappear, either by a course of unhomœopathic treatment, or of itself.* Unhomœopathic treatment i. e.; treatment not based on the natural curative law of Similars, only removes the local infection of Gonorrhœa in the shape of the characteristic discharge, and turns the infection *inward*, and it then *gradually attacks the more internal organs and establishes Sycosis.* Once the local infection is removed, the disease-force is bound to travel inward. There is rescue from it even yet, but that never happens, because, when the more internal organs are attacked, the infection does not appear there in the shape of the discharge, but in the characteristic way of expression that, that organ may have, and this causes difficulty in understanding it as a different aspect of the same infection. If it attacks the diges-

tive tract, perhaps it appears there in the shape of colic, and the ordinary physician has not the reason to interpret it as a modified expression of Gonorrhœa, in a more internal part of the system. The colic is then treated in their old fashion, and it soon disappears from there, only to re-appear in a more important organ in another form. Perhaps it settles this time in the heart, as rheumatism, till at last it combines with Psora (because Psora is already there, and there could have been no Gonorrhœa without Psora making the ground for it) and produces a complexity which it becomes difficult for the system to be rid of.

It is perhaps clear to us now that like Psora, Sycosis is also a condition of the life force, and that it is acquired by suppression of Gonorrhœa, and there should, therefore, be no ground for confounding or identifying it with Gonorrhœa. Psora is acquired by evil thinking, and Sycosis by evil action. The course of Psora is from the centre to the circumference, from the mind to the body, from mental itching to physical itching, but the course of Sycosis is naturally from the circumference to the centre, from the body to the mind, from the Gonorrhœal discharge to colic, rheumatism and insanity. Psora has already given man a tendency for various diseases, and Sycosis will now give him certain other diseases, first by itself and then in combination with Psora.

**Syphilis**—This is also often identified with

chancre, but it is as great a mistake to consider chancre to be Syphilis, as it is to consider itches to be Psora, and gonorrhœa to be Sycosis. Like Sycosis, Syphilis is also acquired by co-habitation with a syphilitic woman. Like Sycosis, Syphilis is also thus the result of evil action, whereas Psora is the result of evil thinking. So far Sycosis and Syphilis are similar, but they have a primary difference, and this primary difference is the difference between gonorrhœa and chancre. The former shows itself by an ulceration and inflammation *in the canal* and also *in the root of the genital organ*, with a sloughy discharge, while the latter appears in the shape of a similar ulceration and inflammation *on the glans*. It is, if this ulcerated condition or chancre, as it is called, is not cured homœopathically, but instead, only removed by any uncurative, i.e., suppressive method of treatment, that Syphilis is implanted upon the system. *Just as Sycosis is a condition of the system arising out of the suppressed gonorrhœal discharge, Syphilis is also a condition of the system, arising out of the suppression of the chancre.* The suppression of the chancre removes the primary manifestation from the glans, from the surface, and turns it inward. The process of Syphilis is also from the surface to the interior, from the circumference to the centre, from the body to the mind. Psora prepares man for all diseases, even for Sycosis and Syphilis, and Sycosis and Syphi-

lis each gives him the tendency for specific types of diseases. Let us not, therefore, mistake Psora, Sycosis and Syphilis for so many particular diseases; but let us understand them only as certain *conditions of the system* that give that system the tendency for certain specific types of diseases, each in its own way. That is to say, Psora gives diseases of one type, which Sycosis and Syphilis cannot give, Sycosis gives diseases of another type, which Psora and Syphilis cannot give, and Syphilis gives diseases of a third type which Psora and Sycosis cannot give. Each has its own speciality.

While explaining the difference between acute and chronic diseases, it has been stated that the main point of difference is in the *nature* of the two classes—namely that, an acute disease has the tendency to terminate of itself, after running its course, while a chronic disease has no such tendency to terminate of itself, but on the contrary, a tendency to continue and continue in various shapes, until removed by a deep-acting Homœopathic remedy. Let us now see that there is yet another point of difference between them—namely that an acute disease has not as its cause Psora, Sycosis and Syphilis. Even if they are the *prime* causes (because there can be no disease unless Psora is there), they are not the immediate causes. Every acute disease, in order that it may be there, must have an immediate exciting cause, or in other

words, an acute disease cannot be there without an exciting cause. Such is, however, not the case with a chronic disease, because a chronic disease has its only cause in Psora, or at times, in Psora and Sycosis, or in Psora and Syphilis, or in Psora, Sycosis and Syphilis. *It, therefore, comes to this that an acute disease has an immediate exciting cause, and has a tendency to end, while a chronic disease has no other immediate cause than Psora, Sycosis and Syphilis, and has on the contrary, a tendency to continue.*

The various diseases with all their learned nomenclature, which we meet with in course of our practice, are not in reality so many independent diseases, however different they may be in their appearance one from another. They are only so many expressions of Psora, Sycosis and Syphilis, or of any two or of all the three of them. But where is the convincing evidence for such a sweeping generalisation? How can it be proved that these diseases are not independent diseases, but are only manifestations of Psora, Sycosis and Syphilis?—To this very pertinent question, the best and most convincing answer is to invite you to a study of your own experience, as my experiences and even those of Hahnemann himself cannot be expected to convince you.

Though first hand experience and study of cases is necessary in order that you may have your own conviction in the matter, I shall try to cite a case

from my own practice. If you closely follow the course of cure in this case, some very prominent facts will be found, and they will help you to see for yourself that the essence, the reality of disease, is not what *appears* as disease.

Mr.——Roy Chowdhury. Age 42 or 43, residence, Damodarpnr, Dt. Manbhum. Fair looking; thin, slender figure. Head slightly larger in proportion to the other parts of the body. Temper irritable. Applied to me for treatment on 11. 6. 1918.

The present symptoms were :—Almost a constant dry cough with practically no expectoration of mucus, but of some frothy saliva with streaks of blood. Bowels seldom clear. Feels unwell at about 4 or 4-30 in the afternoon, but this could not be interpreted as fever. There were no other symptoms.

**History**—Parents not alive, and the history of the patient's early life was not, therefore, available. Up to about 18 years of age, he was in pretty good health. He lost his father at 18. The father suffered from asthma for about 4 or 5 years before his death, and died of diarrhœa and dropsy. The mother had died before this. After his leaving school i. e. at about 19, the patient joined a competition in swimming, and excessive swimming brought on fever the very evening. There were severe soreness in the body, and cough. There was, however, a recovery after 10 or 12 days' suffering. He was treated by an Allopath this

time, and the patient could not say if he was given quinine. After this attack of fever, he used to have cold and cough occasionally, and a day's fasting or some allopathic medicine brought him round every time.

At about 30, he had an attack of Pneumonia. He was between life and death this time, and the treatment was allopathic. He recovered, however, after 70 or 75 days. Since his recovery from Pneumonia, he got a regular habit of catching cold at the slightest exposure. He began to have repeated colds and cough and even slight fever in spite of all precaution. There was almost a constant stitching pain, in the left side of the chest. Gradually, streaks of blood came to be seen in the sputum. Appetite dull. Was satisfied with a few morsels, and after a meal the abdomen was bloated. There was acidity and a marked intolerance of cold.

There was a severe aggravation of the symptoms last winter. Awful weakness, and he could have no sleep after 2 or 3 in the morning. Had to sit up in his bed and cough till day-break, and it was at day-break only that there was some expectoration of mucus. No expectoration during the rest of the day and night.

I examined his lungs, but could find practically nothing, nothing beyond a dull sound in the left chest at a spot not more than an inch in circumference.

I did not, however, attach much importance to this.

From a study of the case, I arrived at Kali Carb and gave a dose of it in the 200th potency (14.6.18) asking the patient to report after a fortnight. A whole month elapsed, but there was no change.

20.7.18.—Kali Carb 10,000—three doses, one daily.

4. 8. 18.—The patient's report was—"The pain in the chest has much increased, and it was the severest during the last three days, particularly at 2 or 3 in the morning. During the day, there is only dry cough—but this seems to be much less than before."—No medicine.

18.8.18.—"The aggravation has passed off and I seem to be better, appetite seems to have improved. Cough and weakness less than before. Sleep not very refreshing, but yet I seem to be better."—No medicine.

20.9.18.—The patient was improving so far, but on this date, there being a sudden aggravation of all the symptoms, I was called to see the patient. What I saw really frightened me. The patient had spat about 4 ounces of blood in the morning. There was high fever with drowsiness and bloating of the abdomen. The mental condition of the patient was worse and this last symptom was indicating that the aggravation was not a Homœopathic aggravation. But yet I could not think that the medicine was wrong. In fact, I was quite positive regarding the correctness

of my selection. I could not, therefore, change the medicine. But what was the aggravation due to? I concluded, it was certainly the usual course of the disease,—the usual aggravation of the disease. If, however, my prescription was correct, then it must have been that it was not being able to cope with the strength of the disease force, as it was then. But the potency used was high enough,—10,000. I then concluded that it was the tenacity of the patient that was not allowing the disease to go. Now, what could this tenacity be due to, or in other words, what was there that was not allowing my medicine to act to the fullest extent?—It must have been Psora. And I gave a dose of Sulph.—1000 at once.

16.10.18.—The patient came to me personally and showed me some eruptions on his person. I examined these eruptions and understood them to be Sycotic. Mark here,—as soon as Psora was controlled by Sulphur, Kali Carb which is an anti-Sycotic, displayed its full action. However, I advised the patient not to interfere with the eruptions. Alongside the appearance of the eruptions, the condition of the patient was much better. There was no spitting of blood from 5.10.18.

24.10.18.—When I saw the patient on this date, I could not check my own surprise! Thank God, his whole body was covered with innumerable eruptions, mostly on the head, genitals and eyelids.



15.11.18.—The eruptions were gradually disappearing, and I gave him a dose of Sulph. again in the c. m. potency on 20.11.18. (I could not give such a high potency at first, as the condition of the patient was very weak, and he might have failed to stand the reaction of such a high dose).

14.12.18.—Some more eruptions had come out and were now disappearing. Please note, the patient was gradually improving in spite of the eruptions, or more correctly, simultaneously with the eruptions. Now, there were only dry cough, expectoration early in the morning; tendency to fresh attacks of cold was now less than half of what was at the beginning of the treatment.

7.3.19.—Report was received that the patient was much better and the only trouble was the tendency for catching cold. I advised him to wait.

11.4.19.—The only trouble was the tendency for catching cold, and this was not leaving the patient yet. There was no prospect of any further improvement from the medicine that was given (namely Kali Carb). I, therefore, gave him a dose of Tuberculinum c.m. After this, I had no information about the patient. When however, I happened to meet him after a year of the above dose of Tuberculinum c.m., I was told that he was completely free from all diseases.

The above case clearly shows that the patient had Sycosis on a Psoric background. It was Sycosis that

was pushing him to blood-spitting and phthisis, and it was Sycosis that was giving all the various so called diseases that the patient was having throughout, after the 18th year of his age. And when Kali Carb, a deep acting anti-Sycotic remedy was given on the indication available from the patient's condition, some improvement was seen. But as there was Psora, which always furnishes the ground for Sycosis and Syphilis, the tendency, which it had implanted upon the system was not allowing the Sycotic condition to leave the patient. And as soon as an anti-Psoric (Sulphur) was given, all the Sycotic taint in him came out in the shape of eruptions, and passed off. But yet the patient was not completely cured, because he had yet the tendency for catching cold. This indicated that the disease-force was far more in the interior than could be reached by Sulphur and Kali Carb. A more deep acting remedy—Tuberculinum c.m.—had, therefore, to be given.

Now, it may not be very difficult to understand that, the various so called diseases that pass under various names are not so many independent diseases. There is only one disease in one man and that is either Psora, or Psora + Sycosis, or Psora + Sycosis + Syphilis. It is only the difference in the proportion, that is to say, in the strength of the three different miasms in their combination in different persons that furnishes the explanation for the differences in the

expressions of diseases. There is only one disease in man, and the different manifestations in the shape of fever, rheumatism, cough, asthma and phthisis etc., are only so many different expressions.

Let us recapitulate that, Psora is always the most predominant factor, or in other words, it is an indispensable miasm, and it can be said that Psora is the only cause of all the various chronic diseases. Though Sycosis and Syphilis combine with Psora, yet it is the fact that there can be no Sycosis and Syphilis without Psora being there, so that Psora is the cause of Sycosis and Syphilis too. Thus, it is an unmistakable fact that, Psora is the only cause of all the so called chronic diseases,—no matter under whatever name those chronic diseases may be recognised by the ordinary people and by the Allopathic school.

If we say that Psora is the only cause of all the so called chronic diseases, and that all the chronic diseases are only manifestations of Psora, it comes to this that Psora is the only chronic disease. I am afraid, even most of the avowed Homœopaths of today, not to speak of Allopaths, will startle at this sweeping statement, and the reason is not far to seek. Most people are reluctant to make the exertion necessary for observation. If a patient comes to you and is suffering from skin eruptions, and if you advise him to refrain from using any ointment, and warn him that such suppression with ointment may bring

in a serious disaster, you will be simply laughed at. If, however, measles are suppressed by bad treatment, or by exposure to cold, or for any other reason, everybody understands that the consequences are not very happy, and that such suppression of measles often brings in convulsion, paralysis, idiocy and even death. Everybody understands it, but everybody fails to understand that suppression of itches may cause similar disasters. Why?—Because the effect of suppressed measles follows the suppression so quickly, while the effect of suppression of itches etc., develops very slowly. There is an excuse, if ordinary people have such failure in understanding, but there is absolutely no excuse for such want of observation and interpretation on the part of the avowed practitioners of the healing art—absolutely none.

That Psora is the only cause of all chronic diseases, or in other words, that Psora is really the only chronic disease on earth, and that this apparently impossible fact cannot be more effectively brought home to you than by a dispassionate and critical analysis of cases in course of your own practice, have already been stated by me. But I will yet cite some more facts of reason and evidence, (than the fact of the case of a patient already cited), by way of elucidating the point further.

### 1. Facts of reason :—

It has been stated before that physical itching is

the external expression of Psora. There was a disorder in mind first of all, which we have called mental itching, and this disorder of mind or mental itching was subsequently reflected in the physical body. But one might argue,—“If there was a disorder in the mind, why was it not *confined* to the mind? What was the necessity of its coming out on the body?”—To this I would say that, that is according to a law of nature. When there is a disorder in the mind, the mind is burdened as it were, and its natural tendency in such a case is to free itself of this burdened condition. The mind wants to ease itself. If you are distressed with a bad news, you feel awfully wretched so long as you keep it in your own mind alone and do not share it with others. But as soon as a friend presses you for disclosing the facts to him, and as soon as you actually do this, you are certainly relieved to some extent. It is, therefore, correct that the mind naturally wants to ease itself by throwing out its burden. Now, the disorder of the mind is thus naturally thrown on the body in the shape of itches. Not only does this process—which is the inevitable process of nature—ease the mind, but it also helps the process of cure. *When the disease is coming to an end, it comes outward on the surface, but when the disease is increasing, its course is inward, into the interior.* If the natural process of relief is a process from within outward, and if this is why

external manifestations of itches etc., appear on the skin, what other than disaster can be expected from manipulating those itches with ointment thereby turning them inward? If there is to be any cure after such an inward turn to the itches, it cannot possibly be effected except by bringing them out. Observation will confirm this always. When, however, itches etc., are turned inward by external application of ointment, they naturally attack the internal organs, effecting first of all, some change in their functions and then some change in their structures. (Of course, for structural degeneration of any organ, some more miasm than Psora alone, is necessary, and this will be dealt with later). Those who hold that the diseases of the skin are only diseases of the skin and have no connection with the whole man, are *hopelessly* mistaken. The skin is also one of the organs of the body, and it has its functions, but are the functions of the different organs independent of each other? Are not all the different parts (organs) performing their functions *for* a common cause, *for* the man as a whole—mind and body? Are not all these parts tending to the health and well-being of the whole man (mind + body)?—Certainly, and their functions cannot, therefore, be independent. *Any deviation in the function of any organ has always a proportionate deviation in the functions of all the others, no matter, whether you can find out this deviation in the latter*

or not. There is not a tissue, there is not a cell in the whole economy that does not feel the disorder in any other tissue or cell. The skin is, therefore, not an independent unit in the man, and any deviation in it must cast its reflection on the whole man (mind + body). And if by a process of nature, the deviation or disorder of the mind, has been thrown out on the skin, by way of relief to the whole man, and if that process is upset on the merest theory of brute force and the itch destroyed by ointment, there is not the least doubt that the whole man will be disordered. The skin, or any organ, is not much of a sufferer in the affair, but it is the whole man that has to bear the brunt of it. The skin or the different organs are no independent units. They are all functioning to the same common end, namely the health and well-being of the whole man (mind and body). It is a common fact that, when a particular organ is diseased, it is not that particular organ alone that suffers. It is the whole man that suffers. If the organs, the skin, liver and kidney are independent, and if there is no *oneness* behind this plurality of organs, it is the independent organs that should suffer when diseased, and not the *man*. But, as it is the man that suffers and not his organs, it is never the fact that it is the organ that is diseased; it is never the fact that the itch on the skin has no relation to the internal—to the whole man. If, therefore, you

only turn the itch inward by application of ointment, and not cure the whole man, the whole man continues to be affected—and affected far more than before, because the more important and more delicate organs than the skin are attacked this time. And as a result, various diseases of various names ensue.

## 2. Facts of evidence :—

Where is the evidence that Psora in conjunction with Sycosis or Syphilis or in conjunction with both, or Psora alone, is the cause of all chronic diseases?—Some evidences are of course there, and I will enumerate them one by one.

(a) During the course of the treatment of a chronic case, it happens that the old symptoms of the patient re-appear (and then disappear) *in the reverse order of their coming*, that is to say, in the order opposite to the order in which they came. To make it more clear, let me cite a case.

A lady was suffering from leucorrhœa and though she was over 20 or more, she had not been rid of the habit of wetting the bed at night, a habit which she had in childhood. She was a lovely little lady, and her husband had spent a lot of money for her treatment. He then applied to me. In Hahnemann's language, it was an one-sided case, as I found on recording the history. It was ascertained that when a child of three years of age, she had suffered from eczema. It had severe itching and a sticky exuda-

tion, so sticky that in the morning the bed sheet used to be found struck to the body. She had a swarthy complexion, and was rather fat. Had constipation too. There was no difficulty in selecting Graphites, and I gave her a dose in the c. m. potency and instructed the husband to report after a fortnight, or earlier if there was any change. There was no change after a fortnight, but after 18 or 19 days it was reported that the patient was having a burning discharge. It was not in the patient's history, as given to me, that the husband had gonorrhœa and that the wife had acquired it from him. However, I hastened to see the patient and found, she had fever too. On a thorough examination I could understand that the discharge was gonorrhœal, but as I had not the impertinence to say so openly, I enquired,—“What could be the cause of such a discharge?” The husband frankly admitted to me that he had gonorrhœa and said all about it. I at once understood the action of my medicine, and with a view to allowing it to act on, I gave a few doses of placebo and returned. After another 8 or 10 days, that is to say, after about a month of the use of the medicine (Graphites, c. m.) the gonorrhœal discharge disappeared, and with it the leucorrhœa, but instead all the body was covered with eczema. The patient was feeling better now, and my instruction for not using any ointment was not disregarded. Gradually, the exudation of the

eczema ceased and it assumed a dry character. I had then to give Sepia 50 m, and last of all Sulphur, but I need not enter into those details, as my object in citing this case is simply to show the reverse way of appearance of old symptoms and their gradual disappearance and cure. This case clearly shows how the immediately preceding symptom "gonorrhœa" came after the use of the medicine, and how that disappeared gradually, and how after that re-appeared the old eczema in all its old character, and how this eczema also disappeared, and how with the disappearance of the eczema, disappeared the habit of wetting the bed. This case clearly shows that a *Homœopathic medicine in high potency, correctly prescribed on the law of Similars, brings back the old symptoms (that had not been cured but only suppressed by unscientific treatment) in the reverse order of their coming—the itching eruption, which is the manifestation of Psora coming last of all.* Does not this prove that Psora is the cause of all the so called diseases, or better still, that Psora is the only chronic disease?

Though in the above case gonorrhœa was also latent in the system, yet gonorrhœa too had to re-appear and disappear on the action of the potentised medicine. This small case furnishes an unmistakable evidence of the fact that it is Psora only that is all and that the so called diseases are only outbursts of Psora.

(b) It often happens that a man is apparently quite healthy, but he falls ill suddenly on some slight irregularity, say, for a little walk in the sun or a brief swimming or a little wetting in the rain or for some such slight cause. And he thinks that this slight illness is nothing, that it will pass off in a few days. But unfortunately, he does not recover so quickly as expected. Beginning with that slight illness, he goes on having various illnesses one after another. His friends also think that there was not much of an irregularity in a simple wetting in the rains, and the man is suffering from one disease after another like this. In fact it appears to all, that he suffers much, very much in proportion to the apparent cause. A very close examination would reveal in such cases that the slight irregularity in question is not *really* the cause of his disease. The *real cause* was all hidden in him, and the slight irregularity only brought it to light. The cause was sleeping in him—as it were—and the irregularity, the apparent cause, has only *waked it up*. It cannot be that the slight irregularity was the cause of such a mighty effect, and *the hidden cause must be Psora and nothing else*.

(c) A close examination of a number of chronic cases will show that they have an *inherent characteristic of continuing*, of not leaving the patient, and of appearing repeatedly in various forms; and that,

regularity of habit and diet, and change of climate etc., have no effect on this characteristic. This seems to suggest that the various forms of diseases which appear are not really the main thing, or, remedying them would have remedied the chronic disease, which, however, is never the case. It seems as if behind all these diseases (manifestations), there is something that is producing them, and it is this *something* that is required to be removed, in order to effect a permanent annihilation of the chronic disease. It is like a show of the magic lantern. If you want to stop the show of the pictures, you have to remove the operator, because, if the operator is there to do his work, the pictures will continue to appear on the screen.

(d) Even ordinary people—not to speak of trained doctors—have found certain patients suffering from various diseases to be relieved of their suffering, suddenly enough, when some eruptions on the skin have appeared. This also shows that the eruptions latent in the system were the main thing in their cases.

I have given above some broad facts of reason and evidence to show that Psora is the sole cause of all the various diseases, and I invite you to confirm your convictions by an analysis of the cases of cure in your own practice.

It must have been clear to you by now, what chronic disease is, its cause and nature, and before I take up considering the mode of curing it, it is nece-

ssary to tell you something about *suppression*. The primary manifestation of Psora is on the skin, in the shape of itching eruptions, and to consider them as independent of the whole man, to consider them as mere local affections without having any relation to the rest of the economy is a mistake. To treat them with such an idea, and that in a manner that is short of permanent annihilation, is no *cure*, but *suppression* and giving the said manifestations an inward turn. What, besides application of ointment, give such an inward turn to the disease-force, and how these can be avoided and remedied, are things that we must know, before we actually take up the treatment of chronic disease.

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## CHAPTER III.

### Suppression.

I will now speak of *suppression*—that blessed method of treatment that turns the disease-force inward and creates more complex and difficult diseases one after another. If you understand suppression, you will be able to avoid them with caution and thus avoid quite a lot of unnecessary sufferings to the patient and troubles to yourself.

1. Of all the methods of suppression, the most common and yet the most dangerous is that by *external application of ointment*. It has already been made clear that all itches etc. on the skin, which appear to the unintelligent eye as mere local diseases independent of the *man*, are but Psora reflected on the external body. *They are not independent of the whole man but are conditions of the whole man expressed in those particular forms in those particular localities.* It is therefore, extremely silly to treat them as independent units and to drive them from their seats. It is, of course, a fact that they will quickly disappear from

the skin under the use of ointment etc., but only to locate elsewhere, because the disease is of the whole man, and local treatment can only improve the "locality", and not the whole man. It has already been stated that people know and well understand the bad consequences of suppressed measles or pox, but they do not admit that the suppression of itches can also result in similar disastrous consequences. The fact is that in the case of measles or pox, the disaster ensues so quickly that they can at once ascribe it to the suppression, while in the case of itches, it becomes difficult for them to ascribe it to the suppression, because it appears long after that suppression. But the law is ever uniform. If suppression of one disease brings disaster, the suppression of all other diseases also will do the same thing. If you doubt this, clear up your doubts by studious observation. You will find that, there can be no breach in the law of uniformity of Nature. There is no *cure* from the local use of ointment etc. Such local treatment only prepares the way for other diseases. The local affection may disappear under local treatment, but the disappearance of the local affection is not the disappearance of the disease, because the disease is of the *man* and not of the *locality*. Such local treatment therefore necessarily brings in a hundred other diseases in other localities. All other systems of medicine than Homœopathy only care to

remove the local appearance of the disease. They consider each disease to be a separate unit, independent of the *personality of the patient*, and they necessarily aim at patching up the diseased part. But as this is in no way a total annihilation of the disease-force, that is to say, as this is in no way a complete restoration of the *man* to his normal state of health, other affections appear in other parts of the body. They remove the itch, but colic appears, and this colic is at once explained as quite a different disease, and a similar process of scientific(?) treatment for it is recommended. This colic is then suppressed again, and then comes quite a third thing and so on, until insanity or death closes the scene. A young boy had eczema on his leg, which was patched up by external application of ointment. The boy gradually (in 3 or 4 months) developed a terrible dyspepsia with weakness, both physical and mental. The condition of the stomach became so bad at last that he used to pass undigested solid foods with his stool. He was then treated with injection but all for nothing. When, however, the patient was brought to me, I gave him a dose of Psorinum 1000, and this brought out the suppressed eczema in a few days, and the inveterate dyspepsia that was implanted on the boy by the suppression of this eczema gradually disappeared, as also the eczema. There are innumerable such records of suppression of skin diseases by external ointment,

resulting in most serious diseases, and subsequent cure of the latter as also of the former under the action of deep acting Homœopathic medicines. The disappearance of the resultant disease under the action of the Homœopathic medicine and that of the suppressed skin disease, after its re-appearance in its original form, should leave no room for questioning the disastrous effects of suppression—the disasters of considering and treating disease as a mere local something independent of the man.

Not only does the suppression of itches—the external manifestation of Psora—bring such tremendous mischief to the man, but also, similar or even greater mischief is brought on to him by suppression of gonorrhœa and chancre—the external manifestations of Sycosis and Syphilis. He contracts gonorrhœa from a prostitute and is anxious to be rid of the manifestation in the shape of the discharge, and it is done quickly and quietly enough with a few injections. Syphilis is also treated in the same ruthless manner. But the merest removal of the local manifestation of the discharge or the chancre is never equivalent to an eradication of the virus. It gradually permeates the whole man and implants the respective miasms of Sycosis and Syphilis on the economy, and these miasms then travel down from the father to the son and so on, growing more insidious at every succeeding generation, till at last insanity and leprosy honour

the victim. The above is only a brief picture of the suppression of the most *primary manifestations of the three miasms, Psora, Sycosis and Syphilis, but the trouble does not end here, because the diseases that result from these suppressions are also suppressed in their turn* in the same ruthless fashion, and so on till eternity. I have only given you an idea of what happens as a result of suppression. I am afraid, the ablest author on earth will fail to give you an exhaustive description of the total mischief that ensues from it. .

Again, besides the suppression of the primary manifestations of the miasms and of the manifestations that appear on the suppression of those primary manifestations, there is a *third type of suppression*, and the effects of these are more dangerous still. *It is the suppression of the manifestations of two or more miasms in combination.* There is no limit to the varieties of diseases they create. This will be dealt with in details later on, as it is an indispensable equipment for successful treatment of chronic diseases.

2. Besides suppression by *ointment*, diseases are often suppressed by *indiscreet use of the surgeon's lancet*. Surgical instruments have their scope of use ; a mechanical way of treatment as it is, it should be resorted to only in local affections of a mechanical nature. It has absolutely no use in cases where the whole man, the whole system, is concerned. As soon as the disease in hand is such as indicates an abnor-

mality in the systemic processes, it ceases to be a case for surgery, because unless you correct the systemic processes, the removal of the disease-product will be the only thing accomplished, while the processes at fault will continue to do their work—if not there on the same place, certainly, in some other. If you remove a tumour of the lid, which is the pathological product of a long course of some sort of abnormal functioning of the system, you only remove the product, without correcting the process at fault, and the result will be that the same defective process will continue, and as such, the product also will continue to be formed. This product may not now be in the same spot and in the same form, but in some other region of the body in some other form, as the opposition offered at its original site will naturally give it a tendency to follow the line of least resistance. *Indiscreet manual surgery also suppresses and gives an inward turn to the disease force, just as suppression by ointment does.*

It is, however, to be recognised that surgery has its own sphere of use, and that sphere is the sphere of local affections. Suppose, for example, you break your knee. Now, here is a case in which the system is not evidently responsible in any way. The break could not be the result of the liver or the kidney not performing their functions, and here you cannot, therefore, repair the damage by the use of internal

medicine. It is purely a local affection independent of the man, and it has, therefore, to be treated locally by the surgeon's knife. It is, however, to be remembered that in cases of this nature also, internal use of Homœopathic medicines is also indispensable, *when the malady becomes a condition of the man in his entirety*, that is to say, when the damage is not completely repaired owing to the system being at fault and as such being unable to recover from the effects of the local damage in spite of proper local treatment. Every man does not recover from the effect of a broken knee equally quickly. And if it is so, and if one man is having an unusually delayed recovery, it is the man himself (i.e. his system) who is responsible, and in such cases, the use of internal medicine is unavoidable. From the above, it must be clear to you that it is necessary to discriminate carefully and correctly between a case for surgery and a case for medicinal treatment;—not only this, but also to avoid indiscriminate use of surgical instruments in real cases for medicinal treatment, as in that case, suppression of the disease manifestation and not a cure of the man will result and this will give the disease an inward turn.

3. A third type of suppression results from the use of *strong chemicals, like quinine and arsenic etc., in material doses*. This is also a very common type of suppression, and ought to be understood even by the

simplest layman. The enlargement of spleen and liver and a hundred other things that follow the suppression of fever by those drugs is a daily affair in our times.

4. Now the question arises, whether *Homœopathic medicines* can ever suppress diseases instead of curing them. The reply to this, however, depends on what you understand by the expression *Homœopathic medicines*. *If it means medicines applied strictly according to the laws of cure—(1) the law of similarity, (2) the law of potentisation and (3) the law regarding the use of only one medicine unmixed at a time,—as it ought to mean, suppression is impossible.* If, however, Homœopathic medicine is only taken to mean a colourless and odourless drop from a Homœopath's medicine chest, and prescribed by a Homœopath without regard to the laws detailed above, *there may be as bad suppression from Homœopathic medicines as from the methods described above, as in such cases there is no Homœopathicity between the medicine and the case, and as such the application of the medicine is unhomœopathic here.* If there is only a partial similarity between the medicine selected and the case in hand, the symptoms covered by the medicine may be removed, but a removal of the symptoms is not necessarily cure. True cure consists in a restoration of the patient to his normal health, and the automatic disappearance of the disease symptoms in such a case only is "cure".

If this does not happen, it is to be understood that only the manifestations in the shape of the symptoms have disappeared while the patient is continuing ill yet. One thing is, however, to be noted here, namely, that in a case of Homœopathic suppression, that is to say, in a case of suppression due to the unhomœopathic use of Homœopathic medicines, the mischief is generally far less than in the other forms of suppression, as in such suppressions, the disease force is not always given an inward turn. All that happens is that the patient is not completely cured, and as such, the disease force is allowed to continue to work. If, however, we want to pass as Homœopaths, we must make it a point that even this type of suppression, though it is the least harmful of the several types, does not take place in our hands, because as Homœopaths our business ought to be *to cure the sick*.

The above is, however, by no means an exhaustive statement of the various methods of suppression, as suppression results from any method that is unhomœopathic and short of curative, and let us, therefore, understand "*cure*" precisely as it is.

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## CHAPTER IV.

### Cure.

Ordinary people understand "cure" to be a disappearance of the disease symptoms, or in other words, if the symptoms in any particular case disappear after the administration of the medicine, it is cure. If the patient does not die and if the disease symptoms have been made to disappear, cure is said to have been effected—no matter even if other symptoms of a different type appear, as this last set of symptoms is then pointed out as a separate disease having no connection with the first set. But this is a tremendous mistake. We have already learnt that the symptoms are only the expression of the disease and that they are not the disease itself. And we have also learnt that this plurality of symptoms has a *unity* behind it and that it is the abnormality, it is the loss of tune in this *unity* that has to be corrected; and it is this that constitutes cure. All other pathies only care for *removing the disease*, and therefore, they understand cure as such. *But Homœopathy aims at*

*restoring the sick man to health.* It is only the patient that is all for the Homœopath, and to him, "disease" is nothing more than a manifestation of the patient's condition, and if the patient can be corrected, the manifestation (namely his diseased condition) is bound to disappear, but if the manifestation only is corrected, the patient is *not* necessarily corrected and cured. The Allopathic physician says, "I have cured the fever, and if there is asthma now, it is a different thing, and it has to be treated in its turn." "The pox has been cured, and the dysentery that has appeared is quite a new thing. It has to be treated separately." Now, if this is the idea of "cure" entertained by specialists, there is excuse for ordinary people having a similar idea of it.

*As Homœopaths, however, let us understand that it is the patient who has to be cured and not the disease symptoms that have to be removed.* As, however different the disease symptoms (the so called diseases) may look, they are all in fact the expressions of the sick man. The sick man is sick when he has got fever, he is sick when he has dysentery, and he is sick when he has asthma. The *man* is sick all the time; so that by curing the "fever" you cure the fever only, a particular condition of the man, and not the man as a whole, and as such, the man may have dysentery and asthma after you have cured the fever. But if on the contrary, you cure the man (as a whole), there is

absolutely no room left for dysentery or asthma to come in. *Cure, true cure, therefore, consists in bringing the sick man to health and not in removing the disease.* If, however, in any case the removal of the disease is actually a restoration of the sick man to health, it is, of course, a cure. The idea is that, in cure the restoration of the sick man to health is the main thing, and when this happens, the disease (so called) disappears automatically, while in a case of mere removal of the disease, the restoration of the sick man to health does not follow necessarily. A mere removal of the disease leaves room for other diseases, as, in that case, the *man* is not cured.

Man is not an automaton like an engine or a clock. Man is an *organism*, and any disorder in any part of him is not confined to that part alone, as a disorder or derangement in a clock or an engine. Any disorder in any part of the man is a disorder of the whole *organism*, and that disorder can be corrected only if the whole organism is corrected. The disordered man cannot be corrected only in the part disordered, just as the disordered clock or engine is corrected in the particular part. Thus, a disorder in any particular part of the man, that is to say, a disease, relates to the whole man, and it can be cured only if the whole man is cured.

Now, what is there in man that makes him an *organism*, and not an automaton, like an engine or a

clock?—*It is the mind, and it is the mind that represents the man. The body is only a reflection of the mind, and disease begins in the mind, and is then reflected in the body, and it is this physical reflection that is commonly recognised as disease.* If only the physical reflection of the disease is removed, the real disease which is in the mind, does not necessarily go. Cure, therefore, must begin in the mind, and the disease, the physical reflection of it in the body, will then automatically disappear. Correcting the reflection is not correcting that from which the reflection is coming. It is, therefore, idle to effect a cure—a restoration of the whole man to his normal condition—by simply removing the disease, the mere appearance of it in the physical body; and to effect a cure, you have, therefore, to correct the fountain from which the disease is coming, that is to say, you have to correct the mind. If the disordered mind is brought into order, no further disorder is transmitted to the body, but instead, “order,” as the mind is now in order; and the disorder that was transmitted to it will gradually die out. This is *cure*. It begins in the mind, and it then comes to the body. If, however, the bodily disorder disappears first, without there being a corresponding disappearance of the mental disorder, take it that it is not *true cure* that has been effected. *In a case of Rhus Tox or Arsenicum, the patient is first quieted in the mind, and the physical*

*calmness gradually follows.* Let me cite a case in point. A lawyer's wife, 5 months pregnant, was suffering from fever and diarrhœa. She was treated by several Allopaths, and after two months, i.e., when she was about 7 months pregnant, she aborted, and her condition became alarming. I was called in at this stage, but from the condition of the patient, I could not hold out much hope to the husband. I was, yet, prevailed upon to take up the case, and this I did. I gave her Acid Mur. as indicated by the symptoms, and almost all the physical symptoms improved in a day's time, but alas, there was no improvement in the mind. I could see, the patient was not feeling ease in her mind. Her guardians were all glad on the physical improvement, but I was compelled to say that, that was no improvement, as the mental condition had not improved. And my apprehension turned out true. The patient died the very day. Look here, there was no mistake in selection, but yet the patient did not live. The fact is that the improvement had not *commenced* in the mind, and as such, no cure was coming, but only a disappearance of the disease—of the disease symptoms.

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## CHAPTER V.

### The Beginning of Cure.

It is, therefore, to be understood that *cure begins in the mind*. If this does not happen, that is to say, if the *patient himself* does not feel ease and relief, it is to be understood that no cure is coming, however much the physical symptoms may improve. It may happen at times that the physical symptoms are even aggravated on the use of a medicine, but *if there is an improvement in the mental condition, it is certain that the process of cure has commenced*. If there is, however, also a corresponding improvement in the physical condition of the patient, alongside the improvement in the mind—the improvement of the mental ease and relief—so much the better.

*Cure is a "rapid, gentle and permanent restoration of health."* Mark here, it is not merely a restoration of health, but *it is a particular kind of restoration of health*. What is that kind?—*Rapid, gentle and permanent*. You have to restore the patient to health, *rapidly and gently and permanently*. If the process

is slow, or if it is ungentle, i.e., violent, or if the restoration to health is not permanent, it is not cure. If you remove the tumour by operation, the ring-worm by a strong acting ointment, or the fever by strong doses of quinine, it is no cure, as these processes are not gentle, though they may be rapid, and the restoration of health they effect is never permanent. The process of true cure is always gentle. There is no *brute force* in it.

It may, however, be argued that at times, the action of Homœopathic medicines too is very violent, far from being gentle. Quite so, and yet it is cure. Let me cite a case. A seven-year old boy of a reputed lawyer was suffering from typhoid fever. He was treated allopathically for 22 or 23 days, and after that I was called in. I found the boy in the following condition:—Motionless; there was no sensation in the eye-balls on touching them with the finger; feet moving automatically at intervals. No stool for 12 or 13 hours; abdomen bloated. There was high fever before this, but on that day the temperature was 97°. I told the father that, there was no hope, but yet every endeavour was to be made for saving the child. I prescribed *Zincum* 200 in hourly doses until there was any change, and then left, telling the father that I was to be called in if there was any change, which however could not be expected quickly enough. I also, told the father that if there was any

improvement to come, it was to come from this medicine, and there was absolutely nothing else which could do the child any good. It was therefore necessary to have patience; and patience is ever had in Homeopathy, in such cases, because the scientific methods of treatment can hardly help here. However, I was informed at about 9 or 10 next morning that the patient was passing black stools and was crying sharply at intervals. I hastened to see him and waited there for about an hour. The sharp cries gradually developed into a terrible convulsion—so terrible that one could gauge its severity only by actually seeing it. I felt the eye-balls with my finger, and could understand that some power of sensation had returned to them. This indicated that the patient was better. I then left the spot, as by seeing the extreme agonies of the patient, I might have been led to give any other medicine. But that would have been wrong. I told the father this much and also added that there was some improvement, and that there was perhaps some hope then. However, it is no use going into the later details of the case, which fortunately resulted in cure. We have only to consider *how it is that the action of the medicine was so violent instead of being gentle.* A moment's reflection will show that, what looks as the action of the medicine was not the action, but the re-action, or rather the action of the patient. All the morbid product of the

disease was kept pent up in him by the scientific doctors in their scientific ignorance, and what else could the patient do than throw off all those accumulated dirt in his natural tendency for relief, which tendency was only brought into action by the few doses of Zincum 200? If there was no such accumulation of morbid products, or in other words, if there was no suppression of the disease manifestations, there would have been no such violent endeavour on the part of the system for freeing itself of those products. In a case, in which there has been no unscientific suppression, the action of the Homœopathic medicine and the response of the patient to that medicine are as gentle as ever. If the drain is clogged up with a lot of rubbish, has not the water to push it with force, so as to remove it and make its own way out?

*The above also suggests that the process of cure is a process of the life force and not a process of medicinal action.* The medicine in the potentised form only gives a start to the normal process of the life force that has unfortunately become abnormal, and not that it is the medicine that acts on. Though it may be the fact with crude un-potentised drugs in material doses, it can never be the case with potentised drugs which are practically immaterial. However, if the process of cure is a process of the life force, it is bound to be *quick, gentle and permanent*. Let us imagine for a moment the process of a healthy life force. How

quickly, smoothly and gently it flows, so much so, that we are not even conscious of this process. *Curative process is a life process and it is therefore gentle.* There is no element of force or opposition in it. It is not a process in which a medicine enters the system and opposes itself to the process of the diseased life force. If that were the case, then the process would have been not only painful but also short-lived. And in such a case the process of cure would have ended simultaneously with the ending of the action of the medicine. This happens invariably in unhomœopathic cures, and as such, they are not cures at all. Take for example, the case of fever checked with quinine. As soon as the action of the quinine taken is exhausted, there is a relapse. Here the process is not a process of cure because, *it is not a process of the life force itself but of the medicine against the diseased condition of the life force.* In cure, much therefore depends on the *character* of the process. *If it is a gentle and quick process of the life force and is permanent, and if the medicine used is not opposing itself to the life force, but is on the contrary, in harmony with it, then only, it is a process of cure.* Forcible disappearance of the symptoms for a short time, with violent effects on the organism is no cure. Homœopathic cure is always gentle, quick and permanent, and it is always a process in which the medicine is not *opposed* to the life flow but *is in harmony with it.* This is

why it is so gentle. In cases however, where the process of cure under Homœopathic medicine, is at all violent, it is invariably due to some previous suppression, as suppression drives the disease inward and makes it more difficult of eradication, and as such, in it, the life process has to exert itself to the utmost for obtaining relief.

It has almost been explained above, that cure that comes as a result of administration of Homœopathic medicine, strictly according to the laws of cure, is bound to be smooth and gentle, and altogether devoid of any violence. Violence means opposition, and the Homœopathic drug has never a relation of *opposition* to the disease (i.e. the diseased life force), but a relation of *similarity* (*Similia Similibus Curantur*)—a relation of *Homœopathicity*. And similarity means that the medicine acts *with* the current of the life force and not *against* it. The subtle potentised drug, which has been rendered as subtle as the life force itself (by potentisation) and which has a relation of similarity with it, that is to say, which has a tendency to flow *with* the process of the life force, instead of *against* it, restores order at once in the life force—in the mind. And as the physical disease is only a reflection of the condition of the mind, the disappearance of the physical symptoms, follows at once.

Not only has the process of cure to be *quick, gentle* and *permanent* and not only has the process of cure to

be manifested first of all in the mind, as explained above, but also the cure has to be effected by the application of medicines on *principles, definite, natural and easily comprehensible*. Unless the principles are definite and unchangeable no cure is possible, and unless the principles are natural no cure is possible; and last of all, unless the principles are easily comprehensible no cure is possible. If the principles or laws according to which you apply the medicine are not easily comprehensible, or in other words, if they are unintelligible, there can be no practical application of medicine with any prospect of success. Applying medicines without understanding the method of their application is really depending more or less on chance, and it is therefore, equivalent to throwing stones in the dark. Just as you do not know what will happen and whom it will hit, if you throw a stone in the dark, similarly you can not make sure what will happen if you administer a medicine without knowing the mode of its administration. Therefore, the laws according to which you will administer the medicine must be intelligible to you. The simple-ness of the laws of application of drugs must be a primary condition for effecting a cure. Then again the laws must be *definite and natural*. The laws have to be natural, because unless they are natural, the effect of medicine used on such laws, is uncertain, and is therefore indefinite. For example, let us consider the law that, *magnet*

*attracts iron.* This is a *natural* law and is definite. There is no exception to this law. Similarly, in order to effect a cure, the medicine must be applied on such definite laws of Nature. If a big Homœopath has stated that, *Nux Vomica* cures diarrhœa, we must not necessarily effect a cure by using *Nux Vomica* in any case of diarrhœa, *because, the use of Nux Vomica on such basis is not on the basis of a definite law of Nature.* In order to use *Nux Vomica* in diarrhœa for effecting a cure, we must find out the law according to which *Nux Vomica* cures diarrhœa. That law is the law of similarity, and if we use *Nux Vomica* in a case of diarrhœa, on that law, we *must* effect a cure. Mark here—"we must effect a cure". Why?—Because, the law on which the medicine has been used is a *law of Nature and is definite and is therefore bound to be unfailing.* I might mention here some more of the definite laws of Nature, according to which true cure is effected :—

(1) *The law of similarity,* (2) *the law of potentised dose,* (3) *the law of only one medicine at a time,* (4) *the law of using medicine at the end of an attack, instead of during its course,* and so forth. These are definite laws of Nature and they have been established beyond all question, by repeated observations, and if cure is effected under these laws, then and then only it is a cure, otherwise it is only a *disappearance of the disease symptoms.* And a mere disappearance of disease

*symptoms is not necessarily cure*, as we have already understood.

Now, it comes to this, that *some definite and fixed conditions must be there, in order that there may be true cure*. And these conditions have been embodied in the very comprehensive statement that, "*Cure is a rapid, gentle and permanent restoration of health*". If only the symptoms of the disease disappear under the use of some medicine, it is not *necessarily* cure. Cure relates to the "*patient*" and not to the "*disease*". It is not a "*disease*" that is cured but it is the "*patient*" that is cured. The individual symptoms of a disease have no significance without reference to the *individuality*, and it is therefore the "*individuality*"—the "*personality*" that has to feel the cure first of all. But where does the personality lie?—It lies in the "*mind*" of the patient, as the patient is exactly as per his mind. It is his mind that has made him so—i.e., a *patient of a particular type (suffering from a particular disease), and not otherwise*. He would have been a patient of another particular type (i.e., suffering from some other disease having some other symptoms,) if his mind was otherwise than it is. *Thus, true cure has necessarily to begin in the mind*, or a mere disappearance of the disease symptoms is bound to result. And if the patient feels better in the mind after the use of the medicine, it is to be expected that *cure is perhaps coming*. And if it is so, the effect of

the medicine is bound to be rapid, gentle and permanent. Because the process of its action is a natural process—a process in harmony with the process of the life force and not in opposition to it. There is no brute force in it. It has only started the mind, the life force, in its natural flow and this flow will gradually be manifested in the physical body. There has been a normal flow of the life force, and there will be a normal body, and that means there will remain no disease now ; both mind and body will be in health. Besides, the administration of your medicine having been on fixed and definite laws of Nature, the cure will be *certain*. It will be quite possible for you to anticipate a cure when you have used your medicine exactly according to these definite laws, and there will be no room for “chance” or “accident”. These laws of Nature are inevitable and unfailing, and there is absolutely no *exception* to them, just as the law of gravitation and the other laws of Nature have none. I shall soon take up a discussion of the indications of true cure. These indications will enable you to anticipate with exactitude the approach of cure. But before I actually take it up, it is necessary to impress upon your mind one very important thing, that has already been repeated several times, by now. It is this that, *the process of cure—true cure is always from the mind to the body, from the centre to the circumference*, though according to the other

pathies disease is endeavoured to the cured ( removed ) quite in the opposite manner—from *the circumference to the centre*. Look here, it is the disease that they want to drive away and not the patient that they want to cure. They attack the disease as they find it, i.e., the symptoms on the surface, with all their medicines and ointments, and they hope that if these symptoms are once removed, the disease also will automatically disappear. But unfortunately, that never happens, because that is *not the law of Nature*. *The law of Nature is, that disease begins in the mind, in the centre, and it is only gradually that it comes to appear on the body. This being the inevitable natural course of disease, the natural course of cure also is bound to be the same. It must begin in the centre and then gradually manifest itself in the circumference.* The Allopaths as also all others except Homœopaths attempt to annihilate the *external expression of the disease in the shape of the symptoms*, while the *internal* of the patient (his mind, his centre) remains unaltered, as the change in the physical body effected by their medicines *cannot* change the mind. It therefore remains as it is, and as soon as the existing symptoms have been annihilated by their strong medicines, a different set of symptoms appears elsewhere, as the mind (the centre) having remained unaltered, it must manifest itself in the body, and if it has been opposed at certain parts of the body by the medicines that have

been used, it must manifest itself now in other parts, where there is the least resistance. This is the eternal process, and this explains why they have, dysentery after measles and asthma after fever.

I would carefully warn my reader studiously to guard against such a method of treatment as has been described above, that is to say, a method under which cure begins from the circumference to the centre, as it is not a *natural* method, and is on the contrary, only an opposition to the life force. It also happens sometimes with many a Homœopath (but such Homœopaths are only so called Homœopaths), that while a Homœopathic medicine is given internally, correctly on the laws of cure, the external application of some ointment alongside, is not only not objected to, but is also recommended. Just imagine what serious injury is done to the patient by this dual process of cure. *The internal Homœopathic medicine prescribed on the natural laws of cure is trying to cure the patient from the centre to the circumference throwing off all the morbidities on the surface, while the external ointment is polishing up the surface driving the malady towards the centre.* What a confusion there is likely to be created in the system by such "Dualism" can easily be pictured out. There is a confusion of symptoms, and there is a disorder, which it becomes very difficult to cure. *You must, therefore, cautiously avoid such silly dualism in medicine.* Suppose, an Allo-

path is treating a pneumonia patient, and you are then called in to see him. You prescribe Kali Carb and your allopathic friend insists on some antiphlogistine. If you agree to this, the sooner you take to Allopathy the better, as it is good for your patient, for yourself and for Homœopathy. Because, it must be the fact that, either you do not know what harm you cause to the case by agreeing to the use of antiphlogistine alongside Kali Carb, or you know the harm but are afraid of going against your friend. In the first case, you are a Homœopathic failure, and in the second, you are a coward. Either you do not know what Homœopathy is, or you have not the courage of conviction. In either case, you should leave Homœopathy straight.

Friends and relatives of patients often call in both Allopathic and Homœopathic physicians. They believe in the efficacy of Homœopathic medicines, but they want the patient's lungs to be examined by the Allopaths; as if this wonderful examination cannot be made by a Homœopath. But don't you be guided by their diagnosis. And far less you must submit to the silly dualism described above, as it must create confusion and bring in disaster.

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## CHAPTER VI.

### The Symptoms of true Cure.

Let us suppose that a Homœopathic medicine has been correctly selected strictly according to the laws of cure and administered in a given case. Now, what would be the symptoms, by which we could judge that the medicine has been acting and that true cure is coming on as a result of that? It has already been stated that, in any case *cure can be anticipated with exactitude*, if the medicine is correctly Homœopathic to it. Let us now see what symptoms and what indications will help us to anticipate our cure and enable us to judge whether the medicine is acting towards a *cure* or towards a mere *disappearance of the disease symptoms*.

The first and the foremost, indication of an approaching *cure* is the beginning of *improvement in the mind of the patient and its gradual manifestation in the body*. If the patient feels better in the mind first, and if he feels better physically afterwards, it is to be understood that the action of the medicine is

Homœopathic. Suppose, in a given case, the symptoms recorded are :—

Mental restlessness ; finds pleasure in nothing ; always wants to be here and there ; headache ; palpitation ; pricking pain in the liver ; itching of the body while in bed ; has an offensive perspiration.

From the above you will see that some of the symptoms i.e., the first three are purely *mental symptoms* ; the next few are more or less *physical*. If however, after the administration of your medicine, these physical symptoms disappear first without there being any improvement of the mental symptoms, then it must be understood that true cure has not set in. If it was true cure, that is to say, if your medicine was really homœopathic to the case, if there was homœopathicity between the medicine and the case, the patient would first of all have been rid of the *mental restlessness*, would find pleasure in this and that, and would not be anxious for going hither and thither, *The first essential indication of true cure is, that improvement must appear in the mind first of all.*

The second thing about true cure is, that the improvement of the mental condition *must be felt by the patient himself*. It may of course happen, that the itching eruption for which the patient came to you, is yet what it was, or is even worse, but if the patient is feeling better mentally, is feeling an inter-

nal ease in spite of the eruptions remaining as they were, or in spite of an aggravation of them, it must be understood that the patient is really on his way to cure, though ordinary people may seem to think, on account of those eruptions, that the patient is worse. *True cure is first felt by the patient in the mind. He feels an internal ease and comfort, and if the physician can perceive that this has been the case after the administration of his medicine, he is safe to conclude that his medicine has been homœopathic to the case and that true cure is coming.*

The third thing in a case of true cure, is the *gradual improvement of the physical symptoms ; and in this improvement of the physical symptoms too, the process is the same—from the centre to the circumference,—that is to say, from the internal to the external, from the brain, heart and lung to the skin.* The main thing is, that the patient will be corrected first in his innermost being, and the innermost having been brought to order, the outermost will be necessarily made normal, because the external is only a reflection of the internal. The external has been made as it is, by the internal. And if the internal is made to be in health, the external is bound to be.

It has been made clear before, how by suppression, which is ever unhomœopathic, the disease force is turned inward instead of being turned out, and how chronic diseases are thus implanted upon the economy.

This must at once suggest that the process of disease is from the circumference to the centre. And as a matter of fact, *disease always runs from the circumference to the centre, from the less important to the more important organs, and the process of cure must, therefore, be the reverse of this—from the centre to the circumference.*

One very important fact has to be cleared up here. It has been stated somewhere in course of our discussion, that disease begins in the mind and then it comes to be expressed in the body, which is equivalent to saying that the process of disease is from the centre to the circumference, while it is being stated now, that the course of disease is from the circumference to the centre. This is contradiction on the face of it,—you must say. But let me add that, it is not contradiction. What exactly is meant by these apparently contradictory statements is, that the *origin* of disease is in the mind, and as such, its process is from the centre to the circumference; but when, once the disease has been expressed in the body (having originated from the mind), the process of this concrete manifestation is from the body to the mind, i.e. from the circumference to the centre. A cursory discussion of this was made while explaining the miasms of Psora, Sycosis and Syphilis. It must therefore be clearly understood, that by saying that the process of disease is from the circumference to

the centre the process of *concrete manifestation is meant*, while by the other statement is meant the process by which the first concrete manifestation is brought into being. The chronic diseases are the developments of the first concrete manifestations (which have originated from the mind), and as such, their course is from the circumference to the centre. A syphilitic chancre begins in the genital organ, a most external part of the body, (but its idealistic origin is in the mind, because unless there was evil thinking, there could have been no evil action and as such no contamination with a syphilitic woman), but it gradually attacks the more internal organs, the mucus membrane, the bone and at last the mind, causing a tendency for suicide. *The process here, is from the circumference to the centre. And cure will be from the centre to the circumference—quite an opposite process.* In case of correct Homœopathic treatment of such a case, the tendency for suicide must disappear first, and the improvement of the bone and the mucus membrane will set in subsequently. If this be the process, it is a process of *cure*. A mere improvement of the mental symptoms first is not a sufficient indication for cure. In order that this mental improvement may be an indication of cure, the improvement must *flow outward to the surface*. If in a case of heart disease, the heart is relieved at once after the administration of your medicine, and rheumatic

symptoms appear, it is to be understood that it is cure that is coming, because the course here is from the internal to the external. But, if on the contrary, in a case of rheumatism the pain in the knee disappears and a pain in the heart develops simultaueously, it is *not* a course of cure, as, it is from the external to the internal. In it, the disorder is being driven *in*. *The process of cure must be from the centre to the circumference—the reverse of the process of disease, which is from the circumference to the centre.* If in a case of measles the eruptions recede under a course of treatment and if dysentery comes in, take it that there has been no correct Homœopathic treatment. The Allopathic physician would however boast of the disappearance of the measles and explain the subsequent dysentery as a sequelæ—as if dysentery is bound to come after measles. But this is far from that. There is no dysentery inherent in measles; the dysentery has come only as a result of bad treatment. In this case, the measles has only been *transformed* into dysentery, by bad, unscientific and unhomœopathic treatment. There has been no true cure of measles. The measles—certain group of symptoms only—has disappeared and a new group “dysentery” has appeared. In a case of correct treatment, that is to say, in correct homœopathic treatment, which is curative, there can be no sequelæ after any disease. It is true of measles and of all

other acute diseases, and it is equally true of all chronic diseases too. A transformation of one disease into another is always due to unhomœopathic treatment, and as such it is the result of *no cure*.

I have never cured a case of heart disease without appearance of some rheumatic or skin troubles, and whenever such rheumatic or skin troubles have appeared the patients have always felt better in their hearts proportionately to the skin and rheumatic affections that have appeared. If you remember that the process of cure is always like this—from the centre to the circumference, from the more internal to the external, and if you find that exactly the same thing is happening in your patient's case, you will be able to make sure that it is true cure that is coming, and as such you will be in a position to cheer up your patient, as also to avoid the risk of changing your prescription too quickly.

We have understood by now what *disease* is, what the *process of cure* is and *the symptoms by which such cure is indicated*. Let us now take up the method of treating chronic diseases. How the patient is to be examined, how a record is to be prepared and prescription made, and how the action of the medicine prescribed is to be watched and subsequent prescription, if any, to be made, are subjects that must be gone into very thoroughly, in order to be properly equipped for the treatment of chronic cases.

**CHRONIC DISEASE—ITS CAUSE AND CURE.**

**PART II.**

**TREATMENT.**





## CHAPTER I.

### The Examination of the patient and Record-keeping.

All systems of medicine including Allopathy speak of "*Diagnosis of the disease*", but in Homœopathy, it is the "*Diagnosis of the patient*" that is necessary, because Homœopathy has to treat the *patient* and not the *disease—the external manifestations of the patient's condition*. The Homœopath has, therefore, to understand correctly the internal essence of the patient that is to say, the personality of the patient. For a Homœopath, the external manifestations of the disease, that is to say, the disease-symptoms, apart from the personality of the patient have no meaning, and as such, a mere diagnosis of the disease, a mere cataloguing of disease-symptoms, as it were, is of no use to him. It is the patient, therefore, that he must examine, study up and understand, and if he is to do this successfully, he must have a thorough—very thorough knowledge of all the anti-Psoric, anti-Sycotic and anti-Syphilitic drugs of the Materia

Medica. His knowledge regarding the materia medica of these drugs must be so thorough and clear, as their very names may conjure up before his mind's eye, living pictures of these drugs. Unless one can master the Materia Medica in this fashion, it is an idle endeavour to attempt treatment of chronic cases. The examination of the patient again, is a far more difficult business than one might seem to think. It is a business that has to be done with care, patience and close attention. It is no hasty, off-hand process. You can not expect to examine and prescribe for a dozen or more chronic cases in a day. The maximum number of such cases that you can possibly do in a single day is hardly two or three, and this should give you an idea of the magnitude of labour that a chronic case demands. You may, therefore, charge high fees, but never do cheap hasty work. Treatment of acute cases is far easier and far less laborious than the treatment of chronic cases. In the former, the symptoms stand out prominently, and they at once call for the right remedy, which is however never the case in chronic patients. In the former, the patient feels his sufferings acutely, and as such, he can describe his condition with accuracy and precision, but in the latter, the patient is unable to do this, as having been long used to his sufferings, he gradually seems to think that the condition is his normal condition. It therefore, happens at times, that the most important symptoms

for a correct prescription, are ignored, overlooked and left out by the chronic patient, while giving his history. A chronic Arsenic patient will seldom tell you that he has a decided aversion to water or that there is no thirst. Similarly, the Graphites or Mercurius patient will never state before you that he has an obstinate constipation or an offensive perspiration. He seems to think that, these are all his normal, natural conditions, and as such, they are of no importance to the physician for his prescription, and he will, therefore, never give them out to the physician. Then, again, certain symptoms in chronic patients appear at intervals, and the patient himself does not know if these will be considered as belonging to the same or different groups of symptoms. He attaches no importance to this type of appearance of symptoms at intervals. Then again, there are other symptoms which have a periodicity in their appearance, e. g. dysentery in the rainy season and rheumatism and cold in the winter, or headache in the rainy season and constipation in summer, and so forth. The patient never knows that there is anything of importance in this periodicity of symptoms, and he, therefore, leaves it out of account, thinking these symptoms as so many separate diseases, and thus makes his case doubly difficult for his physician to cure. Then again, long course of suffering makes a chronic patient callous to himself and sceptic of cure; he begins gradually to think that

no physician can cure him, and as such, he neglects making a thorough statement of his case to all the physicians he goes to. Added to the difficulties described above, a chronic case is made doubly difficult by injudicious unhomeopathic medications, as these drive the disease inward, and instead of curing the patient, intimately mix up the disease and drug symptoms, producing a complexity. In fact the disease and drug symptoms so mix up in such cases in course of time, that it becomes very very difficult for the physician to discriminate between them. These are some of the difficulties that you have to encounter in treating chronic cases, and *you must therefore understand, that it is a business that has to be done with care, patience and attention.* Charge heavy fees, if you will, but do not render cheap, hasty work.

One very important thing. While taking up a chronic case, you must begin with a *written record* of the history and symptoms. *You must not begin the treatment of a chronic case, without first making a written record of it.* I can hardly over-emphasise the importance of this advice. You should have a bound book; the left hand page should be used for recording the symptoms, the right hand page being kept blank. You should write out the symptoms separately one from another and leave sufficient space between the lines. More than one symptom should not be written in the same line. If you do the recording as advised

by Hahnemann, much trouble and labour will be saved and the main work of treatment facilitated to a large extent. There are some, who do not realise the importance of record-keeping. They are inclined more to depend on their memory and intelligence. But you must ever remember, however sharp your memory may be, it can never be absolutely reliable. If once it has proved faithless to you in the course of the treatment of a given case and has led you to a blunder, there is nothing to help you out of it. *Record-keeping is, therefore, indispensable, and you must not neglect it in any case.* If however, you do it yet, you do it at the risk of your patient.

While recording the history and symptoms of a case, you must have a *free mind—free from all bias and prejudice, for or against any particular medicine ; and most of all, you must not be thinking of any particular "disease."* Your aim throughout will be to examine the "*patient*" and not the "*disease*". You will only try to understand the *condition of the patient* and to make out a *picture* of his case. Just as, while studying the materia medica of a particular drug, your endeavour is to have a *picture* of it in your mind's eye, so while examining a patient and recording his case, *your aim should be, to have a picture of him.*

First of all, note the patient's name, sex, address, occupation, age etc. on the top of the left hand page.

The date should be noted in the left hand corner of the page. As soon as you have made these preliminary notes, put the first question to your patient,—*“What are your sufferings? Tell me how you feel now in your diseased state as compared with your healthy state. Please tell me all these slowly, so that I may write them out”*. On this the patient will begin to give you a description of his condition, and you will go on writing it out, as far as possible, *in the patient's own language*. You must write down the symptoms separately in different lines. Do not interrupt him at all, unless it is absolutely necessary for keeping him to his subject. Unless the patient is telling you a lot of irrelevant matter, such as have no connection or relation to his condition, no interruption should be offered to him. When, however, he has finished telling his case, you should make a note at the bottom of the record, as to the mental condition, movement and temper etc. of the patient, if there was anything unusual, while he was delivering his case to you. You will find, at times, that some patients will burst into tears while telling their symptoms, while others will heave heavy sighs at intervals, and while yet others will say at times in a tone of despair—*“What is the use of telling all these to doctors? My case is incurable”*. Some will even say—*“Oh, I can't bear all these, I must end myself and thus end all my sufferings”*. Others will perhaps say—*“Doctor, pray cure*

me at any cost, I can't die, I must live". These and various other things will be available to you, if you carefully watch the patient, while recording his case. And these facts when they have been watched out by yourself instead of being gathered by directly interrogating the patient will be of immense help to you in making out a correct picture of the case, which alone you are endeavouring to have out of him. But, in case of direct interrogation on such matters, the patient will seldom make a correct reply. For example, if you ask a patient straight—"Do you want to commit suicide?" He will perhaps say—"No", but if you watch him out and can find that he seems to have a disgust for life on account of the magnitude of his sufferings, you may accept this as a genuine symptom un-exaggerated and un-magnified; and such genuine symptoms are very valuable for your purpose. And again, if you ask a patient straight—"Have you a silent sorrow eating within you?" He will possibly say—"No." But if on the contrary, you find out that he was heaving deep sighs while telling out his case, you may take it that he is suffering from some internal sorrow. Thus you see that the condition, demeanour, movements and temper and attitude of the patient, if you can correctly grasp them by careful observation while recording the case, will help you to make out a *correct picture* of it for which only you are trying.

When however, the patient has finished his history and you have made your own notes at the bottom, as to how you found him while telling his case, *you should obtain from the patient by interrogating him further details, that is to say, the "particulars" of the symptoms already noted, and record these details on the right hand page, against the symptoms to which they relate.* Suppose for example, he stated, while relating his condition that he has a "*headache.*" Now, greater details about this "*headache*" should be obtained from the patient. He should now be asked to state—(1) when the headache comes up, (2) when it begins, (3) when it ends, (4) how it is relieved—by sitting, by lying down, or by tight bandaging, or by walking etc. In this way, you have to *elaborate* each symptom that has been recorded by you on the left hand page. You have only noted there the general symptoms—"*the generals*"—on the left hand page, as given to you by the patient, and "*the particulars*" in respect of each of the *generals* should be obtained from him and the picture made out more vivid, sharp and well defined. After finishing this elaborating of the "*generals*" by collecting and recording the "*particulars*" in respect of them, *you should proceed to ascertain from the patient's friends, guardians, and nurses, his temper and nature etc.* These informations cannot be had correctly from the patient, as being a patient himself, he hardly understands that there is anything unusual in his

nature and temper. You have, therefore, to obtain these from the guardians and friends and from a direct observation of the patient, as far as possible, when he is before you for giving his case. Next, you should proceed to ascertain the *cravings and desires* of the patient—his aversions, likes, dislikes, etc., what he prefers, what he does not prefer and so forth; whether he likes cold or heat, whether there is any difference in his desires for cold and heat in the different parts of the body, (e. g. one patient wants cold in the head and warmth in the chest). All these should be *correctly* ascertained and recorded. At times, you will have patients who will say,—“Not to speak of drinking milk, the very sight of it causes nausea”. Another will perhaps say,—“Oh, I can’t tolerate meat at all”, etc., etc. *These peculiar likes and dislikes should be carefully noted.* Then again, the patient may prefer heat or cold, but these may unfortunately aggravate his troubles. Such peculiarities should also be noted. On which side the patient lies whether on the right or on the left or on the back; the position in which he generally lies; whether he prefers cold or heat; whether he prefers open air or closed room; whether these different conditions affect him differently in the different parts of the body;—all these things should be carefully noted and the picture of the case made as complete as possible. The more vivid and well defined you will

make the picture, the easier will be the task of prescribing.

The next thing is to note if there is any *periodicity* in the patient's sufferings, and that *with all details of amelioration and aggravation.*

After this, you will have to record whatever changes there may have been in the *functions* as also in the *structures* of the various physical organs. *For this purpose, a physical examination of the patient—of his liver, spleen, heart and lungs etc. is necessary.* It should also be ascertained, if there is any pain or any kind of unusual sensations etc. in those organs or parts of the body, and necessary note of these should be made. Functional deviations of the organs, the condition of the bowels and urine, the number and character of the stools passed, the number and character of the urine voided—all these should be recorded in all their details.

The above method of examination of the patient is applicable also to the cases of those suffering from acute diseases, *the only difference being that in acute cases such minute details as required for the treatment of chronic cases, are not generally necessary. But besides this small difference, there is a further difference between the manners of studying up chronic and acute cases. And that difference is based on the fundamental difference between the two classes of diseases. Acute diseases have an inherent tendency to come to an end of*

themselves after running their courses, while chronic diseases have quite the opposite character of never ending of themselves i.e., without the aid of curative medicines, but of continuing and continuing. And we have studied before, that *this tenacity which characterises chronic diseases and differentiates them from the acute, is due to the chronic miasms—Psora, Sycosis and Syphilis.* In every case of chronic disease, it is either any one or any two or all the three of these miasms that are in the back ground and are making the disease *chronic* i.e., giving it the characteristic tenacity. *And in examining your case, you have to complete the record you have made, by ascertaining which of these miasms is or are in your patient and which of them has the preponderance.* Unless you ascertain this, it will not be possible for you to make a prescription sufficient for curing the chronic disease, and your prescription would in that case only cope with the acute condition of the case; because, it is these *miasms* that have made your case *chronic*, and unless your prescription is based on these miasms, that is to say, unless your prescription is *miasmatic*, there cannot possibly be a cure. Therefore, for ascertaining which of the miasms are there in your patient and which of these miasms again has the preponderance, you have to record the *history* of the patient from his childhood or from as far back as possible. The ills and ailments the patient had in his past life

and the treatment he had ; whether the parents or their parents, on any side (father's or mother's), had any miasmatic disease, and if they had, how they were treated ; of what the family members on both sides have died so far, and whether they too had any miasmatic disease ; whether the patient himself had acquired any miasms in his own life time, and if he had acquired any, how they were treated ;—all these must be ascertained from the history of the patient, and in doing so, the testimony of parents and friends should also be had, if necessary, and then necessary notes made in the record prepared.

It is however, very very difficult to ascertain the above details, as parents are almost always unable to furnish such history, while the patient himself is ever vigilant for suppressing the history of direct acquirement of Sycosis and Syphilis, out of delicacy. If however, in any case, such detailed miasmatic history is not at all available in spite of the best of endeavours, you have to make the best of the situation, that is to say, you have to exercise your discretion and *find out for yourself the miasmatic character of the patient from what symptoms you have already recorded.* All the three miasms have their characteristic ways of expression. The Psora patient has a particular character of his diseases and symptoms, the Sycotic patient has his, and the Syphilitic too has his. Then again, the mixed

miasms—such as, Syco-Psora, Syphilo-Psora, Pseudo-Psora and Psora-Syco-Syphilis—have also their definite characters of manifestation as diseases. And if you have learnt up the distinctions between the one and the other, it will not be altogether impossible for you to find out the miasmatic basis of your patient, with success. And this you have to do and add to the record you have prepared, as without knowing the *miasmatic basis* of the case—that is to say, without knowing that which is giving your patient a chronic disease of a particular kind, you can not make a miasmatic prescription, and unless a miasmatic prescription is made, the cure of the chronic disease is far from hand.

Intelligent patients are very rare. Such as will come up to you and give out all their symptoms and history straight, you will hardly find in course of your practice. This is, because they regard the disease for which they have come to you, as the only thing to let you know, and as such no importance is attached to the other things they may have besides. For example, if a patient has come to you for a tumour in the tongue, and if he has got a periodic headache or diarrhœa, besides, he will hardly volunteer these symptoms to you, as he is unable to see that the headache or the diarrhœa can have any connection with the tumour. In such cases, i. e., where patients are unable to give out their condition and history in all their completeness

of themselves, you have to put questions to them and cross-examine them in all possible ways for collecting their symptoms etc. Samuel Hahnemann has advised that in doing this, *no leading questions should be put*—that is to say, questions that would lead the patient to the answer. For example, if you enquire—“Is the urine high-coloured?” The patient will most probably say—“No” or “Yes.” If you enquire—“Do you feel any mental restlessness?” He will possibly say—“Yes” or “No”. These answers are not in most cases correct, and they will often spoil the whole picture of the case that you have been preparing. You must not, therefore, put such questions to your patient. You may only ask—“What is the colour of the urine”, “What is the condition of your mind”, and so forth. *The risk of putting leading questions is very great.*

While examining your patient, you will often find *peculiar* symptoms, such as you do not find generally. These peculiar, unusual symptoms are very valuable, and they should always be studied with attention and recorded with care. They will simplify the work of prescribing to a very great extent.

When you have finished the recording of the case as detailed above, you have once to read it through, carefully, and judge out if the picture obtained is *complete*. If the picture is not complete yet, find out the points wanting, and make it complete by ascertaining further facts from the patient. After this,

you will advise your patient to stop the use of any medicine that he may have been taking. Tell your patient to be without any medicine for about a week and to report after that any change that he may feel in his condition. If he reports any such change, you have to *re-adjust* your record, as it will be understood that *this new condition is the correct picture of the case*, while the previous one was the case plus the medicine that he was taking. You have to take account of this picture now in making your prescription. If however the patient was not taking any medicine, the question of stopping it and of delay of a week for watching the change does not come in, and in that case, you can go straight for the prescription.

For making the prescription, you have now to study up the record again and see if *sufficient particular symptoms in respect of the general symptoms have been recorded*, as without the particular symptoms, no prescription is possible. If you have in the record, only "dysentery", it cannot lead you to any "one" medicine. "Dysentery" would suggest some forty medicines, and you cannot fix upon *one* out of these forty unless the particular symptoms about that "dysentery" are there. If there is only "fever" in your record, it suggests all the medicines in your *Materia Medica*—from Aconite to Zincum. Unless the *particular character* of the "fever" is available

from your record, no selection of medicine is possible. If however against the general symptom "fever" in your record, you have—"Coming on at 9 or 10 a.m., headache, thirst, constipated bowels and then remission with perspiration", you at once think of Natrum Mur. Thus you see that, the *particular symptoms are very important. It is they and they alone that enable you to picture the particular case in your mind's eye and to find out the similimum.* Unless there are particular symptoms, no prescription is possible from the general symptoms, which are in fact only so many *disease-names*. Perhaps the patient will come to you and say—"What else can I say? The only thing is that I get a headache at times. Do something for me." Now, this "headache" is a *general symptom*—it is only the name of a so called disease, and unless you can get the particular symptoms of this "headache" so as to frame a picture, so that, that particular headache patient may stand out distinctly separate from all other headache patients, you cannot do anything. And it is better for you to tell him so. There are headaches and headaches and unless you know this particular headache you cannot cure it.

It therefore, comes to this that *you must ever prepare your record in such a way as there may be sufficient particular symptoms in respect of each of the general symptoms, so that not only you alone will be able to prescribe on it, but also any other able Homœopath.*

*Remember, while making the record your aim should always be to make out a well defined picture, and unless you can do this, the record is incomplete, as it cannot lead you to any "one" particular medicine in the Materia Medica. It has been stated before, that a thorough knowledge of the Materia Medica is essential. And if you have a thorough knowledge of the medicines in the Materia Medica—such a knowledge as can conjure up their definite pictures, as in a mirror, before your mind's eye, you can at once see from your record as to which of these medicines it resembles most. You may not come to "one" such medicine at once, (though this is certainly due to incompleteness in the record), yet it should land you at the most, on two or three medicines, and not more. If however this is the case, you have to re-examine the patient and collect such further particular symptoms as would clear up the picture of the case and make it resemble only one and one medicine and not more.*

After the examination of the patient has been finished and a complete record made out, your business will be to *select the remedy*. But this has to be done with caution. If in your case, there are any symptoms of medicines previously used, and if there are any new symptoms of an acute character, on account of the patient having had an acute disease in the meantime, these should be carefully *eliminated* from the picture. *The prescription will always be based*

on those symptoms only that are permanent—permanent in the sense that it is they alone that have made the case as it is i. e. "chronic". The acute symptoms and the drug symptoms that may have intervned in the meantime are only so many "reflexes", and they do not belong to the individuality of the patient. As such, they have no bearing on the prescription. If the medicine selected fits the picture of the "individuality" of the patient, that is to say, fits that which has made that patient as he is and not otherwise, *cure is certain*, and in that case the acute symptoms and the drug symptoms, mentioned above as so many "reflexes", will automatically disappear, having nothing to be fastened to.

There is another thing, however, namely the various combinations of the miasms of *Psora*, *Sycosis* and *Syphilis*, in the same patient. How these combinations or knots will have to be untied and how the treatment will have to be conducted in cases of such knotty miasmatic combinations, will be dealt with later.

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## CHAPTER II.

### Analysis of Symptoms (1).

After you have finished the examination of the patient and the recording of symptoms, you have to see if you have painted a *life-picture of your patient*—exactly as he is. Because, this only was your object in preparing the record. If the record you have prepared is not such a life-picture, but is only a *lifeless catalogue of disease-names, of general symptoms, without any particulars definitely to mark out those generals*, it is of no use. Unless you have an exact life-picture of your patient, such as a perusal of that record would bring before your mind's eye only *that particular patient* and none else, and unless you have the *particulars* of the general symptoms, it is literally impossible for you to make a prescription. The general symptoms will only suggest to you all the ten or fifteen remedies that have them, but no *one* single remedy. It is only the *particulars* that may lead you from the ten or fifteen remedies having the generals, to the *one particular remedy* that is indicated. *It is,*

*therefore, absolutely necessary to catch hold of the particular peculiarities of the patient as also of his general symptoms.* It is really very very difficult to get such a complete picture, and the difficulty is, in most cases, attributable to two things—(1) the callousness of the patient due to a long course of suffering, which renders him gradually used to his uneasy sensations and feelings and on account of which he considers those sensations and feelings as usual and natural for him, and (2) want of thorough knowledge of the physician in the *Materia Medica*. If these two difficulties in the way of prescribing are not there, and if, yet a complete life-picture full of particulars is not available, no successful prescribing is possible. There is no help for it. If symptoms, such as would lead you to the remedy, are not there, what can you do? The symptoms are your only guide; they are the language of Nature that call for the remedy, and if they do not call for any remedy (by means of their particulars), nothing can be done. It is no use having pages of symptoms without having a case.

The examination of the patient and the recording of the case have not yet placed you in a position for prescribing, because there are yet some more things to be considered. It has been made clear that the object of the recording is to paint out a picture of the patient, but in the whole array of symptoms,

there may be some symptoms that do not help the painting of the picture. Just as in a tree, there may be parasites that are in no way part and parcel of the tree, similarly in the group of symptoms that have been recorded, there may be some symptoms that have not any bearing on the picture drawn. These symptoms have in fact no connection with those symptoms that go to make up the patient, and as such they have no utility in the process of prescribing. The patient in hand is the particular patient either with those symptoms, or even without them. And these symptoms have no use for the purpose of prescribing, and as such, they should be *eliminated* from the picture. But how to recognise and distinguish such symptoms? How to understand that some of the symptoms in the case are like parasites on the tree, unconnected with the patient, as he is?—Yes, there is certainly a method for distinguishing such symptoms, but it depends to a large extent on the keenness of the physician's intelligence and power of observation. *The history of the patient from his birth as also the history of the parents as recorded by you, will show when and how "Psora" the prime disease came to be implanted on him, and how this "Psora" gradually manifested itself in this shape and that, until at last it assumed its present shape.* It will be sufficiently clear to the intelligent physician how this Psora was at first in the patient, like

a seed, and how gradually it shot into a small plant with one or two leaves, and how gradually it grew still further into more leaves, and then into branches, and then into more branches, until at last it assumed the shape of an umbrageous tree. If you can trace out the gradual growth of Psora in your patient in this way, from its first manifestation to its present multifariousness, you will find that there are some symptoms that have not thus grown out. (How and why such symptoms at all come and remain on, will be explained later.) You will find that these few symptoms have come somehow to be in the patient and that they have remained there without any subsequent development. And these are the symptoms that are unconnected with the main malady, or more correctly, with the patient as you have painted out his picture in your record. *These are the symptoms that are like parasites on the parent tree. And you have to leave them completely out of your account, while making your prescription.* If these symptoms were at all connected with the patient's case, they would not have remained exactly as they were in the beginning, that is to say, when they appeared first, but would have continued developing and developing, just as the other symptoms have developed from their first manifestation to their present magnitude. When, however, you have selected the right medicine ignoring these *superfluous* symptoms, and

when your patient will be improving under it, these superfluous symptoms will disappear quite of themselves, as the *patient* gradually improving, there will be no suitable soil for their existence in him. No new prescribing for the removal of these parasitical symptoms is ever necessary.

Now, it is necessary for us to ascertain the causes of such symptoms that are like parasites on the parent tree. *The first and foremost of these is allopathic medication.* Though we know that, allopathic medicines have not the power of curing the patient, it is an undoubted fact, that they possess the power of creating new symptoms. Allopathic physicians think that it is the fault in some organ that makes some other organs faulty and the man sick. They hold that it is the liver that has caused this, and it is the kidney that has caused that. And with this novel idea of disease, they go to correct the particular organ held responsible, by continuous medication, and thus they bring about in it some functional disorder first and structural disorder then. This is a daily affair, and there would not have been much trouble if the process had stopped here. As ill luck would have it, it is pursued with a vengeance, as it were, till at last some new organ is faultified. Thus one organ after another is made to bear the brunt of the treatment. If the liver has caused the fever then a purgative must be necessary, and if the purgative brings

on dysentery due to excessive secretion of bile then this dysentery again will be treated in the same blessed method. Thus, they bring some symptoms and then some more again. If, now the patient comes to you, you will find that some of his symptoms have been thus created, and that they have no connection with the main malady. *The second cause of such superfluous symptoms is at times, an intervening acute disease.* When there is an acute disease breaking out in a chronic patient, the chronic symptoms are suppressed for the time being, and they re-appear only when the acute symptoms have passed off. If the record of the patient is prepared before the disappearance of the acute disease, the acute symptoms may seem interwoven with the chronic symptoms. But in reality, they have no connection with the chronic condition of the patient. If you wait for some time in such cases and allow the acute symptoms to pass off, you will find the chronic symptoms standing out again in all their prominence. Acute symptoms can never fully intermingle with the chronic symptoms, and as such, treatment of acute and chronic symptoms at the same time with the same medicine is impossible. It is the mixing up of chronic symptoms only that creates a complexity and requires a medicine for breaking up that complex knot. As soon as the right remedy is directed against this knot, it is untied at once and the different chronic symptoms are separated one set from

the other and are then cured. *If, therefore, there are any acute symptoms in your record, they should also be completely left out of account, while making your prescription.* Besides the two kinds of superfluous symptoms, described above, there are others too.

It will happen at times, that in the same chronic patient *two or three chronic pictures appear alternately.* This is a highly complex matter and let me illustrate it by an example: Suppose, in a chronic patient that has come to you for treatment, there is fever. Suppose this fever is of a peculiar type. One day he is completely free from fever, the next day he gets fever, on the third day also there is fever again but it is much less than that of the second day, and on the fourth day the patient is quite well. Suppose this is the cycle. If you examine the patient more closely, you will find that the fevers of the second and third days are not of the same character; perhaps the fever of the second day has some symptoms, while the fever of the third day has quite a different set of symptoms. In such cases, *you have to take into account the more severe of the two fevers ignoring the other altogether.* If the fever of the second day is more severe than that of the third day, include this in your picture of the case as recorded by you and prescribe your medicine on that; or if the fever of the third day is more severe than that of the second day, include this in your picture and then prescribe the medicine indicated. The less severe

one of the two fevers has no value—has no bearing on the chronic case before you. If the more severe one of the two fevers is taken account of, it is well enough, and the less severe one will disappear automatically.

If there are more than one chronic miasm in the system, there is no end of complexities and no end of symptoms ; and there may be superfluous symptoms in the case due to still other causes than what have been enumerated above. But the fact remains that *for the purpose of prescribing, they have little or no value.* They are only like parasites on the parent tree. Uproot the tree, and the parasites will wither of themselves.

If you remember one thing, the above will be still more intelligible to you. Our object is to select a remedy to fit the picture of the case. The more clear and well defined the picture the easier is the task of selection. But the picture of the case depends to a large extent on the patient's way of putting it, and we have no hand in the matter beyond exercising our discretion and judgment so as to *eliminate those symptoms of a superfluous and parasitical character.* It is this elimination that proclaims a Homœopath. If you can do this successfully, and if no correct selection can yet be made, it is no fault of yours, but it is the fault of the patient who was not given you a case though he may have given you pages of symptoms.

I can however, try to give you some idea as to how

the picture of a case has to be found out from an array of symptoms and how the correct medicine has to be selected and fitted to it. It is this : When we prescribe for an acute case what do we actually do?—We examine the case and at once arrive at the conclusion that it is “Bryonia”, and this means that the picture presented by the patient is similar to the picture of the proving of Bryonia as given in the *Materia Medica*. The symptoms in the patient have appeared and gradually developed into details, first manifesting themselves in this organ or part of the body and then in that, exactly in the same way as they appeared and gradually developed in the provers of Bryonia. It is therefore, that Bryonia is selected. It may of course happen that in the patient in our hand, there are some more symptoms besides those of Bryonia. But what do we do in such cases?—What we do is that, we do not for the present mind those few foreign symptoms and administer Bryonia straight. And this brings about cure in most cases, and the few foreign symptoms referred to above then disappear of themselves i. e. without the use of any other medicines. If however, in some cases, those foreign symptoms do not go simultaneously with the cure of the Bryonia condition (on which condition the first selection of Bryonia was based), we then select another remedy on the totality of the symptoms still persisting, and so on until the patient is completely cured. Thus, one,

two or three or even more medicines may be required in curing an acute case. *This is in brief the mystery of selecting medicines in acute cases, and the mystery of selection in chronic cases is also exactly the same.* Your chronic patient must look like proving the medicine which you are selecting for him, just as the acute patient for whom you selected Bryonia, was looking like a proving of Bryonia. *If your chronic patient for whom you have selected a particular remedy is a picture of the proving of that remedy, your selection is absolutely correct,—there is no mistake in it and it must cure your patient.* Thus, the medicine which you are selecting for your chronic patient to-day, would have been the medicine for him 10 years ago when the first disorder in him began, and it will be the medicine for him 10 years hence, because he has only been proving the same medicine from the beginning and if there be any such symptoms, as do not belong to that medicine they must be only side-issues i. e. superfluous symptoms. *As more days are passing the more symptoms of the same medicine are only coming out in their details.* Thus, if you carefully study up a chronic case, you will only see in the picture of it—and that invariably—that the patient is only developing over a long period of time symptoms after symptoms, similar to those of a deep acting medicine in a prover. Just as in an acute case you have to make your selection of Bryonia or Gelsimium finding in your patient a picture of a

*short course* ( say 5, 6 or 7 days ) of proving of those medicines, ignoring the few superfluous symptoms, so in chronic cases too, you have to make your selection of the medicine on the proving as the picture is showing it. *The only difference is that, in an acute case the process of proving as presented by the patient covers a short period of time, while in a chronic case this process covers a much longer period of time, say 5, 10 or 15 years or even more.* If the troubles of your chronic patient began with the suppression of some skin lesion, and if that skin lesion was only a picture of the proving of Arsenicum, then he must have been proving Arsenicum throughout, up to the time he comes to you. Arsenicum was his medicine when he had the skin lesion only, Arsenicum is his medicine to-day when he has so many more symptoms, and Arsenicum will be his medicine 10 years hence, ( if however, he is alive till then ), when he will have still more symptoms, because the original trouble ( skin lesion ) being a proving of Arsenicum, he cannot be proving anything other than Arsenicum. There may be superfluous symptoms of a parasitical character, as explained before, coming on gradually for this reason or that, but they do not matter. They have no bearing on the selection. Besides these parasitical symptoms, there may even be greater complexities due to combination of miasms, but yet these complexities too can only be simplified by the medicine the picture of whose proving

the patient is showing. It comes to this, that *the physician who finds in the record of his case, from the beginning to the end, the picture of the proving of a particular medicine, in spite of superfluous symptoms and in spite of complexities due to knotty combination of miasms, is the true seer and true Homœopathic physician; and it is he alone who can select the right remedy, untie the knot and bring about real cure.*

The greatest difficulty in effecting real cure is however experienced in many cases, but the most trying are those, (1) in which there are combinations of miasms and (2) in which the patients are not patient but are constantly in the habit of changing physicians at short intervals. I will however take this up presently.

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## CHAPTER III.

### Analysis of Symptoms (2).

Before I actually take up the matter of a detailed analysis of symptoms and prescription, I think, I should finish, in a few words, telling you about those patients ( referred to at the end of the previous chapter ) that are in the habit of changing their doctors too frequently. In fact, much improvement to such patients is seldom possible. Their cases are never well defined and are on the contrary full of disorder. Behind this disorder again, there are differences in different cases. In some the symptoms are almost suppressed, while in others the original symptoms have come to be substituted by newer symptoms, while in still others there are aggravations when they are on their way to cure. Suppose, for example, a patient comes to you after a long course of Allopathic treatment, and you find that almost all his symptoms have been suppressed, while some very few hazy symptoms of a really indescribable nature—such as, mental uneasiness, sleeplessness, want of appetite etc.

are only still remaining. From the study of such a case, you will find that the symptoms of it have only been *forced to disappear—forced by strong medicines*—while the patient has not been really cured. In such a case, there is no means of curing the patient unless the suppressed symptoms are brought out, but the difficulty is that there are no indications on which to proceed to prescribe a medicine for bringing out the suppressed symptoms. Not only this, but the patient himself also does not agree to such a course of treatment, both because of the course of temporary suffering that such a process of treatment means as also of the fact that he considers himself to have been cured in all respects, except in respect of the few uneasy symptoms, such as—mental uneasiness, sleeplessness, want of appetite etc. If you tell him that a true course of curative treatment will bring back his old symptoms and then cure them, he will take you for a cheat and walk home. The fact is that he does not understand true cure, and you can not therefore help him. Suppose, a patient comes to you for some heart troubles. You take his history and find that he had rheumatism and that it was treated allopathically. There is no rheumatic pain now; but how can you cure the heart trouble, without bringing back the rheumatic pain? It is only the suppressed rheumatism that has settled on the heart. Then again, suppose another patient walks into your office. He had

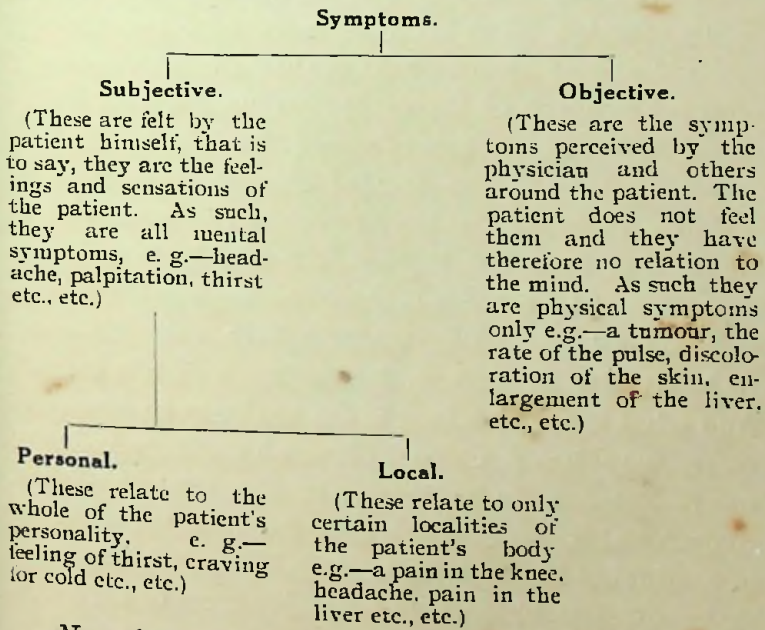
fever which was stopped with strong doses of quinine. He has no trouble now but he wants you to do something so that the fever may not return, because he knows that fever checked with quinine is ever in the habit of returning at the slightest provocation. Then again, suppose a third patient comes to you for having some lasting benefit done to him for some disease of which he has been cured (?) with some injections. These are really trying cases, in which you cannot do anything without bringing back the suppressed symptoms, to which however the patients are not agreeable. They have spent months after months in Allopathic treatment. They have spent purses of money. But they must have immediate cure in the Homœopath's hand. Very little time will be given to Homœopathy, very little money, and there must be no coming back of the old symptoms, but "cure" straight, after waking in the morning! If one single dose of Homœopathic medicine can not cure the case, and that in the course of a single night, what is Homœopathy worth?

There is another class of such patients yet. They have been perhaps to Homœopaths, and as soon as some of the old symptoms have re-appeared after the medicines given by them, showing that the process of cure had begun, they have left their previous doctors and come to you. If however, all these facts are placed before you,—the name and potency of the

medicine and the date of use etc—you can do the rest of the business necessary for completing the cure. But unfortunately this is never done and you have to make your way out of darkness. This is a difficult affair, and prescribing for such cases is a really weighty business. The treatment of chronic cases in our country is not in progress and the main reason is ignorance of the people, ignorance of the very fact that a really curative method of treatment of diseases is in existence.

However, the analysis of symptoms recorded has now to be done and the prescription made. Symptoms are not all of them of the same importance and value, and some hint on this has already been given, while explaining the necessity of eliminating superfluous symptoms. It is only necessary here to study up the importance of those symptoms that make up the picture of the case. These may be divided into two classes,—(1) those felt by the patient himself—*subjective*, and (2) those perceived by the physician and others around the patient—*objective*. The subjective symptoms again are of two classes—(1) *Personal* or relating to the whole of the personality of the patient e.g., “I like to sleep in the open air,” “I am feeling thirsty”, and (2) *Local* or relating to only certain localities of the patient's body, e.g., “There is a pain in the liver”, “There is a swelling in the knee” etc. Now, amongst the subjective symptoms, those that

relate to the whole of the patient's personality are by far the most important. In fact subjective symptoms are all mental symptoms, and it is the mental symptoms that are most valuable. Amongst them, those that relate to the whole of the patient's personality i.e. the personal symptoms are of greater value for purposes of prescription than those that relate only to certain parts of the patient's body i.e. the local symptoms. Let me clear up the point still further by a tree.



*Now, for purpose of prescribing, the subjective symptoms are more important than the objective, because they*

*(the subjective) relate to the mind. And again, amongst the subjective symptoms, the personal subjectives are more important than the local subjectives, because they (the former) relate to the whole patient. The objective symptoms are thus of the lowest class.*

So far, the method of selection of medicine in chronic and acute diseases is the same. I will therefore finish this subject in a few more words, and then take up that factor of difference in the two methods that makes chronic selection quite a different matter from acute selection. The main basis of selection both in chronic and acute diseases is the "*totality of symptoms*". But the meaning of the expression "*totality of symptoms*" is one in the case of acute diseases, while it is quite another in the case of chronic diseases. The totality of symptoms that suggests the remedy in an acute case does not suggest the remedy in a chronic one. *The totality of symptoms in a chronic case is a different totality.* But wherein does this difference lie? —It lies in that which makes a disease chronic. And what is that?—That is the tendency to continue. Now, why has a chronic disease a tendency to continue?—Because, in it there are the miasms—Psora, Sycosis and Syphilis, which have the inherent tendency of continuing in the patient. It is these miasms that make diseases chronic and deprive them of their tendency to end and give them on the contrary, a tendency to continue. From the record of a chronic case, you

have to judge out which of the miasms are there. You have to understand the difference in the manifestations of the different miasms, ( these differences and the characteristic ways of expression of the three miasms will be dealt with later on ), and also to make your inference as to which of the miasms are there in your case. *Though you may not have direct evidences of the existence of the miasms from the history of your patient, you must discern their stamp on him—in his mind and body and in the different organs.* The evidences of the existence of latent Psora have been exhaustively detailed by Hahnemann in his remarkable book "Chronic Diseases" and you have to study up the indications of latent Sycosis and Syphilis also in the same way. Unless you know that, you cannot possibly treat chronic cases, just as you cannot treat cholera or malaria without knowing the *general symptoms* of them. If you know the *general symptoms* of these acute diseases, then and then only you can be led to the *remedies that have those general symptoms*, and then only you can pick up the *particular remedy* out of them *by seeing the particular symptoms of the particular case agreeing with the particular symptoms of one of those remedies.* The general symptoms of cholera or malaria will suggest to you the names of all the remedies that have those general symptoms, and the particular symptoms of the case in hand will enable you to select the *one particular remedy* (out of

all those remedies) that has those particular symptoms. *Similarly, you have to know first of all the general symptoms i.e. the very images of Psora, Sycosis and Syphilis, and unless you know this you cannot treat chronic diseases at all.* The miasms have shaped your chronic patient—from his mind the finest to his body the coarsest part of him, and you must find out *which of the miasms have done the shaping.* And when you have ascertained this, you have to select an anti-miasmatic remedy. *The difference between acute and chronic prescriptions is therefore this that, in chronic the medicine has to be miasmatic, while in acute it need not be so.* If in the chronic case before you, there is a stamp of Psora, the medicine you will select must be an anti-Psoric. The stamp of Psora on your patient will suggest all the Anti-Psoric remedies, because the Psoric manifestations are general symptoms, but you will select only *one* out of all those anti-Psoric remedies by ascertaining the *particular symptoms of your patient and finding out which one of those anti-Psorics has those particulars.* Thus, *the difference between acute and chronic prescriptions is that, in an acute case any medicine that agrees with the totality of the symptoms of the case can be selected, while in a chronic case, the remedy besides agreeing with the totality of the symptoms must also be anti-miasmatic i. e. anti-Psoric, anti-Sycotic or anti-Syphilitic, as the case may be.* There is no other difference between acute and chronic selections. If

however, instead of Psora alone, there are some more miasms in a given case, the task of selection is much more difficult, and a *special* method has to be adopted there. But before I explain that method, it is necessary to say something more about the first prescription in chronic cases.

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## CHAPTER IV.

### The first prescription.

The so called diseases known under the various names of rheumatism, asthma, eczema, fever and diarrhoea etc., are by no means independent diseases. They are only different manifestations of Psora or of Psora in combination with Sycosis or Syphilis or both. This has been sufficiently explained before, and when these so called diseases of different names appear in any individual, it is to be understood that it is Psora only which is showing itself in different shapes, either alone or in combination with the other miasms. It is also to be understood that this Psora and the other two miasms will ever be bursting out into different concrete disease manifestations in this way, until they are radically removed from the system, that is to say, until they are knocked out of the system by deep acting potentised drugs administered on the basis of the curative law of similarity. You might have observed how white-ants work out small hillocks on the soil, and how impossible it is to stop this process

of their work, until the mother-ant at the furthest bottom, which is ever producing the smaller ants, is traced out and destroyed. The so called diseases are like the small hillocks and they are being produced by Psora which is like the parent-ant and is at the bottom. Just as you cannot stop the production of the hillocks merely by removing them day after day, similarly you cannot destroy the so called diseases merely by removing them. In order to destroy these so called diseases, you have to destroy Psora like the parent-ant. So long as this Psora is not destroyed, the so called diseases will appear continually one after another and no amount of treatment of these apparently independent diseases will cure the man.

The flow of the life force in its natural process has no unnatural result. But when the normal flow of the life force receives an interference from any source, there is a disturbance and the normal processes and functions become abnormal at once; and then result abnormal growths and developments. Growths and developments there are, but, on account of the life process having been directed in an unnatural channel by an interference, they are no longer normal. Instead of normal growths and developments, there are now abnormal growths and developments. There is over-nourishment in some parts and under-nourishment in others, such as tumour, cancer, enlargement of the liver and spleen and so forth. *It is*

*Psora, Sycosis and Syphilis that interfere with the normal flow of the life force and lead to abnormal results, and the only way of restoring the life process to its normal course is by administration of a deep acting drug according to the law of similarity.* Let us discuss the method of administering drugs on this law.

If from an examination of a given case, it appears that there are other miasms than Psora alone, as indicated by the totality of its symptoms, there is no other method of freeing the system from diseases than by eradicating those miasms. And this necessitates the administration of drugs in high potency selected on the law of similarity, and the process of selection is this. If (besides Psora, because Psora must there be in every case), one or both the miasms other than Psora are indicated in your patient's case, then it will not do if your prescription is based merely on the whole array of symptoms recorded by you. But, before you actually make your selection, you will have to make out the whole array of symptoms into *different miasmatic groups*, that is to say, if there are all the three miasms Psora, Sycosis and Syphilis in your case, the symptoms that indicate Psora should be placed in one group, the symptoms that indicate Sycosis should be placed in another, and those that indicate Syphilis should be placed in a third group. *Then you will have to ascertain as to which of the several*

*miasmatic groups of symptoms or in other words, which of the several miasms is causing the most troubles to your patient at the time of your prescription. If it appears that it is Syphilis which is causing the greatest hardship to your patient and the other two miasms Psora and Sycosis, which there are in the case as indicated by the symptoms, are in the background for the time being, that is to say, are not predominating for the time being, then you have to select a medicine on the totality of the group of Syphilitic symptoms only. That is to say, where Syphilis is predominating you will have to select an anti-Syphilitic remedy as indicated by the group of Syphilitic symptoms. It therefore comes to this, that in making your prescription you will have to deal your first stroke to the miasm that is predominant at the time. As a matter of fact, it will always be apparent to you that in every case, even if there be all the three miasms in it, only one of them is predominant at a time. It will never happen that all the three miasms are equally torturing your patient at the same time, while, on the contrary, the rule is that only one of the miasms is torturing him most, while the others are lying comparatively dormant. The one that is torturing the patient most, the one that is predominant must draw your attention first. It needs however be mentioned that the reason why only one of these miasms is predominant at a time, while the*

others are comparatively dormant, is the *operation of the immediate exciting cause*. A certain exciting cause has a greater power of exciting one of the miasms, while a certain other exciting cause has a similar power of exciting another. Thus if Syphilis is predominant now owing to a certain exciting cause, it may be that some other exciting cause, if that has a greater affinity for it, will make Psora or Sycosis predominant after some time. *The miasms are made predominant one or the other, according as the exciting cause is capable of exciting their manifestations; and it is an inevitable law, that only one miasm is predominant at a time, while the others lie dormant.* And you must select the medicine indicated by the symptoms of the miasm that is predominant and not by the totality of the symptoms of the whole case. It may so happen in a given case that the patient has apparently nothing beyond a few itching eruptions here and there on his person, but as soon as there are some rain and storm he begins to have frequent calls for profuse urine. This means that Psora was only predominant at first, but the sudden rain and storm which have a special power of exciting Sycotic manifestations, made Sycosis predominant, and an anti-Sycotic remedy Dulcamara would now be called for, though there was no indication for Dulcamara before the rain. Suppose again, here is a patient who was improving, but suddenly he gets an attack of influenza

due to a change of season, and soon after, he develops tubercular symptoms. What do these indicate?—These indicate that there may be more miasms in the system than one *but only one is predominant at a time, and the predominance of one or the other of these miasms is always in accordance with the exciting cause.* A thorough study of the records of cases in your own diary will clearly show this. However, the law of prescription in a chronic case is that *the medicine indicated by the totality of the symptoms of the miasm predominant will have to be selected and not the medicine indicated by the totality of the symptoms of the whole case.* In brief, *the prescription must be miasmatic and not otherwise.* This has been made still more clear by the records of cases that have been appended to the book.

Now, when the selection has been made, your business will be to choose the potency. But there are no hard and fast rules for arriving at the potency, as this depends on various circumstances, and as such, it is always different in different cases. In some cases, the 30th. may be a sufficiently high potency to begin with, while in some others even 1,000th. or 10,000th. may be too low. The question of potency is an important one and it will be dealt with separately. We may, however, understand that the potency to begin with in a chronic case must be high. But why?—Though this has been

explained to some extent previously, let us clear up the question once again. Chronic cases, having run on for long periods and having been bungled with all sorts of suppressive treatments, are ever made more and more complex. Not only this, but also, the miasms, which alone make diseases chronic by virtue of their nature and on account of their knotty combinations one with another, are masked and made apparently latent. Being apparently latent, they have to be brought out and made to appear in their natural colour in order that they may be seen face to face and then dislodged from their combination and then cured. If cure is at all to be effected in such cases, the miasms or rather the suppressed manifestations of them, must be made to *re-appear, and this re-appearing of suppressed conditions is not possible without the use of high potencies.* Low potencies cannot effect this; they are not so deep-acting. Some people might of course argue that, Hahnemann cured all his most inveterate of chronic cases with the 30th. or 60th. potency, and as such, there is no sense in such high potencies as c.m., and d.m.m. etc. of to-day. But we must remember that in Hahnemann's time, there was hardly so much and so varied disorder in man's economy as we have to-day. Sycosis was a miasm that was very rare in his time, while there is hardly any body to-day who is free from it. Thus, it is the complexities in disease

that demand higher potencies to-day. Then again, he saw that the world at his time was not understanding the use of the 30th. potency even, and if he had talked of c.m. or d.m.m. potencies, he would have made himself still more unintelligible. He was therefore going to higher potencies gradually and cautiously. If he had lived longer yet, he would certainly have used much higher potencies. That he was gradually having a tendency for higher and higher potencies, can be gleaned from his writings. Then again, the third thing is that in Hahnemann's time, there was not such a variety of *Pathies* as we have to-day. Even "Allopathy" of his time was not as insidious and mischievous as it is now. The more "Scientific" (?) it is becoming with all its novel injections etc., the more dangerous it is growing—the more dangerous in that it is suppressing diseases in a more insidious manner. To this Allopathic "advancement" (?) has again been added the patent medicines, which are multiplying every day. Thus only complexities greater and still greater have come upon man, and he cannot be freed from them except with the use of high potencies. It must be said that, if Hahnemann had such awful complexities of diseases in his time, he would certainly have used high and higher potencies. He has not prescribed any limit to potency while he has ever shown a tendency to go higher and higher up. The accusation, if any, against

the modern use of high potency, has therefore no justification.

I must not omit to say one thing just here,—namely that *you must be especially cautious in making your first prescription. It is a weighty business, and there must be no mistake in it, because any mistake may not only fail to cure the patient but also do some grievous mischief to him. The common belief that Homœopathic medicines are harmless and that they do no injury even if they fail to do any benefit, is pure nonsense. If a medicine can do you some benefit when used, it may also do you some injury when abused. It is not an inert substance. It is a highly powerful something or it could never cure any disease at all, and as such, it may injure you if it is wrongly used. It is idle to suppose that its powers will sleep silently in the system when it is not required to cure the case.*

If, however, before the administration of the medicine so carefully selected by you for the chronic disease, the patient happens to have some *acute manifestations*, or if the chronic manifestations even happen to have an *aggravation like an acute disease*, then the medicine selected for the chronic disease should *not* be used at once. *In such cases some superficially acting medicine as called for by the symptoms should first be used and the acute manifestations or the aggravated condition of the chronic disease, as the case may be, controlled. It is*

only when these acute manifestations or the aggravated condition of the chronic disease has passed away, that the miasmatic medicine selected for the chronic case should be used. A deep-acting miasmatic medicine in high potency, when used during the course of an acute disease or during the aggravation of a chronic disease will cause severe aggravation. This is a point that you must carefully remember.

Another thing has to be considered here. The law of selection of medicine in Homœopathy is always the law of similarity. And it may be argued—"what is the necessity of selecting an 'anti-miasmatic' medicine in a chronic case on the basis of the miasm that is predominant at the time, if the selection of the medicine is made correctly according to the law of similarity? If the medicine is correctly selected according to the law of similars on the totality of the symptoms of the *whole* case, what is the harm if I do not know whether the medicine selected is anti-Psoric, anti-Sycotic, or anti-Syphilitic? Being based on the totality of the symptoms, the medicine is bound to cure the case".—To this however, I have only to say that, *unless you take account of the miasm, you cannot select correctly on the totality of the symptoms. The knowledge of the miasm that you want to strike at, is essential for correct prescribing. Not only this, but also the knowledge of the miasm will help you to understand the action of your medicine with exacti-*

*tude*. Suppose for example, in a given case, you administer a medicine on the totality of the symptoms without knowing that it is an anti-Psoric. And when the psoric element in your patient is controlled, the sycotic element comes up prominently. Now, unless you know about the miasms, you will be unable to see that your medicine has acted correctly and to the benefit of the patient, and you will be *unnerved* at the sudden appearance of the sycotic symptoms. If however you have the knowledge of the miasms, and if you ever prescribe on the basis of these miasms one or the other, you will be in a position to observe the effect of the medicine used, with exactitude and follow up the subsequent developments of the case with certainty. There can be no fight with your enemy unless you know his nature.

The next thing that should engage our attention after the prescription has been made and the potency fixed upon, is the question of *regulation of dose*. Whether to give only one single dose of the selected remedy and then wait until re-action sets in, or to give several doses in succession and stop when re-action is perceived to have begun. This is a matter that has to be decided by the *sensitiveness* of the patient's mind and physique. If the patient looks likely to have re-action from a single dose, there should be no repetition at all, as this may cause severe aggravation. But in cases where the patients are not sensitive enough,

and as such there is likely to be delay in re-action, it is better to give a few repeated doses and then stop as soon as re-action is perceived to have commenced. In repeating doses like this, Hahnemann has advised in the sixth edition of his Organon that *every succeeding dose should be of a slightly higher potency*, and the method of increasing the potency in such cases has also been laid down there.

But how to ascertain that one single dose of a selected remedy is sufficient to excite re-action in one given case, and that in another some repeated doses are necessary?—If the patient is extremely nervous, if he is frightened easily, if he is pleased and displeased easily, or if he has ever before given indication of re-action on a very few doses of medicine, it is to be understood that he is a sensitive patient, and in that case, one single dose is enough and it should never be repeated, or, if after the use of the first dose there is some change perceived on the next day, there should be no repetition, and you should wait until the action of the dose given is exhausted. If however, on the contrary, the patient appears to be not easily impressionable and if he is not very weak, and as such, is likely to stand the re-action even if it be a bit severe, repeated doses may be given for a few days and then stopped when re-action has commenced. If again the patient's sufferings are not severe, the dose may be repeated until re-action begins. But

in all other cases in which the patient is very weak, the potency to be used should be comparatively low and the repetition of the dose should also be carefully avoided. In fact, the whole condition of the patient should be carefully studied up and the question of repetition of dose dispassionately considered. *The main thing that should be borne in mind is, that your object is to obtain a response from the patient to the medicine used, and if you gauge that one single dose is enough for this purpose, you must wait for a reasonable time and you must not repeat the dose until you perceive the response. If however, you think that several doses will be necessary, you may repeat until you get the response.* You must remember that to give a single dose in a case where repeated doses are really necessary and to wait and wait, and to give repeated doses in a case where a single dose is sufficient to excite re-action, are equally bad. Because in the first case you lose time unnecessarily, while in the second you subject your patient to a lot of avoidable sufferings of a severe aggravation. You cannot therefore be over-cautious in this matter, and the fact remains that you must not repeat the dose when there is re-action, and that you must repeat the dose, even if it be at the rate of one dose daily, when there is delay in re-action, because all these repeated doses when given before the setting in of the re-action, will act like one single dose.

In acute cases, the action of a medicine is perceived in a few minutes (e.g., in cholera etc.) or at the utmost in a few hours, but such is not the case in chronic cases. The first symptoms of the action of a medicine in a chronic case are hardly seen in less than 5 or 6 days, while in certain cases it may take even 3 or 4 weeks or more. In chronic cases, therefore, you have to wait patiently and observe the action of the medicine used, with care.

It has already been stated before, that *the first prescription in a chronic case is a highly weighty business and that there should be no mistake in it*, and I repeat the same thing again, as it is very very important. A correct first prescription in a chronic case really means half the cure for your patient and an immeasurable simplification of your work. But if unfortunately, there is a mistake in the first prescription, that is to say, if a wrong medicine has been given, we must learn the process of detecting it as also of taking remedial measures. This leads us to the following questions:—(1) What should be the symptoms for indicating that the medicine used has been wrong? (2) How to remedy this? (3) How to understand that the medicine has been correct? (4) How to make sure that the potency also has been correct? (5) What should be the symptoms for indicating that the correct medicine has been used?

Before I undertake to explain the above problems,

I should begin by saying that, like acute cases the treatment of chronic cases cannot possibly be carried on by examining the patient at the will of his guardian. In chronic treatment, the physician must have the privilege of making his examination of the patient whenever he considers it necessary, because the guardian of the patient or even the patient himself cannot understand as to when an examination of him is necessary. The physician only knows what developments he expects after the use of his medicine and what developments and aggravations he will hail with delight as symptoms of a process of cure and what he will view with alarm and try to remedy. It is therefore, that the physician will examine his patient whenever he considers it necessary, and unless there are facilities for this, there can be no chronic treatment.

Now, to the point. (1) and (2)—*If after the medicine used, there is a development of such symptoms as the patient has never experienced before in the whole course of his sufferings, it is to be understood that the selection has not been correct.* It is a fact that in chronic cases patients are in the habit of having this and that occasionally, say a headache, an attack of dysentery, or fever etc; and if some such thing appears there as has never appeared before and if the patient is troubled with that, the evident conclusion should be that the prescription has not been correct. In such

a case however, some antidote has to be used if the suffering is severe. If however, the suffering of the patient is not so severe, it is better to wait and allow the action of the wrong medicine to pass off completely, before a fresh prescription for the chronic disease is attempted. But, if this freshly selected medicine happens to be an antidote to the wrongly used medicine, then it should be given at once without any waiting for the passing off of its bad effects, as waiting in such a case would only be waste of time and unnecessary suffering to the patient.

I have explained the method of detecting the mistake, if any, in the first prescription as also of remedying it (i.e. questions 1 and 2 above), and I shall elucidate the remaining three questions (3, 4, and 5) in the next chapter.

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## CHAPTER V.

### Study of the effect of the first prescription.

Let us now understand—(3) how to make sure that the first prescription has been correct and that the potency used has also not been wrong. We have already understood that the appearance of new symptoms, such as have never troubled the patient before, will indicate that the first medicine has been wrong. Now, if exactly the *opposite* thing happens, that is to say, if only such symptoms as *have troubled* the patient before appear after the use of the medicine, it is to be understood that the medicine has been correct. But only the re-appearance of some of the old symptoms is not enough to indicate that it is the process of cure that has commenced. Something more is necessary, and it is this, *that the old symptoms re-appear in the reverse order, that is to say, the last symptom in the patient will re-appear first and in this way all the old symptoms one after another and last of all the oldest symptom.* If this is the order of the re-appearance of the old symptoms, then

it should be recognised at once as the true process of cure, and as such the first medicine used should be considered to have been perfectly correct. Suppose, for example, it appears from the record of your case that the patient had malarial fever and that this was treated with quinine, and that after that he had dyspepsia, and suppose some Ayurvedic medicine suppressed that dyspepsia, and suppose simultaneously with the disappearance of the dyspepsia the patient had palpitation of the heart and vertigo etc., and last of all there came up dropsy and jaundice. Suppose, from this record you select a medicine according to the law of similarity and administer the first dose in the right potency. Now, what will happen if the medicine used has been correctly selected?—The patient will be relieved first of all (but gradually) of his jaundice and dropsy, and his palpitation and vertigo will re-appear, and then these will pass off gradually, and then will re-appear the old dyspepsia, and then last of all will re-appear the old malarial fever. *If this be the order of the re-appearance of the old symptoms—reverse order of their coming—under the use of your medicine, it is the process of cure.* But if on the contrary, the old symptoms re-appear in a *disorderly* manner e. g., the malarial fever first, the palpitation then and last of all the dyspepsia, *it is no process of cure.* However, *besides the process of cure being a re-appearance of the*

*old symptoms in the reverse order of their coming, there are other indications also for judging the correctness of the medicine used, e. g., under the use of the correct medicine and in a process of cure which results from the use of the correct medicine, the process of reappearance of the old symptoms is from within outward, from the more internal to the less internal organ, from the centre to the circumference, from the mind to the body, and from above downwards. This process is ever the process of cure and this invariably indicates that the right medicine has been used.*

(4) But what is there to indicate that the right potency has been used? It is quite possible that in a given case you have used the right medicine but not the right potency, and in such a case there will be no effect. It is therefore essentially necessary also to fix upon the *right potency*. The mere similarity of the symptoms of the drug with the totality of the symptoms of the case is not enough. *The strength, that is to say, the potency of the drug must also be similar to the strength or the potency of the disease which you want to cure. That is to say that, the medicine must be so powerful (neither more nor less) as to be able to encounter the disease. This suggests that there is a "plane" in which the disease is, and your medicine also, must be fine and subtle enough to reach that "plane". Unless it is so, no cure can be expected. If however, you are quite sure that you*

have selected the right medicine for your patient and if there is no re-action yet in spite of a reasonable waiting, do not hasten to change the medicine at once, but consider carefully if the potency has to be changed, either for a higher or for a lower one. A change of medicine, just where only a change of potency is required on account of the correct potency having not been given in the first instance, creates quite a disaster at times. Want of re-action from the use of the correct medicine, in spite of a reasonable waiting should indicate that the correct potency has not perhaps been used.

(5) Now, what are we to expect on the use of the right medicine in the right potency? This is a difficult subject and let us discuss it in details.

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## CHAPTER VI.

### The observation of the patient after the use of the first dose.

Let us take for granted that the first prescription has been correct and that the prescribed medicine has been administered in the right potency. But what are we to expect now? When will the dose have to be repeated or a fresh selection made? How long are we to wait? Are there any indications for judging whether the patient will be cured?—These are facts that will engage our attention now. But let me, in the mean time, tell you once again that, *if repeated doses of the first medicine have been given as prescribed by Hahnemann in the sixth edition of the Organon, then the medicine must be stopped, directly re-action begins to appear*, that is to say, there must be no more repetition of doses when there has been some change in the symptoms of the patient. And we must consider all the several doses that have been repeated to be as good as *one single* dose, because, though in number the doses have

been so many, the effect is *cumulative*, and as such, it is the effect of one single dose in fact. *There has been only one single stroke dealt to the life-force.* For the life-force the doses that have produced no re-action, are no doses at all. The life-force did not feel them, and as such, they are all non-entities for it. This is why it is to be understood that in cases begun with repeated doses, all the doses repeated till before the appearance of re-action are to be considered as one single dose. However, when the re-action has appeared, that is to say, when there has been some change in the patient's symptoms, we must stop the medicine forthwith and watch the character and progress of the changes.

What are we to expect after the appearance of re-action on the use of the first dose?—We are to expect some *changes* e.g.,—aggravation of disease symptoms or their amelioration, or their disappearance, or even a disorderly re-appearance of the old symptoms as distinct from their orderly re-appearance, which is always in the reverse order. Let us consider these different kinds of changes one by one.

In case of aggravation of the disease symptoms, we have to carefully analyse the aggravation. As for example, *what* is it that has been aggravated, and of *what type and character* is this aggravation? There may be an aggravation of the symptoms but the *patient* may yet feel better in his interior—in his mind.

There may have been a rise in the temperature; the stools may have increased in number and even become worse in character, but yet, *if the patient feels more at ease than before*, it must be understood that the aggravation is a homœopathic aggravation and that the patient is therefore improving. This aggravation is only an *unmasking* of that portion of the malady that was masked (suppressed), and is therefore, to the benefit of the patient, and you must not be unnerved at it. Then again, the patient may at times be unable to realise his own condition after the aggravation, that is to say, whether he is feeling better in the interior, and may not therefore tell you whether he is better or worse. And in such a case, you have to watch him out carefully and understand for yourself if he seems to be comparatively less morose and pulled down than before. If you find him like this, take it that it is *homœopathic aggravation*, and there should therefore be no worrying over it. *If however, instead of a homœopathic aggravation (i.e. aggravation of the symptoms of the disease with an amelioration of the condition of the internal being of the patient), there is an aggravation of the disease symptoms as also of the internal (the mind) of the patient, it must be viewed with distrust, as, such an aggravation does not indicate the process of cure. In the case of a true homœopathic aggravation, which indicates the process of cure, the patient must be*

*better in the mind*, in spite of the increase of his physical sufferings.

But why are we to accept a homœopathic aggravation (aggravation of the physical symptoms of disease with an amelioration of the mental condition of the patient) as a favourable indication and the reverse of it as unfavourable?—The fact is that the really curative medicine will begin its process of work *from the centre to the circumference*, and if it begins its work first in the centre, in the mind, the effect will be manifested at once in the mind, and the patient will therefore feel better mentally first. But if, on the contrary, the medicine only brings about some improvement in the external symptoms without bringing about relief in the mind, it only means that the medicine is not acting from the centre to the circumference, and as such it is no process of cure. The only process of cure, as has already been explained before, is from the centre to the circumference, from the more internal to the less internal, from above downwards and not otherwise.

Just here, I must make clear to you one very important fact. Before you use the first dose of your medicine in a chronic case, you must make sure that the patient has *vitality* enough to stand the homœopathic aggravation that will follow. Because, unless there is sufficient strength in your patient to bear the sufferings of a temporary homœopathic aggra-

vation, he may altogether succumb under your medicine. This is a disaster that you must carefully avoid. In cases so deplorable, facts should be placed before the patient's guardian point blank, and no attempt should be made for *curing* the patient, and therefore no such deep-acting medicine as only can *cure* him should be given. Such cases are cases for *palliation* only, and superficially acting medicines as may be called for by the symptoms in hand, should only be used here. There is no help if no *cure* can necessarily be effected in such cases and the physician is not responsible in the least. If the patient had come to him earlier, that is to say, when he had yet vitality enough to stand the homœopathic aggravation, he might have been cured.

Another word of caution please. Just as you must be cautious enough to avoid the disaster of a homœopathic aggravation in a hopelessly de-vitalised case, similarly, you must be cautious enough to avoid the mere palliation of a case in which there is yet vitality enough for a cure. It would be miserable, if you would wrongly condemn a case, in which the patient, though unable to stand a high potency like 1000th or more is yet able to stand the 30th or 200th. If you condemn such a case as past *cure* and only *palliate* the troubles, you would be making a deplorable mistake and would be sacrificing "*Cure*" for "*Palliation*". In such a case it is advisable to begin

with a low potency like the 30th or 200th. As a matter of fact, I have learnt from my own experience that apparently desperate cases are brought round by the 30th or the 200th potency without any disastrous homœopathic aggravation. Such cases, after they have been brought round to some extent by the 30th or the 200th potency in the beginning, may possibly be *cured* by gradually increasing the potency as the patients progress and acquire greater and greater vitality. Just a word about homœopathic aggravation in passing. I have often observed that the aggravation that is at times seen in acute cases due to the repeated use of lower potencies is generally considered by many, as homœopathic aggravation. But this is a tremendous mistake. In acute cases, there should be absolutely no aggravation. The medicine and the potency should be so adjusted to the case as not to cause any perceptible aggravation at all. However, the aggravation referred to above, is not merely an aggravation of the external symptoms with an amelioration of the "internal" of the patient, but, as close observation will show, it is an *aggravation of both the physical symptoms of the patient as also of his internal condition.* It is an *aggravation both of the disease and of the patient,* and it indicates that the dose of the medicine has been *materially large* for the case, and that a still *finer* dose should have been used.

*Homœopathic aggravation is always due to the fineness of the dose, while the aggravation in question is always due to the largeness of the dose, and it is for this reason that it is called medicinal aggravation.* The effect of homœopathic aggravation is cure, while a medicinal aggravation means only trouble and suffering to the patient.

However, there is always some change after the use of the first dose of the correct medicine, and this change is of various kinds. In some cases, it is *aggravation*, in some it is *amelioration* and in others it is a *disorderly return of old symptoms*, and so forth. Let us now consider one by one these various changes, just to see what probable prognosis they make.

(a) If, after the use of the medicine, there is an *aggravation of the physical symptoms without any improvement of the mental condition*, the prognosis is not very happy. An aggravation at the beginning is of course a good sign and as such the Homœopathic physician may have reason to hail it with delight, but when he will find that mental improvement is not coming on, but it is the aggravation only that is continuing and continuing, he will have reasons to be alarmed. Because the non-appearance of any mental improvement *will at once indicate that it is the medicine only that is acting and that the patient is not reacting* i.e., is not responding to the medicine. This shows want of sufficient vitality in him and also that

the medicine used, has been acting too deeply for his vitality. If it had been used earlier, i.e., when the patient had sufficient vitality to stand such *deep* action of the medicine, he might have been cured. However, as the case is, it is too late for him and he is fast marching to death in spite of anything. The certain prognosis in this case is bad.

[Note :—In such cases as have not sufficient vitality, great care should be exercised at the beginning, and potencies higher than 30th, 60th, or 200th should not be generally used. With such low potencies in the beginning and going higher up gradually, even these cases may possibly be brought round.]

(b) If in the above case, the medicine had been used long before i.e., before the patient's condition became so desperate and he had yet sufficient vitality to respond to the medicine standing the homœopathic aggravation brought on by it, the prognosis might have been quite otherwise. In that case, the *aggravation would have been almost the same, but it would have soon been followed by an amelioration of the mental condition, the physical aggravation gradually disappearing.* The prognosis in such a case is good.

(c) There may be a different kind of aggravation after the use of the selected medicine—different from what has been described above. In this, the aggravation is perhaps very severe, but it is lasting for a very short time only. *And after this severe but short-lived aggra-*

*vation, there is a mental improvement of the patient, and this mental improvement continues for a long time. In such cases any other medicine is not generally required, as the mental improvement continues and it then results in an all round cure of the patient. So that, in cases of severe aggravation quickly followed by a progressing mental improvement, the prognosis is certain cure.*

The above are the few types of aggravation and their respective prognoses. There are, however, certain cases in which there is no aggravation but other kinds of issues, and let us consider them one by one.

(d) In some cases, that is to say, in cases in which the chronic disease has not progressed very far and has caused only functional derangements in the organs without yet bringing about any derangements in their structures, *there is absolutely no aggravation after the use of the selected medicine but pure improvement resulting gradually in an all round cure of the patient—body and mind.* This type of cure generally takes place in acute cases and it is very very rare in chronic cases. Though it is always desirable to have aggravation followed by improvement, as this only indicates the depth of the action of the medicine and thus leaves no room for doubting certain cure, yet this type of cure also is no less gratifying, because it subjects the patient to no sufferings, and besides, the physician can also understand from such cures that

the selection of the medicine as also of the potency was perfectly correct and that the remedy *fitted the case point to point*. This may therefore be called a *high class cure*.

(e) In certain other cases, *there is amelioration in the beginning, but it is soon followed by an aggravation*. These indicate that the amelioration in the beginning was only the result of the *superficial* action of the medicine and that the medicine has not acted deeply enough. *This is certainly due to wrong selection*, and the remedy in such cases of wrong selection is by no means easy, because, you have now to wait until the aggravation passes off and the patient presents his original picture again. And then you have to make your prescription afresh. If however, the aggravation continues and the original picture of the patient is not presented, but on the contrary, only a condition of complexities comes up, you cannot wait longer yet. You should then prescribe on the picture of complexities as you find it.

Right here, let me tell you that, in all cases in which there is amelioration followed by aggravation as above, *it should not be invariably concluded that the prescription was wrong*. You should make sure from a re-study of the case whether your prescription was correct or not. If it still appears to be correct, *the probable inference would be that the prognosis in the case is unfavourable*. But why?—Because, the

prescription being correct and there having been some favourable action from its use, the ceasing of the amelioration and the subsequent lasting aggravation can only be explained by saying that *it is the depleted condition of the patient that is not allowing the action of the medicine to be permanent*. It cannot be Psora, Sycosis or Syphilis that is hindering the cure, because the prescription was based on these miasms; it must overcome them and carry the patient on to cure. Now, if it is not any of these miasms, then it must be that some organ of the patient has been so damaged as not to admit of any repair. *This is the only reasonable inference that we can make from a case in which amelioration is quickly followed by a lasting aggravation, and we may hold that the prognosis in such a case is undoubtedly unfavourable.*

(f) There is again another kind of amelioration, and it is lasting too for a long time. But unfortunately this amelioration is yet no amelioration at all. Because in it, there is only an amelioration of the external symptoms—the external disease-manifestations, without a corresponding improvement of the “internal” of the patient. In it, the disease-manifestations disappear but the patient does not feel better. It is no “cure” in our sense of the word. We already know that cure is not a mere disappearance of the disease-manifestations, but that it is something more,—it is a restoration of the sick man to the normal condition of

health. However, when it appears *that under the use of a deep acting miasmatic remedy in high potency, there is only an amelioration of the disease-manifestations without the patient feeling better, the prognosis is that the patient is incurable, even if the said amelioration is lasting for some time.* The failure of the deep acting medicine to do anything in the *mental plane* of the patient (or he would have felt better) indicates a *highly depraved condition*—so depraved that it is refusing to be manifested outside. And unless there is manifestation outside of a latent depravity, there can be no cure. *Such patients have, therefore, to be palliated only, and more serious endeavours, namely the use of still higher potencies for bringing out the latent depravity in such cases should not be made, as that might result fatally.*

Now, we have so far discussed as to *what is indicated by aggravation and amelioration when they appear after the use of correct medicines in chronic cases*; that is to say, what developments will indicate a favourable prognosis and what unfavourable. But, besides, changes in the shape of aggravation and amelioration, there are also other kinds of changes seen in chronic cases after the use of miasmatic remedies. Let us discuss them in details now, though they have already been discussed to some extent before.

(g) There may be cases, in which after the use of the deep acting miasmatic remedy, there is *neither aggra-*

*vation nor amelioration but on the contrary some new symptoms are developed*—new symptoms, such as have never before been experienced by the patient. Such cases would indicate that the prescription has been wrong, and the remedy lies in waiting and allowing the action of the wrong medicine to pass off. When these new symptoms have passed off after a sufficient wait, and when the patient appears to have regained his original state, a fresh selection should be made correctly. If, however, the new symptoms brought on by the wrong medicine do not pass off completely in spite of sufficient time having been allowed but on the contrary mix up with the original state of the patient and present quite a different picture, then the fresh selection will have to be made so as to fit this *new picture* and not the original picture of the case.

(h) There is another kind of change again. In it, the *external symptoms are ameliorated, but some internal part of the patient is attacked*. I have myself had experiences of such cases. When in a case of eczema, I have selected and used a remedy as indicated by the *external symptoms*, I have seen the eczema disappearing but severe diarrhoea or neuralgia following. This has been certainly due to the *whole patient* (his external and internal) having not been taken into account while making the prescription or *due to the prescription having not been miasmatic*. Just see, how very dangerous it is to prescribe

on external symptoms only and how very necessary it is to base the prescription on miasms in order that *true cure* may be effected. This will also make it clear to you that acute treatment, more or less, is ever *therapeutic patch-work*, as it is based on the external symptoms only—without the internal, the miasmatic basis of the patient having been sufficiently taken into account. As such, acute treatment cannot *cure a patient* in the sense in which Homœopathy understands cure. Acute prescription is only a prescription for the “*disease*” but not for the “*patient*”.

However, in the above case, the medicine acted, but in a wrong way owing to the defect in selection, and the flow of the action was *from the outside to the interior—just the reverse of the true process of cure, which is always from the interior to the outside*. This sort of flow of the disease from the external to the internal is called “*Metastasis*”. But how to meet such unscientific metastasis?—The only way is to antidote the effect of the wrongly selected medicine at once. But, before this is actually done, facts should be explained clearly to the patient's guardians, as otherwise the re-appearance of the eczema under the use of the antidote (this re-appearance must necessarily be, in order that a true cure may be effected), may cause them alarm.

In this connection, I should like to make a thorough and systematic statement of the full indications of

the whole process of cure as it ought to happen in a curable chronic case after the administration of a correctly selected deep acting drug in high potency on the miasmatic basis. Full indications of this process have already been given, but I think only a thorough statement of the whole thing in a nut-shell can make my say complete :—

*In a few days of the use of the medicine, there will be either an aggravation of the external symptoms quickly followed by an internal relief, or there will be an external and internal relief straight. Alongside this aggravation or amelioration, as the case may be, the old symptoms that are no longer there in the patient, that is to say, that have been suppressed by this treatment and that, will gradually re-appear in the reverse order of their original appearance. It should be carefully noted that, it will be a reverse order of re-appearance and not a re-appearance in any other order, which is not order but disorder. Now, alongside this process the patient will gradually feel relief first of all in the interior, in his mind, and this relief will gradually be transmitted from the mind to the body, first in the internal parts of it, then gradually to less and less internal and last of all to the most external part of it—from within outwards. Then again, the appearance of the improvement, in the parts of the body will be first perceived in the upper parts, and then this will spread gradually to the lower—from above downwards. These*

*are the indications of a true ideal process of homœopathic cure—a cure that makes a new man of the sick man.*

There are some patients who are remarkably sensitive. They do not tolerate even potencies like 500th or 1000th., and when you try any such potency on them, they begin to *prove* the remedy instead of running on to a course of cure. It is difficult to *cure* such patients, and as such, their symptoms can only be *palliated* for a time with low potencies like the 30th or 200th at the utmost.

There is another class of patients yet, who are only typical pictures of disorder—mind and body. Evidently, they have never been *cured* of any illnesses in their lives. Any illnesses have only been suppressed in them, by our scientific friends, and having now arrived at a pretty good old age, say 40 or 50, the system has become so hopelessly depraved as to have actually forgotten its different normal functions. When you take up records of their cases, you will find that, they give you pages of symptoms but never a "*Case*"—never a particular symptom that can land you on any *one* particular remedy. It is a pity that man should suffer and suffer till the end of his days, when he can be cured and made happy.

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## CHAPTER VII.

### The second prescription.

Let us now consider when the medicine prescribed at the first instance (first prescription) will have to be changed and the second prescription made.

If, after the amelioration obtained from the use of the first prescription, the *original symptoms* return, that is to say, if the original picture of the patient on which the first prescription was made, is presented again in the same form or in a milder form, it is to be understood that the potency used has not been high enough for effecting a total cure, and as such the disease force was only *partially* controlled and is showing itself up again. *In such a case the same medicine will have to be repeated in a higher potency*, so that the disease force may be completely controlled and eradicated and the life-force restored to its normal condition. But, if instead of the original picture, a *new picture* consisting of some new symptoms is presented, it is to be understood that

the first prescription was not altogether correct. At times, it is the symptoms of the first medicine that appear, or in other words, the patient appears *to be proving the remedy*. In such cases, the first prescription has not only to be taken to have failed to cure the patient but has also to be taken to have done some positive mischief, by complicating the original picture with some drug symptoms. *In such a case, one single group will have to be made of the whole array of symptoms now available, that is to say, the original picture of the patient plus the drug symptoms brought on by the erroneous selection will have to be considered as presenting one picture, and a fresh selection made correctly on that.* If this second prescription is correctly made, it is sure that it will be quite a different medicine, that it will be by no means the medicine that was prescribed at the first instance.

In the above case, one thing should, however, be studied with care—namely, *the condition of the "internal" of the patient*—the condition of the patient's mind. *If in spite of the appearance of some new symptoms the patient seems to be more at ease in the interior, then there should be no interference with a second medicine so long as this internal improvement of the patient lasts, merely on account of a few new symptoms having made their appearance.* It may be that with some more waiting, the original symptoms will return and call for a higher potency

of the same medicine, or it may be that this internal feeling of ease will gradually disappear and there will remain then the additional new symptoms only that had cropped up. In this last case there is no other alternative than to make a second prescription. Let me however, explain why I have advised waiting in case of new symptoms attended with an internal improvement of the patient. The fact is that these symptoms which the patient describes as "*new*", may not be really new. Perhaps they appeared in the course of the patient's disease or perhaps in his childhood, and it is possible that the patient did not either notice them or has forgotten them altogether. For this reason, *whenever there is the slightest feeling of internal ease, it is all very wise to wait.* In chronic treatment, *waiting* is a great thing. The slightest doubt or indecision should make you wait and watch. Now, in the present case, what are we to wait for?—*For a return of the symptoms on which the first prescription was made.* If they do not return at all, and if the patient is also ceasing to feel the internal ease and improvement, there is no other help than to resort to a second prescription.

*Besides the above case for a second prescription, there are other cases yet in which a second prescription becomes necessary.* Suppose, for example, you have a colic patient. He gets the fit every 10 or 12 days, and suppose, while treating him as a chronic patient,

you have given him some such thing as Belladonna, Colocynth or Magnesia Phos., as indicated by the totality of his symptoms. You then find that your medicine has acted well enough, but the fit returns after some days. You then change the potency, but yet it returns as before. On close scrutiny of such a case, you will find that it is because the medicine you have used is not sufficiently deep-acting that the fit is returning every time; and if you now use a deep-acting anti-Psoric, anti-Sycotic or anti-Syphilitic *complementary* as may be indicated by the miasmatic picture of the patient's case, you will be surprised to see that the patient is cured. If you had given him Belladonna, perhaps Calcarea Carb will be necessary; if Colocynth, then perhaps Kali Carb; and if Magnesia Phos., perhaps Ars. Album. I have only given a few examples, *but the main fact is that some deep-acting complementary remedy is necessary in cases where superficially acting remedies only have been used and where they have failed to effect a complete cure.* You might of course argue in the above case—“Why, the prescription of Belladonna, Colocynth or Magnesia that was made at first was not correct, and that a deep-acting remedy like Calcarea Carb, Kali Carb or Ars. Album should have been prescribed at once.—*But no, and this should never be done.* Because, a deep-acting remedy straight, where a more superficial remedy is called for by the symptoms in

hand, is apt to cause a severe aggravation and endanger the patient's life. It is advisable to reduce the strength of the disease force by superficial and short-lived remedies when they are called for by the symptoms, and even to make a gradual trial of higher potencies of them. It is not quite impossible that some cases may even be completely cured by only such a gradual change of potency of the first selected superficial drug. It is however true, that even if a case is completely cured by such remedies, yet some deep-acting complementary will have to be used, or the possibility of a relapse in the future will not be totally gone. However, this is one other of the cases in which a second prescription is necessary.

*A third class of cases for second prescription are those in which one, two or even three remedies are called for in a cycle after the action of the first remedy used is exhausted.* As for example, Sulphur is at times required after Sepia, then Sepia and then Sulphur, and so on several times. Then again, for example, Nux, Sulphur and Calcarea, or Nux, Sulphur, Calcarea and Lyco. It must however be noted here, that this cyclic use of complementary remedies *is never arbitrary, but is ever compulsory*, as it is the symptoms that call for these remedies one after another. I may quote a case: A lady at Hali-shahar required a cyclic use of three such complementary remedies for two long years, before

she could be cured completely. How marvellous it is for one medicine to act and exhaust itself and make the ground ready for nothing else but for a *complementary* of its, and again for this complementary also to act and exhaust itself and prepare the ground for a *complementary of its in its turn*, and so on. This alone ought to set one thinking that Homœopathy is based on some immutable law of Nature and is the only curative therapeutic yet discovered.

However, *besides the above three there is a fourth class of cases in which a second prescription is necessary.* These are the cases in which there is a *combination of several miasms.* Let me take a concrete example. Here is a patient who has all the three miasms, Psora, Sycosis and Syphilis in him. While recording his case and making the first prescription, you find that the Sycotic element is predominant, and you therefore give him an anti-Sycotic on the totality of the Sycotic symptoms. As soon as the Sycotic element is controlled by the anti-Sycotic remedy, perhaps Psora becomes predominant. Then you have to select an anti-Psoric on the totality of the Psoric symptoms existing now. Suppose, the Psoric element is controlled by the anti-Psoric, and the Syphilitic element becomes uppermost at once, and you have then to select an anti-Syphilitic, and so on, until the case is cured. It may happen that after the Syphilitic element is controlled, Sycosis and Psora, and even Syphilis also come up again one

after another, and thus several times, and each time a remedy according to the predominance of the miasm has to be selected and used.

Thus, we see that the necessity of a *second prescription* arises in various cases, and only some of these cases have been described above.

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## CHAPTER VIII.

### The peculiarities of chronic treatment.

There are many peculiarities in the treatment of chronic cases. They are *patience, time, and correct selection of the medicine and its potency, and last of all—observation.* But, of all "*patience*" is the most important—"*patience*" for the patient and "*patience*" for the physician.

There are also some obstacles in the way of chronic treatment, and of them the ignorance of the mass is the main. This is almost an insurmountable obstacle and it can only be mitigated by a gradual educating of the people, and unless this can be done, the great gift of Hahnemann, the true method of treatment of chronic diseases will go untasted and unused. People only know that the treatment of a case may take 10, 15 or 20 days, and they are unable to conceive how Homœopathy should take years and years. They are ignorant of the fact that the effect of Homœopathic treatment of a chronic case is "*Cure*" while that of Allopathic treatment is "*Suppression*"—a disappea-

rance of the disease symptoms only. They are ignorant of the fact that in the Allopathic method there is nothing for such a far reaching course of treatment—a course of treatment that touches the very principle of life, and not a treatment that deals with the physical expressions of that principle. Unless all these mysteries are explained to the ignorant people, they can not possibly be in a position to understand why the Homœopathic course of treatment of a chronic disease is so lengthy. It has therefore been my policy always to explain the method to the patient and his guardian before taking up his case. And if I find that there is not the *required patience* on their part, I do not take up the case at all. This of course means some loss to the physician. But the fact is that the physician who makes money his object cannot treat chronic cases. "Cure" must always be his object—hard labour and cure. Of course there are cases in which the physician is adequately rewarded for his hard labour. However, to the point. *In the treatment of chronic cases, "patience" both for the physician and for the patient is an indispensably necessary condition.*

But why are so much time and patience necessary in this kind of treatment?—*The first thing is the preparation of the record.* Hahnemann has laid special stress on the necessity as also on the method of preparing the record. And *it consists in recording the*

*symptoms so as to make out a picture.* It is by no means a mere clerical work. Just as the painter draws the sketch of his subject with some lines, similarly, the Homœopathic physician also will have to *paint the picture of his patient with the symptoms.* The lines are the language of the painter and *the symptoms are the language of the Homœopathic physician.* The painter must have an art so that the sketch he draws may indicate his subject. Similarly, the physician also must have his *art* so that the record of symptoms he prepares, may indicate *his patient* and none else. If he simply records a catalogue of symptoms, it may be the picture of a patient, but it may not be the picture of the patient whom he wants to represent in his record. It is this that constitutes his art, and it is essential in preparing the record. Unless this art is there, unless the record prepared indicates the particular patient whose symptoms have been recorded, it is no record at all, though ten or even twenty pages of symptoms may have been recorded. Now, imagine what amount of time and patience are necessary for preparing such a record. *The preparation of the record is no clerical work. It is the art of an artist.*

*The second thing is the selection of the medicine.* This is also a very very difficult business, and it demands a thorough knowledge of the Materia Medica. Not only this, but also an unprejudiced mind, so that it may be possible to make a correct selection free from all bias.

*The third thing is the selection of the potency and it is even more difficult than the selection of the medicine.* I have seen many Homœopaths who keep only two or three different potencies in their boxes. But I wonder, how they can manage their cases with such poor equipments. In my humble opinion, every true Homœopath who ventures to take up chronic cases must have at least the following potencies :—30 ; 200 ; 500 ; 1,000 ; 10,000 ; 50,000 ; and c.m.

And yet there may be cases which would require potencies even higher than these. However, let us now see, by the way, *if there is any method which can be followed for determining the potency.* It is admitted by all that there is none. But this cannot be so. Some method there must be, though it is difficult to explain and still more difficult to understand that, because a generalisation in the matter of selection of potency is not possible, each individual case being its own standard for ascertaining the same. Yet, some idea as to how the potency in a given case is ascertained has to be given, particularly for initiating the new learner into this difficult part of Homœopathic treatment. Unless some broad hints for selection of potency are laid down, it is not possible for a new learner to undertake this work with accuracy and precision. I will, therefore, try some hints below, though it must be understood that they are by no means to be followed with rigidity. The

prescriber must gradually understand this difficult work from a study of each individual case he may take up.

(1) In cases where the patient is sensitive physically or mentally (e. g., where he is easily vexed or agitated in mind, or is subjected to some illness on the slightest provocation), low potencies, should always be used whether in acute or in chronic ailments. For acute ailments 6th, 12th, and 30th are low potencies here, and for the chronic, 30th, 200th or 1,000th at the most are low potencies.

(2) Where however, the patient is not sensitive as above, the 30th potency and not below this, should be used in acute cases. Neither should potencies above the 200th be used. It is safe to begin the treatment of acute illnesses of such patients with the 30th and to gradually go up to the 200th. In chronic cases of the patients of this type, potencies below the 200th, should never be used. Treatment of such chronic cases should almost always be begun with the 200th, and the potency should only be gradually increased to 1,000th, 10,000th, 50,000th, and c.m. etc, as demanded by the circumstances of the cases.

(3) *Really homœopathic action* of drugs is seldom available from potencies below the 200th. It is only in very rare cases that such action is available from the 30th potencies. As however our business is only a homœopathic fitting of the drug to the case, every

endeavour should be made to begin chronic cases with the 200th potency and not lower than this. That is to say, that unless there is anything positive to point to a lower potency, either in the shape of the sensitiveness of the patient or in the shape of lack of vitality, the 200th and not any other lower potency should be preferred for beginning the case.

(4) In extreme cases, where the vitality of the patient may be very low, it is safe to begin with potencies as low as 6th or 12th. In such cases, potencies higher than these should be used with caution and gradually only.

(5) In cases of suppression, e. g., of some discharge or some eruption, and where these have to be brought back for effecting a *cure* of the patient, the 6th or 12th potencies are worse than useless, because no suppressed eruption or discharge can be brought back with them. The 30th also is useful in very rare cases. The 200th generally may bring back such suppressions. But when the case of suppression is a very old one, e.g., a gonorrhœal discharge of long standing, the 200th even is a low potency. Only potencies like 1,000th, 10,000th, 50,000th and higher may bring back suppressed conditions. The potency in such cases is always in proportion to the *chronicity* of the case. The older the suppression, the higher is the potency required for bringing it back.

(6) In incurable cases, which have therefore to be

palliated only, very low potencies should be used. The 6th and 12th only are generally suitable in such cases, and the 30th even should not be resorted to in most cases.

(7) If any medicine is required to be given to pregnant ladies with the object of freeing the child in the womb from the miasmatic affection of the parents, it should not be given below the c. m. potency, provided the condition of the mother's health does not indicate otherwise.

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## CHAPTER IX.

### The stage for repeating the dose.

It is necessary to know, as to when and on what definite indications the second dose has to be given. There are cases in which a hasty repetition of the dose, either due to the over-anxiety of the patient's guardian or due to want of patience on the part of the physician has caused serious mischief. Let us, therefore, bear in mind that, *there should be no second dose unless it is called for by the indications of the case*, because, it is not only that such a dose is unnecessary but also that it is positively mischievous. It must also be mentioned here that the occasion for a second dose, I am speaking of, may be there only when the first prescription has been correctly made and when as a result of that, the patient has made some response to the medicine. These advices must sound meaningless to those who care only for curing acute cases, as in acute cases there is no such all round response from the patient, but only a disappearance of symptoms. It is of course a fact, that there is perhaps not a single

man who is not a chronic patient these days. But that does not necessarily mean that a chronic treatment will have to be made of every case that comes to you. Suppose, for example, here is an asthmatic coming to you for treatment. He complains—"Sir, I have an awful dyspnœa and cough at about 2 or 3 in the morning. Pray, do something for me; but as I am unable to stay here for a week or so, you will have to cure me quickly." Now, suppose, you give him a few doses of Kali Bichrom. or Ars. or some such remedy as indicated by his symptoms, in the 30th potency, and the patient is relieved of his dyspnœa and other attendant symptoms in a week. But this is not chronic treatment. Or suppose, the above patient comes to you for a full course of chronic treatment, but if you treat him as above and quiet down his sufferings with low potencies like the 30th or 200th, it is no chronic treatment either, though the patient's is a good case for a course of chronic treatment, because by such potencies as 30th or 200th you only remove his symptoms and relieve him of his sufferings, without annihilating the possibility of similar sufferings in the future, and this is purely acute treatment—which is always therapeutic patch-work. Chronic treatment, on the other hand, is an annihilation of the miasmatic basis of all disease manifestations and it ensures immunity from all future diseases, whether in the shape of asthma or in

any other shape. Therefore, for a physician who cares only for removing the particular disease manifestation, the second or third doses, or second or third prescriptions etc. are all unintelligible verbosity. The question of a second dose or third dose may only arise in the case of chronic treatment, and the course of such treatment is long enough. It takes time from one to five, six or seven years, or even more. Dr. Kent took 11 years to cure a patient who had chorea.

When however the patient does not want to undergo a course of chronic treatment though it may be necessary for a *real cure of the man as a whole*, high potencies should not be used. It is advisable to deal such cases with the *6th*, *12th* or the *30th* at the utmost, because higher potencies might bring back the old symptoms at once and thereby necessitate a course of chronic treatment. Besides, it would only weaken the vital force unnecessarily; as the return of old symptoms, unless the case is treated to the end, means only a *turmoil* in the system, without any subsequent gain in strength on account of there being no final cure.

Now, after the use of the first dose of the first prescription, if it has been correctly made, there is bound to be a *change* in the symptoms of the patient. And during the course of this change, some of these symptoms on which the selection was made will be disappearing and re-appearing, while some of the others

will be aggravated and some ameliorated. Thus, *this period of change will be a period of disorder*, in the sense that there will be nothing stationary. *And so long as this condition of "change and turmoil" continues, that is to say, so long as the condition of the patient does not settle down into a definite state of quietness indicating that the action of the first dose has been exhausted, there should be no interference with a second dose.* The changed condition of the patient would tempt the physician into repeating the medicine but this should *never* be done, because these changes only show that the medicine is acting, and therefore, there must be no interference so long as it acts, that is to say, so long as these changes continue. It is only when these changes, this appearance and disappearance of symptoms and their aggravation and amelioration have passed away, and when the condition of the patient has reached a stage of quietness, i. e., without any further changes, indicating that the medicine already given has almost ceased to act, that the question of a second dose should arise. It must be carefully remembered that any dose during the period of fleeting changes, after the first medicine, will spoil the whole case.

It is clear now, that after the first dose of the first prescription there will be some fleeting changes and after these there will be a condition of *calmness*, in which there will be no constant change of symp-

toms. This "*calm*" will indicate that the action of the medicine has been exhausted and that some medicine has to be given now. You will, therefore, have to watch carefully and see if any of the symptoms on which your first prescription was based is returning. If your first prescription was correct, and if it was allowed to act without any interference with any other medicine, then those symptoms must return. There is no doubt about that. Thus, a mere condition of calmness after a series of changes is not all you want for repeating the dose. *For giving a second dose, the return of the symptoms on which you made your first prescription is necessary,* and when these have returned, the second dose should be given at once without any further waiting. The return of these symptoms will show that the treatment so far has been perfectly correct—that the first prescription has been *perfectly homœopathic* and that it has been allowed to act long enough without any interference. It is however not possible to say how long it may take for the original symptoms, (on which the first prescription was made) to return. It may take one or two months and even a full year at times. Each individual case is its own rule in this matter and no other rule can be laid down. The time taken is however always in proportion to a large number of factors, e.g., the age, the vitality and the susceptibility of the patient, the chronicity of

the case, the potency of the medicine used and so on.

It may be argued that the advice for waiting after the use of the first dose is intelligible enough, but what should be the course to be followed in cases, where there is no change even after a long waiting?—This has already been explained to some extent, but let me say again that, in such cases, so that you may not have to wait too long after the first dose, you should repeat the dose every day or every alternate day slightly increasing the potency, as advised in the 6th edition of the Organon, and stop the dose as soon as some action of the medicine is perceived. This will avoid the risk of losing time unnecessarily, which may happen in case only one single dose of the medicine is used and in case when there is no re-action from that and yet you wait long enough. The repetition of the dose in increasingly higher potencies will accelerate the action, while stopping it simultaneously with the setting in of the re-action will not make all the several doses so many different units of action, but a single unit *cumulated*. In fact, the action obtained from such repeated doses is just like the action of one single dose, while there is no loss of time. If, however, there is no sign of re-action even after such repetition of doses, the mental condition of the patient should be studied at that stage, as it may be possible that

there has been some improvement in the mind though it has not yet been reflected in the physical body. *If there is some improvement in the mind, it is to be understood that the medicine has been acting, and in that case there should be no more doses and the action should be allowed to continue until the fleeting changes gradually appear and pass off and until there is a "calm" indicating the occasion for a second dose.* If, however, from a study of the mental condition no improvement is perceived, it would become necessary to consider the correctness of the potency used, and you should then go higher up if the potency appears to have been too low.

It however happens at times, that after the fleeting changes that occur on the use of the first dose, there is a long interval and there is no prospect of a return of the symptoms on which the first prescription was made. This stage is a stage of no symptoms. There is no appearance and disappearance of symptoms and yet those symptoms on which the first prescription was made are altogether absent. Practically there are no symptoms, or very few symptoms at this stage. It may therefore lead you to repeat the dose *but you must avoid such repetition at any cost.* You are a true Homœopath and you must understand that you made your first prescription as justified by the symptoms. There has been re-action from your prescription too, but this re-action has

ceased and a stage of *no symptoms* has come in. It must be that the re-action is still continuing, only that it is not being perceived on the outside. Possibly the medicine is acting in the furthest interior of the patient's being. Possibly it is now setting the disorders in the innermost corners right and has therefore no time to show its action on the surface, and possibly it will act on the surface only when it has finished correcting the interior. In such cases, you have, therefore, to wait. *You must not repeat the dose and you must not try a new prescription.* You must not repeat the dose, as an additional dose when the medicine already given is acting, will bring on a severe aggravation; while you cannot try a second prescription, as there are no symptoms to prescribe upon. You have, therefore, to wait in such cases, and if you wait and watch for some time, you will find that the symptoms on which you prescribed will re-appear.

*Whenever you are tempted to repeat the dose or to re-prescribe in such cases, you should weigh the situation and argue that a number of symptoms are constantly coming and going and there is nothing certain—no totality of symptoms to prescribe upon, and therefore, there should be no prescription. Similarly, when there is a stage of no symptoms, there can be no prescription too, because, as a Homœopath, you cannot prescribe without having a totality of symptoms to prescribe upon, It is this very sound*

logic that should keep you from repeating the dose and from prescribing afresh during the stage of fleeting changes that comes after the first prescription as also during the stage of no symptoms that follows the stage of fleeting changes. This logic should therefore make you wait and watch, and there is no doubt that, the condition—the basis of your first prescription will soon return and offer you a case for a second dose of the same medicine either in the same or in a higher potency.

After the use of the second dose there will be a change again and perhaps a re-appearance of the symptoms on which you prescribed, just as after the use of the first dose. This may repeat several times, and at every repetition of dose you should try to use a higher potency i.e., as far as permitted by the gradual gain in vitality by the patient. And gradually there will re-appear the old symptoms that had disappeared and these will then gradually disappear of themselves indicating that a total cure has been effected. If however, you watch very carefully, you will find one very marvellous fact at all the several re-appearances of the symptoms on which the prescription was based, and it is this—*the patient will be ever feeling greater and greater ease and relief* in his mind in spite of all the physical symptoms. This is a fact that will furnish you an unmistakable evidence of the correctness of your selection. How very

beautiful! Just imagine, the patient has all the symptoms for which you prescribed and perhaps in an aggravated form, *and yet he is feeling better in the mind!*

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**CHRONIC DISEASE—ITS CAUSE AND CURE.**

**PART III.**

**SOME IMPORTANT FACTS.**

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## CHAPTER I.

### Record-Keeping.

The preparation of the record is not considered by most people, to be a *business of much care and attention*. It is presumed that the patient will necessarily make a statement of his sufferings and symptoms, and the preparation of the record consists in merely taking down that statement. But it is not so. I am not concerned with what other pathies than Homœopathy think of it. I can, however, say as a Homœopath that, in Homœopathic treatment, "*Recording*" is the most important and the most difficult work—important, in that it is on the correct and complete preparation of the record that correct prescribing depends, and difficult, in that patients are seldom in the habit of giving out just what is required, and as such, the record that is required for the purpose of prescription *has to be got out of them*. It, therefore, demands much tact, consideration and judgment on the part of the physician so as to be able to *make out a case* from the heterogenous statements of the

patient. Hahnemann has laid much stress on the importance of record-keeping. He has actually stated in his Organon that a properly prepared record means half the cure of the case. This is significant. The cure of the patient depends so largely on the record. If the record is fully prepared, there is not much delay in cure, because a correctly prepared record will enable the right medicine to be selected at once, and if the right medicine is selected, the patient is bound to be cured. Let us therefore note with care, *that the preparation of the record is a thing of the greatest importance in Homœopathic treatment.*

There are others, however, who do not consider a record to be of much necessity even. Homœopaths of this class listen to the history of the patient either from him or from his guardians and arrive at some medicine at once. But such hasty prescribing in chronic cases is unsafe both for the physician and for the patient. It is unsafe for the physician, because, he is bound to make a wrong prescription when he does it so hastily, and once he has made several such wrong prescriptions and has therefore failed to cure his cases, there is a tremendous loss of reputation. And loss of reputation means loss of practice. Then again, it is unsafe for the patient, because such wrong prescriptions not only fail to cure him, but also make his case worse in most cases. I would, therefore, advise my reader to realise the necessity and impor-

tance of "*Record*", and wish him never to dare taking up the treatment of chronic cases without it.

Let me explain the necessity of record-keeping. It is a patent fact that patients are, as a rule, anxious to give out only those symptoms that cause the greatest trouble and sufferings to them. But all those symptoms are not, as a matter of fact, necessary for prescribing. Only some of them are necessary, and again these have to be arranged and classified in respect of their importance for the purpose of prescribing. And unless a *record* of the symptoms is made, there cannot possibly be this *classification*.

Then again, it is not unoften, that the most annoying symptoms given out by the patient, happen to be of no use in selecting the medicine. Perhaps, the symptoms that are required and that may lead you to the remedy, have to be *crossed out of the patient*. And unless a record is prepared, this crossing of the patient so as to elicit those symptoms that are necessary to complete the picture and to enable you to arrive at the remedy, is not possible. Unless there is a record it is not possible to find out where the incompleteness of the case lies and how that incompleteness can be rectified.

The third thing is, that without a *record*, correct prescription is impossible. The symptoms in any chronic case are always complex and conflicting, and they seldom suggest one single remedy. And when

more than one remedy is suggested, the record, that is to say, the study of the record, is the only thing which can help you to single out the right remedy to the exclusion of the others.

The fourth thing is, that without a record in front of you, it is never possible to watch and study the action of a remedy after it has been used. You cannot possibly depend on your memory to understand what symptoms have disappeared or what new symptoms have appeared, what changes are taking place, and what old symptoms are coming back. In judging all these, a record is indispensable.

Last of all, unless there is a record, you cannot remember what medicines are being used from time to time and in what potencies, and you cannot, therefore, know how long you have to wait and when you have to repeat the dose or make a second prescription.

The above must convince you of the necessity and importance of record-keeping, and I will now try to explain to you the method of preparing the record. The first thing when a patient comes to you for chronic treatment, is to ask him *to make a statement of his sufferings. He should be asked to state slowly, so that you may take down your notes ; and he should be allowed to state out in his own language, and there should be no interruption.* You should, however, see to it, that he does not wander from his subject, in

which case however he may be reminded to keep to it. You should take down his symptoms in his own language, and you should write down the lines pretty apart one from another. When however the patient has finished his statement, you should allow him further time and ask him to recollect if there is anything else yet. When he has made any further statements, these should also be taken down. In this connection, let me give you an idea as to how the statements should be recorded.

The book selected for the purpose should be a bound book of foolscap size, and there should be five columns in it as shewn in the next page.

1 Statements made by the patient.	2 Modalities, showing how the different symp- toms recorded in Col. 1 are aggravated and ameliorated. (Parti- culars of the generals recorded in Col. 1.)	3 Nature, temperament etc. of the patient, as studied out by the physician while taking down the case.	4 Name of the me- dicine used, with potency.	5 Date of using the medicine.

In column 1, should be recorded the statements of the patient. Each line should be pretty apart one from another, and each statement should be kept separate. In column 2, should be recorded the modalities, at least in respect of the more important symptoms. Each modality should appear just against the symptom to which it relates. In the third column should be recorded, the nature, temperament, demeanour etc., of the patient, as the physician can understand these from a study of him, while he makes his statement before him. In this column, the physician may make such other notes also as he may consider necessary and helpful for purposes of prescription. He should also record in this column the results obtained after the use of each medicine. The fourth and the fifth columns, should be set apart for noting the name of the medicine with its potency and the date on which it is administered. Some physicians, however, dispense with these two columns running from page to page, and they prefer to have them only at the last page of the record. But, this does not seem to me to be very convenient, as it happens at times, that the patient also mentions while making his statement, the names of the medicines he has taken from time to time, and unless these two columns also run through all the pages, from the first to the last, it grows inconvenient to note the names of these medicines. The most impor-

tant thing that should be kept in view, while making the record, is that there should be nothing indefinite or inexplicable about the entries made. All entries should be clear, unambiguous and precise, so that any other physician also, may be in a position to prescribe on your record.

*When however the patient has finished his say, it is your turn to put questions to him for eliciting further facts so as to make the record complete and sufficient for the purpose of selection. Each symptom given by the patient and recorded by you in column 1 is only a general symptom and you have to obtain the particulars in respect of each of these generals and then make the record point to a remedy. You must remember always, that the object of the record is to paint the picture of the patient, and as soon as this picture is complete your selection of the remedy is half done. From the statement made by the patient, the picture will never be found complete, and it therefore becomes indispensably necessary to put questions to him. But in putting questions to the patient, one very important thing must be borne in mind, which however has already been explained to some extent, namely that, no leading questions must be put. Another thing yet. While putting your questions, you must neither be thinking of any remedy, as that would bias your mind for that remedy and lead you to put such questions only as would clear up the picture of that*

*remedy and that remedy alone.* This will therefore throw you into tremendous errors. You must have your mind free and *your endeavour throughout, in filling up column 2, will be to particularise the symptoms noted in column 1.* If this can be done successfully and without any previous bias for any particular medicine, the picture that you will paint in your record will be a true picture of the patient before you. And when you have got a true picture of the patient before you, in your record, the picture of the remedy in your Materia Medica, to which it is most similar, will at once flash across your mind, provided of course, that you have already a thorough study and knowledge of the Materia Medica. If however, it happens that in spite of all your endeavours, there come up in your mind, two or three medicines (instead of one) which seem to be similar to the record in front of you, it would be necessary for you to put further questions to the patient, so as to collect the differential points of each of those remedies and eliminate those that are *not indicated* arriving at the one that *is indicated*.

Let me add that, I cannot overrate the importance of column 2—the column for modalities, or in other words, the column for particulars, as, it is this column which will help you the most in making your selection. Let me repeat that in column 1 you have noted down only the general symptoms e. g.,

dysentery, wind in the bowels, fever, cough etc. etc, and unless you note down in column 2 the particulars in respect of each, you cannot be led to any *one particular* remedy. Mere fever, cough, or dysentery would lead you to any remedy in the Materia Medica, but if you can get the particulars in respect of these, e.g.,—if you can find out in respect of the fever that it comes on at 9 or 10 A. M., you are perhaps inevitably led to Natrum Mur.; if you can find out in respect of the cough that it is relieved by a cold drink, you are perhaps led to Causticum; and if you can find out in respect of the dysentery that there is relief after each motion, you are perhaps led to Nux Vomica. *Thus, you see that it is column 2, that will lead you to the remedy.* Column 1 represents any patient that has these, but column 2 represents *only that particular patient* whose case you have recorded. It is column 2, therefore, that singles out your patient from all other patients suffering from the same symptoms. And as your object in making the record is to paint the picture of the particular patient in front of you and not of any patient having those symptoms, *you must take special care to make this particular column particularly complete and sufficient.*

It is very very necessary to ascertain the *nature* of the patient and his *mental symptoms*, as these are very valuable for the purpose of prescribing. These

may, however, be best studied and ascertained by a close scrutiny of the patient while he makes his statement before you. In the case of patients sending their statements by correspondence, some idea of the nature and temperament has to be obtained from the language of the correspondence. It is a fact that oral statements and written letters equally bear the stamp of their authors, and the physician has to learn to study and understand it. Any way, the nature and temperament of the patient must be ascertained and recorded in column 3 as already advised, because, these will facilitate the task of prescription. Of all symptoms, *the symptoms of the mind are the most important and useful*, as the mind is the man.

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## CHAPTER II.

### The mystery of Homœopathic selection.

The selection of the remedy is a most difficult work. Let us try to understand and assimilate the mystery underlying it.

We have learnt by now, that it is the record of the case that furnishes the basis for prescription. And the record of the case is a statement of symptoms. But, all the symptoms recorded are not of the same degree of usefulness for the purpose of prescription. And while proceeding to make a prescription, it is necessary to arrange the symptoms *in order of their importance*. The order of the importance of symptoms has already been explained. The mental symptoms come first in respect of importance. Then come the physical symptoms i.e., those relating to the whole of the patient's body, and last of all, the local symptoms i.e., those relating to particular localities of the patient's body. Now, for the purpose of prescription, all the symptoms should be classified and arranged as above. But before I actually explain to you the

method of this classification, I should like to make it clear, as to *where the personality of the person lies*. It lies in his mind; it is the mind that makes the man. And as such, the symptoms of the mind must necessarily be of the greatest importance and value. Now, these symptoms of the mind may again be divided into three classes, according as there are three distinct functions of the mind—(1) *Affection*, (2) *Intelligence* and (3) *Memory*. The symptoms relating to the whole of the patient's body (Physical generals) may be classified as under :—

- (1) The whole patient's relation to heat and cold.
- (2) His desire for motion or rest.
- (3) How he is affected by the open air.
- (4) How she is affected before, during and after menstruation.
- (5) How the patient is affected before or after eating.
- (6) How the patient is affected before or after evacuation.

These physical generals are *second in respect of importance*, that is to say, they stand next to the mental symptoms.

Then, the symptoms relating to particular localities in the patient's body are the *third in importance*. And these symptoms are generally, the so called diseases for the treatment of which the patient comes to the physician. Suppose, a patient comes to you

for the treatment of colic. Now, this colic does not relate to the whole of his body (physical general), but to a particular locality in his body, say the stomach. Thus, this symptom is confined to the stomach only. Let me classify and arrange the three kinds of symptoms referred to above, according to their importance and usefulness for the purpose of prescription :—

### I. Mental Symptoms—

- (a) Affections, as morbidly deranged.
- (b) Intelligence, as morbidly deranged.
- (c) Memory, as morbidly deranged.

### II. Physical Generals—Physical symptoms relating to the whole of the patient's body :—

- (a) The whole patient, as he is affected by heat and cold.
- (b) His desire for motion or rest.
- (c) As he is affected by the open air.
- (d) As she is affected before, during or after menstruation.
- (e) As he is affected before or after eating.
- (f) As he is affected before or after evacuation.

### III. Physical Locals—Symptoms confined to particular localities in the patient's body. These are the symptoms for which the patient has come to be treated.

Now, the symptoms falling under I are the most

important for the purpose of prescription, the symptoms falling under II are next in importance, and those falling under III are the least in importance. While proceeding to make a prescription in a given case you have to arrange the symptoms according to the above *Schema*. And if the symptoms under I and II lead you to *one* remedy straight, there is no need of considering the symptoms under III, because the remedy arrived at on the basis of the symptoms under I and II is the right remedy, and it will cure the case even if the symptoms under III do not agree with it. If, however, these too agree, so much the better. Then again if the symptoms under I and II suggest *more than one* remedy, then you have to consider the symptoms under III, and the remedy to which you will be led by a *combined study of the symptoms under I, II and III*, will be the right remedy. Let me elucidate the above still further by an example. Suppose here is a patient :—

I  
Mental  
Symptoms.

Gets angry for the slightest cause ;  
is very sensitive ; cannot bear the  
slightest noise.

II  
Physical Generals.

Is affected by the slightest exposure  
to heat and cold ; cannot stay in one  
place ; has a desire to go here and  
there ; better from eating, and prefers  
cold.

III  
Physical Locals.

Colic—better from movement.

Now, from I and II above, you can at once arrive at Phosphorus, and if the colic (the physical local) from which the patient is suffering is not like the colic of Phosphorus, it does not matter, because, Phosphorus will still be the remedy for the case. If however, the colic is also like that found under Phosphorus, so much the better. *The above also shows, of what little importance the local symptoms are, that is to say, the symptoms for which the patient comes to be treated.* It is not unoften that they are of no use at all for the purpose of prescription, and for a Homœopath it is not very difficult to understand how it is that local symptoms are of such poor value. It is however to be admitted, that it is really very difficult to get complete records, but such records are indispensable for correct prescribing, as only local symptoms of the body for which the patient comes to the physician are unable to point to the remedy. Patients that have clear symptoms of the classes I and II can be quite easily prescribed for and cured, while patients that have a lot of local symptoms (symptoms under class III), without any under classes I and II, are hard to cure. This explains why cancer, phthisis, tumour etc. are so very difficult to cure. The fact is that in these cases symptoms under I and II are almost totally absent. It is only certain effects of the disease process that are available in these cases, and these fall under class III, and these

cannot point to the remedy. There is nothing surprising in it. If there are no symptoms to point to the remedy, the mere disease-product, as expressed in certain localities of the patient's body, cannot enable *anybody to cure him*.

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## CHAPTER III.

### External Auxiliaries—Auxiliaries or Obstacles ?

While treating a chronic case, the physician should take care of one very important thing. Before he commences the treatment he should invariably enquire if the patient is taking any auxiliary measures either in the shape of internal medicine or in the shape of external use or application for the temporary relief or amelioration of his sufferings. Because, as a matter of fact, these auxiliaries have no power of curing but of only suppressing or modifying the manifestations of the disease. And, if there are any such auxiliaries, they will necessarily obstruct the Homœopathic medicines that may be given, in their action, and may also, at times, make the selection of the correct medicine difficult and even impossible. It is therefore essential that such auxiliaries are entirely stopped and discontinued before the administration of the Homœopathic remedy, nay, before the preparation of the record, because, unless they are removed, the whole case may not stand out in its own natural

form of expression, and as such, the record and therefore the prescription may be altogether wrong.

Let me give you some idea of the auxiliaries that are generally resorted to by the patient in his own anxiety for relief, as also on the advices of our specialist friends.

In dyspepsia, Soda or Bisurated Magnesia is often taken in daily doses; in rheumatism, colic and diarrhœa, opium habit is formed; in prolapsus of the uterus in females, pessaries; in hernia, truss, and in orchites, suspenders are used as a matter of fashion, these days. There are more such auxiliaries than I can exhaust by mention, e. g., inhalation of Eucalyptus oil for cold, smelling salt for fainting fits and occasional purgatives and douches for constipation, and so on.

It is however to be admitted that petty auxiliaries are, at times, necessary in certain *extreme* cases, but those cases are cases of exception and not of rule. If you find in a certain case of hernia that without a truss the protrusion becomes so severe as to endanger the patient's life, of course a truss has to be used and it should not be stopped all at once, but gradually as the Homœopathic medicine brings on improvement and as the patient grows able to go without it.

Though I have already given some hints as to why I have called these auxiliaries obstacles, let me explain the point still further. Symptoms are the language

of Nature that call for the particular remedy required in a given case, and more symptoms you find, the easier becomes the task of selection. As a matter of fact, it is even necessary in cases of paucity of symptoms to develop the latent symptoms to their fullest extent, so that the physician may be able to find out remedies to fit them. But the use of auxiliaries interferes with the manifestation of symptoms, and as such, the language of Nature is rendered mute, and this makes the task of prescribing difficult and even impossible at times. For example, suppose, in a case of prolapsus of the uterus, the patient is using a pessary. Now, this pessary is preventing the protrusion. Not only this but it is also making it difficult to understand as to how and when this protrusion is aggravated or ameliorated and how the patient feels in the other parts of the system during the aggravation. All these symptoms are masked by the use of the pessary, and without symptoms you cannot hit upon any remedy. Then again, owing to the extraneous assistance that is rendered to the system for a regaining of its normal condition, the system itself gradually ceases to make its own endeavour for it. And if the system itself lacks the endeavour for arriving at the normal condition, medicines cannot accomplish the task of cure. So long as there is this extraneous help to the system, medicines will not do much, and even if they do anything at all,

there is no means of knowing what they have done and to what extent.

For the above reasons, it is necessary to remove all external auxiliaries before the use of medicines. And when all auxiliaries have been removed, the symptoms will stand out in their naturalness. This will make correct prescription easy, observation of the action of the prescribed remedy possible, and cure certain.

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## CHAPTER IV.

### Directions to the Patient during the course of treatment.

Patients are almost always served with certain directions regarding diet and movements etc., and the object of these directions is always the same—namely facilitating the process of cure. In acute cases, the directions are almost automatically observed by all patients, because in course of their acute sufferings, the patients themselves grow to have an aversion to things that aggravate their sufferings, e. g., a patient suffering from fever, of himself and naturally avoids taking rice or a bath or an exposure to cold. There is, therefore, not much difficulty in respect of acute cases. But, such is however not the case with chronic patients. On account of their long courses of sufferings, the patients gradually cease to have very much of an immediate aggravation from non-observance of directions regarding diet and movements. Besides, they grow callous about the benefit of these directions. They gradually find that they hardly get any

improvement even by observing them. This sort of disregard and callousness for directions are however always to the detriment of the patient.

As however it is not naturally very easy for chronic patients to follow directions in respect of diet and movements, the physician should prescribe his directions with great care and consideration, and also see to it that his patient's freedom is not unnecessarily and avoidably interfered with. He should therefore give such directions only as are really necessary for helping the process of cure and not embarrass the poor patient with all sorts of silly instructions like this and that. It is not unoften that patients are served with a multiplicity of directions which unnecessarily subject them to a lot of avoidable inconveniences and hardships. This should never be done. Our object must ever be the good of the patient and we must ever give such directions only as would lead to his good. In respect of directions, we should and must studiously avoid the dictates of whim as also the tendency to pose as learned.

Let us see if there is any method for prescribing our directions for chronic patients: Such diets as are likely to aggravate the suffering should always be stopped, e.g., pepper and chillies for patients having burning while urinating; *ghee* and things difficult to digest, for patients suffering from dyspepsia and liver troubles. It will be found that there will not be

much difficulty for the patient to obey such directions. He himself avoids these as they aggravate his sufferings. It will be seen in chronic cases that the modalities of the patient are exactly like the modalities of the medicine prescribed, if of course the medicine has been prescribed correctly. This should give some indication as to what the directions in the case should be. Those things that aggravate the condition as you find it in the medicine will most probably aggravate the patient's sufferings. For example, if you have selected *Lachesis* for a certain patient, then the condition of that patient must be aggravated by acid food and drink; if you have selected *Arsenicum* for a certain patient, then the condition of that patient must be aggravated by milk. Because *Lachesis* and *Arsenicum* have aggravation from acid and milk respectively. Therefore, patients for whom *Lachesis* and *Arsenicum* have been prescribed must be instructed to avoid acid and milk respectively. Similarly, the *Lycopodium* patient must take no food in the afternoon and no acid food even, and so on. Thus, it appears that the patient should be asked to avoid such things, such food, diet and drinks and such movements as aggravate the condition of the medicine prescribed for him.

Besides the above, things and habits of luxury should also be stopped, as for example, drinking and opium habit etc. Of course, there should not be any unnecessary interference with the freedom of the

patient. We have seen that, some physicians even direct the stoppage of smoking etc, during the course of treatment, and I am afraid this is going too far. Such directions only put the patient to a large amount of trouble and privations while they serve no useful purpose. I have seen a case in which a pneumonia patient requiring Pulsatilla was dragged to death's door by the use of hot antiphlogistine on his chest. I have seen another case of Phosphorus in which the patient was rendered insane by having been made to stop bath. All these unmistakably suggest that the directions to be prescribed in each case should always be in accordance with the modality of the remedy selected. If the remedy has been correctly selected and if the directions regarding food, diet and movements etc. are in keeping with that, the object of the directions—namely cure—will have been served, while there would be no risk either of giving a wrong direction or of an undue interference with the patient's freedom.

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## CHAPTER V.

### The Homœopathic remedy and the plane of action.

Homœopathic medicines *are not material substances*. There is no "*Matter*" in any Homœopathic remedy in its potentised form beside the alcohol and the sugar globule. But these last—the alcohol and the sugar globule—are not the medicine. They are only the vehicles in which the medicine is stored up. The medicine itself is only *an abstract energy, a dynamis*, and it is stored up in the material vehicle of the alcohol or sugar. All other medicines e. g., allopathic etc. are material substances, and as such, they are capable of acting on the material plane only just as food and drink. The food and drink that we take, enter into our stomach and are converted there by the systemic processes, into blood, bone and marrow etc. And similarly, allopathic and other medicines of a material type enter into our system and are converted there into the different necessary ingredients. Besides acting on the material plane as foods, un-homœopathic

medicines also act as chemical substances in certain cases. Any way, these medicines act on the plane of "Matter", and they are quite unable to reach the finer plane of "*Spirit*" or "*Energy*", because "Matter" can act only on "Matter", it cannot act on a thing like "Spirit" which is so much finer and subtler.

The above suggests that unless the medicine which is introduced into the system for the cure of a disease is fine enough, that is to say, is as fine as the disease-force itself, or in other words, unless the medicine is on the same plane as the plane on which the disease is—on which the systemic vitiation has taken place, there can be no cure. And disease is always on the plane of the spirit—mind. The physical expression of it in the physical body is only an expression, and it appears there only gradually. The physical expression of the disease is thus not the disease but its effect, and this material effect of the immaterial disease, which is in the mind, is not the object of cure. It is the immaterial, spirit-like disease, whose expression the physical manifestation is, that has to be cured, and if that is cured, the physical manifestation will gradually disappear quite of itself. *The real disease is only an abnormal functioning of the life-force.* The life-force is too fine and subtle to be reached and acted upon by doses of medicines that are as coarse as "Matter". The curative medicine has, therefore, to be fine

enough ; it has therefore to be as fine as spirit. *This is why Homœopathic medicines are potentised. It is by potentisation that the material substance—say Nux Vomica—is rendered finer and finer, until in the 200th or 1000th potency, it ceases to have any of the properties of "Matter."* And when it reaches this immaterial condition, that is to say, when it becomes something like a spirit-like power—a dynamis, it acquires the capacity of curing disease. All Homœopathic medicines in their different potencies are only so many "powers"—"dynamic agents" of different grades. The higher the potency, the greater the power—the dynamic force, because, more is it spirit-like. This explains why Homœopathic medicines are so very quick, far-reaching and deep and lasting in their action. *It is not "matter" beating against "matter" but "Subtlety" acting with "Subtlety".* The potentised remedy corrects the abnormal functioning of the life-force and brings it to its normal functions, and the material expression which is ordinarily recognised as disease—tumour, rheumatism and gout—disappears automatically.

The above would set one thinking that the material medicines of allopathy and other schools have then absolutely no power of cure. To this very pertinent question, it can only be said that the power they have is the power of "matter" on "matter". Just as food and drink have the power, so have material medicines power of affecting the material

body. It is no power of cure, and this explains why the effects of all other medicines than Homœopathic are never gentle, quick, deep, far-reaching and lasting. You can yourself observe the effect of a dose of opium or quinine. Opium and quinine act on the physique and not on the spirit—not on the mind. They only act on the *effect* of the disease, but not on the disease, which is really "Spirit"-like. Thus they effect no "Cure".

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## CHAPTER VI.

### The chronic patient and change of climate.

Physicians of the allopathic and other schools are often in the habit of advising change of climate for their patients. It is not that Homœopaths do not advise change of climate, but that the object with which the Homœopaths advise change is different. Let us enter deeper into this question and see if change of climate is really necessary for chronic patients, and in what circumstances it is necessary.

The cause of chronic diseases is Psora, Sycosis and Syphilis—either any one or two or all the three of them. Now, these miasms have by nature an inherent tendency of continuing in the system in some form or other, that is to say, it is not their tendency to leave the system of their own accord. Then again, these miasms are not material substances, but on the contrary they are extremely subtle. In fact they are as subtle as the mind, or in other words, they are only certain conditions of the mind—of the life-force, implanted on it by evil

thinking and evil action. Psora, Sycosis and Syphilis are thus certain abnormal conditions of the normal life-force and the cure of chronic disease means freeing the life-force from their grip, or in other words, it means bringing the life-force back to its normal condition. This is no mean task. It is normalising the abnormal life-force, and can we possibly expect to accomplish this superhuman business by a mere change of climate—of air, water, scenery and society?—We presume to think this to be an idle dream. In order to bring the abnormal life-force back to its normal condition, it must be necessary to introduce something into the system, which is as immaterial and spirit-like as the life-force itself. As Homœopathic medicines in their potentised forms are such spirit-like agents, it is they alone and not a change of climate only that can accomplish this work. It is, therefore, all silly and useless to advise change of climate, before the life-force has been brought back to its normal condition by means of deep-acting potentised drugs—drugs that are capable of reaching the plane of spirit. If however, change of climate is effected alongside the type of curative treatment referred to above, the matter is different, as this might help the process of cure to some extent if the new place happens to be more suitable to the patient. The fact is, that cure can only be effected by potentised drugs in high potency, and never by a mere change of climate, though

this latter may aid the process of cure to some extent.

As explained above, when change of climate is advised in any case, it should be seen to that the place chosen is suitable for the particular patient, and above all, that the process of treatment is not interfered with. It must be borne in mind that change of climate is rubbish if it is advised at the cost of treatment. Because it is treatment and not change of climate alone that will cure the patient; and if there are both treatment and change of climate, so much the better. If treatment is sacrificed for change of climate, it is sacrificed at the cost of cure, while, if the treatment continues and there is only no change of climate, the cure may only be delayed.

It is a common practice these days, to advise change of climate for patients diagnosed to have phthisis. And this advise is, at times, given even at the sacrifice of treatment. How very idle! Is it expected that a little sea-breeze will save the patient, whose condition may well be imagined from the very descriptive expression "phthisis"?—No; if there is anything on earth to save a phthisic, it is only highly potentised Homœopathic drugs that are capable of reaching and acting on the plane of the life-force, and not the sea-breeze that can only act on the material tissues of the body. Phthisis is far more subtle than the mere tissue changes that they perceive with

their microscopes. Remember, tissue changes are only the effects of the vitiated life-force.

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## CHAPTER VII.

### Psora, Sycosis, Syphilis—How to recognise them.

Treatment of chronic diseases is never possible without a thorough knowledge of the chronic miasms—Psora, Sycosis and Syphilis. But how to acquire this knowledge? There is certainly some method, and let me try to explain it to you. First of all, let us see, how we frame our conceptions of the so called acute diseases. For example, let us see how we frame our conception of "Cholera". We see a large number of cholera cases and then gradually catch hold of the *general symptoms* of all those cases. We find that all the cholera cases we have seen, have *evacuations, vomiting, coldness and collapse etc.* Then as soon as the name "*Cholera*" is pronounced, we are at once put in mind of a state having the above *general symptoms*. And these general symptoms form the basis of our knowledge of "*Cholera*". When we have a knowledge of the general symptoms of a disease manifestation, it becomes easy for us to treat any

particular case. Because, we have then only to *find out the particular symptoms of the case and select that remedy* (out of all the remedies that have those general symptoms) *that has those particular symptoms*. Suppose, here is a case of cholera, that is to say, a patient having all the general symptoms of that disease (namely, evacuation, vomiting, coldness and collapse). And suppose, the particular symptoms in the case are—*copiousness* of the evacuations, *copiousness* of vomiting, *copiousness* of perspiration, *copiousness* of thirst. Now, there is no difficulty in selecting Veratrum Album. Thus, we see that it is very convenient and even necessary to know, first of all, the general symptoms of the disease. If the general symptoms of the disease are once grasped, it becomes easy to treat any patient having that disease, because, it remains then only to find out the particular symptoms in the case of the particular patient and to choose the remedy that has those particulars.

What has been stated above in respect of the acute diseases, is true in respect of the chronic also. You have to frame your conceptions of the three different chronic miasms (from which chronic diseases arise), by studying out the general symptoms of each just as you frame your conceptions of cholera, fever and small-pox etc., by studying out their generals. The only difference is that, in the case of acute diseases, you can form your conceptions from a study of patients,

while in the case of the chronic miasms, it would be easier to frame your conceptions from a study of the three classes of miasmatic remedies. I am giving below a classified list of such remedies, so as to enable you to make a miasmatic study of them:—

### Anti-Psoric Remedies.

- |                       |                    |
|-----------------------|--------------------|
| Abrotanum.            | * Bufo.            |
| Acetic Acid.          | * Calcarea Carb.   |
| Agaricus Musc.        | * Calcarea Ars.    |
| Alcæ.                 | * Calcarea Phos.   |
| * Alumina.            | * Carbo Animalis.  |
| Ambra Grisea.         | * Carbo Veg.       |
| Ammon Carb.           | * Capsicum.        |
| * Anacardium.         | Cistus Canadensis. |
| Antim. Crud.          | Clematis.          |
| * Apis.               | Coccus Cacti.      |
| Argentum Metallicum.  | * Conium.          |
| Argentum Nitricum.    | * Crotalus.        |
| ** Arsenicum Album.   | Croton Tig.        |
| ** Arsenicum Iodatum. | Cuprum Metallicum. |
| * Aurum Metallicum.   | Digitalis.         |
| * Aurum Muriaticum.   | Dulcamara.         |
| * Baryta Carb.        | Ferrum Metallicum. |
| Belladonna.           | Ferrum Phos.       |
| Benzoic Acid.         | * Fluoric Acid.    |
| Berberis.             | * Graphites.       |
| Borax.                | ** Hepar Sulphur.  |

- |                 |                  |
|-----------------|------------------|
| ** Iodine.      | Petroleum.       |
| * Kali Bichrom. | * Phosphorus.    |
| * Kali Carb.    | Phosphoric Acid. |
| * Kali Iodide.  | Platinum.        |
| Kali Phos.      | Plumbum.         |
| Kali Sulph.     | ** Psorinum.     |
| * Lac Caninum.  | * Pyrogen.       |
| ** Lachesis.    | Sarsaparilla.    |
| * Ledum.        | Secale.          |
| * Lycopodium.   | * Selenium.      |
| Magnesia Carb.  | ** Sepia.        |
| Magnesia Mur.   | ** Silicea.      |
| Manganum.       | Stannum.         |
| Mezereum.       | * Staphisagria.  |
| Muriatic Acid.  | ** Sulphur.      |
| * Natrum Ars.   | Sulphuric Acid.  |
| * Natrum Carb.  | * Tarentula.     |
| ** Natrum Mur.  | Theridion.       |
| * Natrum Sulph. | ** Tuberculinum. |
| * Nitric Acid.  | * Zincum.        |

### Anti-Sycotic Remedies.

- |                       |                 |
|-----------------------|-----------------|
| Argentum Met.         | * Calcarea Ars. |
| Argentum Nitricum.    | * Causticum.    |
| ** Arsenicum Album.   | Clematis.       |
| ** Arsenicum Iodatam. | Colchicum.      |
| Benzoic Acid.         | Dulcamara.      |
| Berberis.             | Fluoric Acid.   |

** Iodine.	* Natrum Sulph.
* Kali Bichrom.	* Nitric Acid.
* Kali Carb.	* Phosphorus.
* Kali Iod.	Phosphoric Acid.
* Lycopodium.	** Psorinum.
Magnesia Carb.	** Pyrogen.
Magnesia Mur.	Sarsaparilla.
Magnesia Phos.	** Sepia.
** Mezereum.	** Silicea.
Muriatic Acid.	* Staphisagria.
* Natrum Ars.	* Thuja.
* Natrum Carb.	** Tuberculinum.
** Natrum Mur.	

### Anti-Syphilitic Remedies.

Arsenicum Album.	** Lachesis.
Arsenicum Iodatum.	* Lycopodium.
* Aurum Met.	* Mercurius.
* Aurum Mur.	* Nitric Acid.
* Calcarea Ars.	Phytolacca.
Fluoric Acid.	Sarsaparilla.
** Hepar Sulphur.	* Staphisagria.
* Kali Bichrom.	* Syphilinum.
* Kali Carb.	** Tuberculinum.
* Kali Iod.	

All these remedies are used in the treatment of chronic cases. They are all deep-acting. Those with one asterisk against them are comparatively more deep-

acting than those without asterisks, and those with two asterisks are still more deep acting. Medicines outside these lists have not much of a miasmatic basis, and they are, as such, used in acute cases generally, and also, at times, during sudden aggravation of chronic diseases. It should be noted that some of these chronic remedies are purely anti-Psoric, some anti-Sycotic and some anti-Syphilitic, while some are anti-psoro-sycotic, some anti-psoro-syphilitic, and some anti-psoro-syco-syphilitic.

The medicines detailed in the above lists are always used in the treatment of chronic cases and any one of them may have to be followed by any other as occasion arises. It is, therefore, not advisable to state as to which should be used after which, as, such rigidity would tend to interfere with the freedom of the prescriber. Selection should always be made on the basis of the symptoms available, and if a particular remedy is called for by the symptoms after any particular remedy, there should be nothing to stand in the way of the selection. Let us, therefore, avoid orthodoxy in the matter of following one medicine with another.

If the medicines detailed in the above lists are studied thoroughly from a miasmatic point of view, it will appear that some of them have the general symptoms of Psora, some of Sycosis and some of Syphilis. And it will also appear that some of them

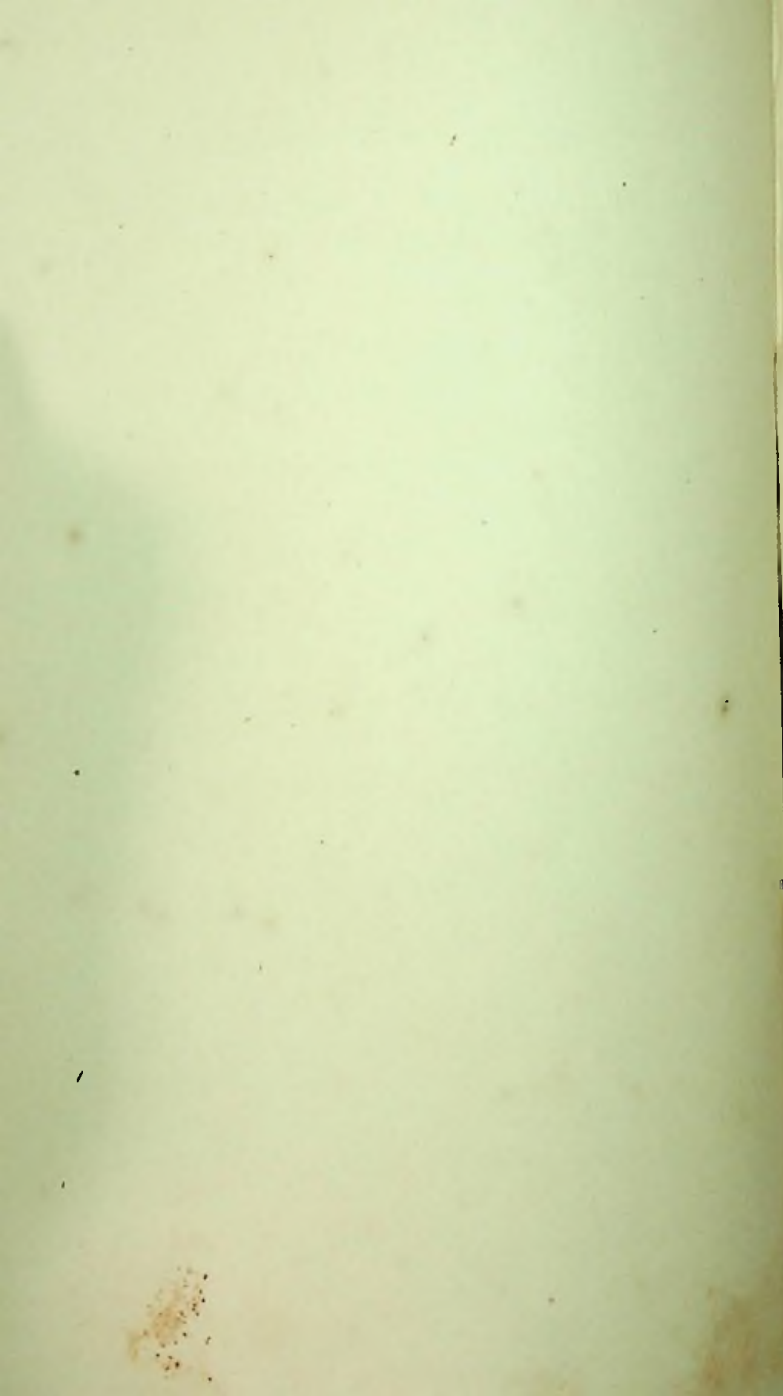
have even a combination of the general symptoms of two and even of all the three miasms. If you can acquire a knowledge of the general characteristics of these miasms, the treatment of any chronic case will become a matter of enjoyment. Because, all you will have to do then, would be only to find out the particulars of the particular patient and to trace out and use the miasmatic remedy that has them.

Though I have advised the framing of your conceptions of Psora, Sycosis and Syphilis from a study of the materia medica of the remedies, instead of from a study of patients as is done in the case of acute diseases, yet this was by no means the original method with Hahnemann. He made his studies and framed his first conceptions of these miasms from the study of a large number of patients, because he had no miasmatic Materia Medica then. It was by a close scrutiny of patients that he discovered three general differences between different groups of patients, and named these three different groups—Psoric, Sycotic and Syphilitic. This is, in brief, the history of the discovery of the chronic miasms. But the method followed by Hahnemann was far more difficult than that advised above. You should, therefore, do well to frame your conceptions of the chronic miasms by a study of the remedies as you find them in your Materia Medica.

In this chapter, I have explained the method of

framing our conceptions of the chronic miasms, and we have yet to understand their general characteristics.

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**CHRONIC DISEASE—ITS CAUSE AND CURE.**

**PART IV.**

**THE CHRONIC MIASMS.**



## CHAPTER I.

### Psora.

It has been stated before, that in order to succeed in the treatment of chronic cases, it is not enough if the remedy selected is similar in symptoms only. Besides the similarity in symptoms, there must be a *similarity of miasms* also. That is to say, the remedy selected must also be miasmatic. If in a given case you prescribe Rhus Tox on the superficial symptom of backache worse on beginning to move but better from continued motion, there may be some relief for one or two times, but there can be no permanent cure unless the medicine happens to be in keeping with the miasm of the patient. You have, therefore, studiously to ascertain the miasmatic basis of the case and to see to it that the remedy selected corresponds to it. But how are we to know definitely what miasm is there in a case, in order that we may be able to make a miasmatic prescription?—The only means of knowing this, is the symptoms and their character. The miasms always make themselves known, by the

character of their symptoms. I shall describe the characteristic way of expression of each of the three miasms. Let me describe the characteristic symptoms of *Psora* first of all :—

(1) The worm symptoms of children. They have a tendency for this parasitical growth in their intestines causing itching in the anus, irritability of temper and tearfulness.

(2) Unnaturalness of appetite—either a complete want of appetite or canine hunger.

(3) Mental disquietude for no apparent cause—moroseness; want of courage and energy; fearfulness.

(4) Pallor of the face; want of usual lustre in the eyes.

(5) Epistaxis in children and youths and the very tendency for frequent epistaxis.

(6) All kinds of unnaturalness of sweat, e. g.—excessive sweat in particular parts only, like forehead, hands and feet, face and rectum; or complete want of sweat; or, fetid sweat, etc. etc.

(7) Running of the nose on the slightest or no cause; or no running of the nose even from excessive exposure; or there are other kinds of illnesses but no running of the nose.

(8) Stuffy nose, compelling respiration by the mouth.

(9) Crusts in the nose, and a tendency to dislodge them with the finger.

(10) Exhaustion out of proportion to exertion. Tendency to suffer long from slight illnesses.

Long lasting pain in the muscle, bone and nerve on the slightest injury.

(11) One sided headache (Hemicrania). A tendency for such headache on the slightest cause. Various kinds of pains and various kinds of sensations in the head.

(12) Toothache for slight or no cause. Bleeding from the gum.

(13) Falling of the hair and premature grayness of hairs. Itches and ringworm on the head, beneath the hair. Dandruff.

(14) Tendency for erysipelas on slight injuries. Any slight injury on any part of the body causes ecchymoses and this is gradually followed by fever and putrifaction etc. of the injured part. A tendency for hyperæmia in any part of the body.

(15) Sensation as if all the blood of the system was rushing up towards the head with a simultaneous sensation of suffocation, causing both physical and mental restlessness. This however passes off with a partial sweating of the face and forehead. A tendency for such spells occasionally.

(16) All menstrual disorders of the females e. g., scanty or excessive discharge. Abnormality in the colour and smell of the discharge. All pains and sufferings in connection with menstruation.

(17) Unnaturalness of sleep, want of sleep, broken catnaps, startling during sleep, sleep full of dreams—dreams of fear; sweating during sleep; evacuations during sleep; crying, grinding of teeth during sleep; various kinds of sounds in the mouth during sleep; sense of suffocation during sleep; snoring during sleep; restlessness and constant change of sides during sleep; laughing during sleep; salivation during sleep. Excessive sleepiness is also a Psoric symptom.

(18) Various kinds of coating in the tongue; fetid smell; dirty gums; salivation out of proportion.

(19) Vomiting and tendency for vomiting in the morning; waterbrash; dryness of the tongue; varieties of tastes in the tongue e. g., sour, bitter, salty etc.

(20) Craving for or aversion to particular things.

(21) Unnatural constipation; constipation and diarrhœa alternately; diarrhœa from the slightest irregularity of diet.

(22) Various kinds of pain in the stomach, which are aggravated or ameliorated by particular kinds of food, or at particular hours.

(23) Various kinds of pain and sensation in the rectum; bloody or other kinds of discharge with stool; Hæmorrhoidal growths.

(24) Ulceration in the feet and between the fingers in particular seasons.

(25) Corns in the toes ; pain in the corns.

(26) Various kinds of sounds like gliding of bones, during eating, during walking, while standing up from a sitting posture or while sitting down ; such sounds particularly in the bones of the feet while walking.

(27) Aggravation and amelioration of all kinds of pain in particular seasons ; during walking or sitting or lying down.

(28) Tendency for boils and abscesses in various parts of the body. Itches, ringworm or rhagades in particular seasons.

(29) Harsh, irritable temper ; want of affection for any body ; tendency to do evil to others.

(30) Excessive sexual appetite.

The above are some of the symptoms of *latent Psora* ; and they are not the expression of any particular diseased condition. But when these symptoms are there, it is only to be understood that *Psora* is also there, and that it will some day break out in disastrous shapes, and it is then only that its existence will be recognised. There is nothing the matter, but a sudden east wind brings on a cold ; it is then followed by a soreness in the body ; then a slight fever and a gradual cough, and then there is some spitting of blood ; and last of all it is diagnosed as phthisis ! This is how *Psora* works. It is latent to-day and

its very existence is neither felt nor recognised, but it may break out any moment as above, because Psora may be the cause of any disease, though it is hardly perceived when no disease actually exists.

Besides the symptoms detailed above which are those of latent Psora, there are other symptoms of *Psora manifested*. And there is no end of the manifestations of this manifested Psora. In fact all the various kinds of diseases and disease-manifestations known and heard of and even those yet unknown and unheard of are symptoms of Psora. Of course there are some diseases and disease-manifestations which are caused by Sycosis and Syphilis, but yet Psora furnishes the background for them too. It is a fact that Psora is the cause of all. Sycosis and Syphilis only join hands with this Psora and create complications.

There are also other causes of disease-complications than the mere uniting of the several miasms, and they are (1) *Allopathic and all other similar suppressive methods of treatment*, (2) *Vaccination and injection* (3) *Gradual fineness and subtlety of the miasms as also the knottiness of their bonds due to progressive heridity*, and (4) *Uniting of directly acquired miasms with these hereditary forms*. Just imagine for a moment, what tremendous dimensions the disease manifestations of the human race have reached and will yet reach under the method of treatment that

is passing as scientific and rational. Peer deep into the matter and feel for yourself how and why newer diseases are springing up every other day, and how and why you are growing poorer in life, longevity and energy, and how and why you are fathering children poorer still. If you do not open out your eyes and feel the situation for yourself, none else can help you. It was very rightly said by Samuel Hahnemann that the natural diseases, i.e., those brought on by disregard of natural laws might possibly be cured, but there is no cure for diseases brought on by unnatural treatment. It is the gem of a statement that he made. Though the gradual introduction of higher and higher potencies have so far succeeded in untying the combinations of the natural and drug diseases, yet the very tremendous rate at which these combinations are growing more and more complex every day, seems unmistakably to indicate that even our higher potencies of dynamic drugs will soon cease to combat them. What a misery!—that we should be fools not to profit by the most far-reaching discovery yet made by man in the sphere of Science, Philosophy and Art,—the discovery of the law of cure!

There is however another kind of complication, though it has not been included in the 4 or 5 classes mentioned above. It is that brought on by man in his wanton luxury. Luxury is a fight against Nature,

and Nature is ever up to the occasion. Man is fast uprooting the ovaries of the females with the object of controlling birth instead of taking to the natural laws of control, and Nature is rewarding such ingenuity quickly enough with a variety of diseases! And there are some again who are growing down into youths by engrafting monkey glands, but Nature must judge what youths they are growing into! However, these are some of the forms of luxuries that are importing diseases fresh and new into our system to combine with those already existing; and there is no knowing where matters will stop!

However, in order to understand Psora, it is necessary to study man from the most internal part of his being to the external—from the mind to the material body. It is in the *mind* that Psora originates, and it is the mind that it vitiates most. Let us see what the particular manner of this vitiation is. In the first place, the Psoric mind is *restless*. He is never at ease; never satisfied with anything. This restlessness of mind is again manifested in his feeling and will. Thus *Psora is restless in thought, feeling and will*, and this leads to restlessness in action. There is an all round restlessness. He is never satisfied with the existing state of things. He thinks, he is not rich enough and tries to acquire more riches. He is never satisfied with his married wife and therefore seeks gratification in other women,

and thus he acquires gonorrhœa and syphilis. There is no calmness, no peacefulness of mind; no quietude. It however necessarily follows that this restless state of the mind has a keenness of intelligence, because, restlessness of mind means sensitivity and sensitivity is power of understanding things easily. But this power of understanding or keenness of intelligence of Psora is of no use to the world, because it is perverse.

The next point about the Psoric mind is *fearfulness*. He is *full of "fear"*. He fears every thing. He fears darkness; he fears to be alone; fears an ordinary ailment and thinks that something serious would come of it. He fears undertaking even ordinary physical works; fears what will happen in the future. We therefore see that *mentally Psora is restless and fearful*.

The *appetite* of Psora is *unnatural*—unnatural in every way. It comes on at an unusual hour, it comes on even immediately after a full meal;—his appetite is never satisfied. Again, he sweats while eating, and the abdomen is full of wind immediately after a meal. There is a sleepiness after the meal and he cannot do without an actual sleep. He likes *sweet* and *sour* tasting things. *He likes those foods that will do him harm*. Then again in the Psoric appetite there is an *unnaturalness of craving*. He has a craving for chalk, clay, pencil and all these indigestible things. As soon as you find a pregnant female having these peculiar

symptoms, you can at once set it down that she is Psoric. The females very clearly develop their characteristic traits during pregnancy, and it is therefore very easy to study up their symptoms then. The peculiarities of craving in respect of food etc., furnish good miasmatic indications, and if this can be watched and ascertained, prescribing becomes much easier. Cravings and aversions are always in accordance with the personality of the individual; they show the internal essence of his being, and as such, they are very important and reliable for purposes of prescription. Suppose, a father comes and tells you, "Sir, the child wakes up at 12 or 1 in the night and wants something to eat. He will cry on until he is given something to eat." Now from this single symptom, you can take it that the child is Psoric, and you can then select one of the anti-Psorics (that have this symptom), that corresponds with the totality of the symptoms. *Psora prefers fried things more than boiled things.* He has not much liking for meat, and even if he takes meat, he does not tolerate it well. Sycosis cannot tolerate meat at all while Psora can tolerate it to a certain extent. Psora prefers food and drink warm, and of all kinds of food, *he prefers sweet things most.*

**Head**—In the head also, Psora has its specific symptoms, e. g., vertigo and headaches of various kinds. There is however a peculiarity in the head

complaints of Psora.—They are *worse and better with the course of the sun*. They begin as the sun rises in the morning, increase till midday and then gradually diminish and disappear according as the sun climbs down and sets. But we must note here that in spite of the characteristic mental restlessness in Psora, the head symptoms are however better from rest. He is not physically restless during these troubles, but on the contrary, he is better from rest, from application of heat and from sleep. Before the Psoric headache begins, there is a canine hunger, and he cannot do without eating something. After any long lasting ailment there is always some itching dandruff in the head, as also falling of the hair. Premature gray hair either in the head or in any other part of the body is a good indication of Psora. Psora does not want any covering on the head. He prefers the head uncovered, and though during any head complaint he wants warmth in the head, it is not much warmth that he wants, because he wants the head *uncovered*.

**Eye**—In the eye also, there are some typical Psoric troubles, but the peculiarity here also is the same as in the case of head complaints. *They are aggravated and ameliorated with the course of the sun*, and are decidedly relieved by application of warmth. Besides, Psoric eye troubles are always accompanied by itching and burning, and there is a tendency for rubbing the eyelids.

**Ear**—In the ear however, Psora is seldom manifested. There is only an *unbearableness of noise and sound*. This is in keeping with the Psoric mind.

**Nose**—In the nose also, there is hardly any Psoric symptom except an *accentuated power of smell*. Unbearableness of the smell of food or of cooking and consequent vomiting is a Psoric indication. This unbearableness of smell often causes vertigo and a dislike for food. It seems, Psora alone, (i. e., uncombined with one or other of the two miasms, Sycosis and Syphilis), cannot work much mischief to the ear and eye, beyond an unusual sensitiveness which is, however, a disorder of function only. And sensitiveness is Psora always.

**Mouth**—In the mouth, the Psoric patient has a *sour, bitter or sweet* taste. In the mouth of a healthy man there should be no taste, so that any abnormality of taste in the mouth of a man should at once suggest that he is not healthy and that he is miasmatic. As however, the Psoric taste is either sour, bitter or sweet only, any other taste than these should suggest some other miasm.

**Abdomen**—The symptoms of Psora in the abdomen are:—Wind, rumbling, hunger before midday, hunger in the morning, hunger during sleep, hunger before headache, sour eructation after meal, eructation smelling of the food taken, etc., etc. More details about appetite and craving have already been given while

writing about the mental symptoms. I may however, add one thing only, namely that, Psora has often a *sense of emptiness* in the stomach or in other parts, as if there is nothing there—all vacant. This is a leading symptom of Psora.

Respiratory System—Psora has not much of cold and cough. It may, however, be stated that purely Psoric colds and coughs are never fatal even if they have continued for a long time, but yet the patient is ever *anxious* for them, and his anxiety always induces him to search for relief in this and that. He is always *afraid* of his cold and cough, lest they should end fatally. Let us, therefore, remember that when a patient has a slight cold or cough and is yet very anxious for it, we should set it down that he is Psoric only, that is to say that, there is no other miasm in him, or even if there is any, it is not playing a very important part. When however, we find a patient just the reverse of it, that is to say, much of cold and cough and yet no anxiety—a fatal cold and cough and yet no anxiety, but on the contrary, a decided hope of surviving the attack, we should take it that there is Syphilis besides Psora. Syphilis against a Psoric background means a tubercular condition. Such patients get severe, very severe colds and coughs and even phthisis, but unlike the Psoric, they think that there is not much the matter with them—even

if they are suffering from the most fatal stage of phthisis and are standing at death's door. We must ever carefully remember this. *Psora is full of anxiety; and want of anxiety in any given case indicates that it is not Psora, but some other miasm that is predominant there.* Psora of course there is in every case, because, without Psora, no other miasm can come in. I am only talking of predominance.

**Heart**—In the heart also there may be various kinds of symptoms, but Psoric symptoms in the heart always stand out by the characteristic anxiety. Even if it is a slight pain or a slight palpitation, the patient is anxious beyond all proportion, *Anxiety alone will often indicate Psora and point out that there is no other miasm predominant.*

Besides the parts and organs of the human body referred to above, Psora is not much manifested elsewhere. If you can remember the above few characteristics of Psora, you will be in a position to understand with certainty, if in your patient, it is Psora that is predominant, or if it is some other miasm. I shall however, take up the combinations of Psora with the other miasms later on.

But, before I leave off Psora, I must not omit to speak of the *two greatest characteristics of it.* These two characteristics of Psora are so very important, that by remembering these two alone, you will be able to make sure whether in any given case it is

Psora or some other miasm that is predominant. But what are these characteristics?—The first is (1) *sensitiveness*. Psora is over sensitive. However slight the stimulus may be, yet Psora has the sensation at once. In the *power of feeling sensations* Psora leads Sycosis and Syphilis. Mark here, I am not speaking of sensations; I am not saying that, Psora has more sensations than the other two miasms, but that, Psora has a greater *power of feeling sensations*. This keenness of feeling in Psora is quite in keeping with its mind. Remember the mental symptoms of Psora—he is restless. The second characteristic of Psora is (2) *want of structural degeneration*. In a purely Psoric patient or in a patient in whom Psora is predominant, there are disorders, but these disorders are always disorders of functions of the parts or organs involved, and they are never disorders of the structures of those organs. If there is a pain in the liver or kidney, but if there is no structural change in it, say enlargement or hardening etc, it is certain that Psora alone is there, and that no other miasms are at work. But if there is any structural change, it is equally certain that there is some other miasm in the patient than Psora. *Psora alone is never able to cause any change in the structure*. Let me clear up the point still further by an example. Suppose, here is a patient—a burning sensation in the whole body, unable to lie

down on the left side, can lie down only on the right side, thirst excessive, loose stools, occasional vomiting, etc., etc. From an examination of this patient, you find that there is something wrong in the liver. But if from an examination of the liver, you find that it is neither enlarged nor hardened etc., you may unmistakably take it that it is Psora alone that is at work. If however, on the contrary, you find that the liver is actually enlarged or hardened etc., it is certain that some other miasm, either Sycosis or Syphilis or both are at work. Without Sycosis or Syphilis, there could have been no change in the *structure* of the liver. Then again, suppose, here is a case of insanity. You collect the symptoms of the patient, and you find that there are certain changes in the features of his face—a frantic or a vacant look stamped on his face. Now, this stamp on the face would signify that there has been some change of structure in the brain matter. This should at once enable you to diagnose that it is not Psora alone that has done this. There is certainly, either Sycosis or Syphilis or both besides Psora, and it is one of these last, that is predominating. If however, from the face of the patient it does not appear that there is any stamp of insanity on his face, then you have at once to take it that there has been no change of structure in the brain matter, and as such, it must be Psora alone that is at work, and

that no other miasms have yet come in. It may be that the other two miasms or at least one of them is there, but what is meant is that, they are still in the background and are not yet taking a predominant part in the process. In course of time, however, they may become predominant and then there will be certain structural changes.

Now, we find that structural changes do not come in all in a day, and that they do not come in, unless there is at least one of the other two miasms Sycosis and Syphilis. There are two conditions necessary for structural changes; the first is (1) *Time* and the second is (2) *Sycosis or Syphilis, or both*, against a Psoric background. It is always functional disorder that announces the first appearance of disease, and if this functional disorder is corrected before it runs on to the structure, there can be no structural disorder, even if Sycosis or Syphilis are there. But as ill luck would have it, functional disorders are never corrected in the beginning. Not only this, but also, they are not even recognised as "Diseases" by our scientific friends. So long as the patient has only a bad sleep, a bad appetite, an uneasy state of mind, etc., he is told straight—"Oh, that is nothing; there is nothing wrong in your system," and a few doses of purgative are prescribed, or a "Tonic," to brace up the system. No endeavour is made to arrest the progress of the

disease-process that has set in. I have seen cases in which females have developed various kinds of pains etc., in the ovaries or uterus, immediately after marriage, due to co-habitation with Sycotic husbands. But these processes of pains have continued on until tumours have formed. And when these palpable manifestations of the disease, or rather when *these concrete effects* of it have been perceived by the doctor, they have been removed by operation. This process of treatment, however, allows the process of the disease to continue uninterfered, and the result is, that it brings down the patient in no time. If however, instead of the mechanical treatment by operation, the *patient* was taken care of, the whole of herself, and if she was *cured*, the abnormal process that was forming the tumour would have been stopped. And with the stoppage of this abnormal process, the tumour would have gradually dwindled into nothing, having no background to stand upon. Let us, therefore, be on our guard to *cure* the patient, when any abnormality is announced by the merest functional disorder, as, otherwise, structural disorder is bound to follow and make the case worse and more difficult to cure.

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## CHAPTER II.

### Sycosis.

Of all the miasms Psora is the most widespread, but Sycosis is the most insidious and dangerous. Psora is the most widespread, because, it is the original miasm, and as such, everybody has it, and without it, there could have been no other miasms and no diseases at all. It therefore follows, if there is Sycosis there must be Psora. We have already discussed the characteristic indications of the existence of Psora, and let us now study those of the existence of Sycosis.

First of all, we must take up the manifestations in the *mind*. Here it expresses itself in various forms, and the first and foremost of them is a *peculiar tendency for making a secret of everything*. Sycosis is ever anxious lest his secrets are out, lest he is found out, as it were. Again, just as he is himself anxious to keep his mind from others, he thinks that others are also of the same mentality and are trying to keep things from him. Thus, he is necessarily *suspicious*. He suspects that others are not plain

enough towards him. If he is ill, he would go to several doctors one after another and yet he would not be satisfied. If he places himself under one doctor, he would change him in a few days and go to another. If he makes a statement of his symptoms, he would have it corrected repeatedly, as he thinks that the correct idea has not been expressed. If he writes something he would read it over and again and make changes every time. He always suspects that the idea has not been correctly laid out.

In the second place, Sycosis has a *tendency for brooding over things*. If he is ill, he is ever thinking of it. If he has done anything, he is ever thinking of it. He cannot shake off the tenacious thought from his mind.

Sycosis is again, the most *mischievous* of all the miasms. *He is ever bent upon mischiefs and misdeeds. The Sycotic mind is so grossly debased. Sycosis makes the victim devoid of all sense of righteousness. It makes him a liar and a vicious scoundrel ; makes him destitute of all love and affection for others ; makes him mean and selfish.* All the vicious individuals on earth—thieves, robbers and murderers are the products of Sycosis. It makes a beast of a man.

The *memory* also does not escape the brunt of this miasm. *It makes the memory, weaker and weaker, particularly in respect of names and dates.* From the above it will be seen that out of the three functions

of the mind—affection, intelligence and memory, the effect of Sycosis is more prominent on *affection* and *memory*. To sum up, the mentality of Sycosis is—*suspicious, mischievous, mean, selfish and forgetful*.

In the sphere of the physical body too, there are specific manifestations of Sycosis, and the most important of these, is *condylomatous growths* of various sizes and colours. Some of them are often like cauliflowers. Some of them exude an offensive discharge, and are dry at times. Besides these growths, all kinds of tumours and tumourous growths also are Sycotic, and in fact any unusual fleshy growth in any part of the body is Sycotic. Piles is also a Sycotic manifestation.

If you can remember the mental and physical indications of Sycosis, it will not be much difficult for you to diagnose its predominance in any case. But I will yet give you some more specific indications in the specific parts of the body. *The temper of Sycosis, is extremely irritable*, and this irritability of temper again, is worse on the approach of, or during a storm or rain. There is another very important symptom which is also most noticeable at that time, and it is the tendency for *frequent urination*. As soon as a storm or rain is approaching or has set in, the Sycotic feels repeated calls for urination. The increase of *mental irritability* and the increase of *urinary calls on the approach of rain and storm* is a variation in keeping

with the atmospheric temperature, and it has actually led some of our leading Homœopaths to give to the Sycotic, the title of a "*Living Barometer.*" Besides these variations in mentality and urinary call, there is another important symptom noticeable, and it is a *desire to move about during rain and storm*,—as if he cannot keep still. The above three symptoms are so very prominent in the Sycotic that you would hardly fail to detect them in your case. If, therefore, there are these symptoms in your case, you may at once set it down that the patient is Sycotic.

While writing or speaking, the Sycotic is *unable to collect his thoughts*, or he is unable to decide which would be the most appropriate word, and hence the slowness in speaking and writing. *In the Psoric, the case is however quite the reverse.* Because when he (Psora) speaks or writes, he does it very quickly; there is such a flow of thought that he can hardly follow it with his tongue or pen.

In delirium, Psora talks of a hundred and one things; there is no want of subject or of language, but Sycosis continually harps on the same thing and perhaps in the same language. *In the Sycotic there is a poverty of language and thought.*

Besides the above general indications, there are some specific indications of Sycosis, and these can never be there unless there is Sycosis. These indications would also therefore furnish materials for unerring

diagnosis. They are—inflammation of the testes; hydrocele; orchites; rheumatism; cold and catarrh in any part of the body e. g., nose, throat, lung, stomach, intestines, uterus etc; anæmia; emaciation in any part of the body; all urinary troubles. Of urinary troubles there are many classes, e. g.—diabetes, hæmaturia etc., etc. All uterine and ovarian troubles of the females are Sycotic. Teething troubles of children, sweating of the head, sour diarrhœa, infantile cholera are also Sycotic in origin.

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## CHAPTER III.

### Syphilis.

We have seen how the chronic miasms—Psora and Sycosis manifest themselves in their respective characteristic ways, and let us now see how Syphilis is manifested. It is only when we have thoroughly grasped the characteristic images of these miasms, that we can expect to be in a position to undertake miasmatic treatment of cases.

The chief manifestations of Syphilis are—malignant abscesses and boils, buboes, fetid sweat and a thick flabby tongue with a white coating and imprints of teeth round the margin. The breath is fetid like the sweat, and the sweat instead of relieving the troubles of the Syphilitic, only aggravate them. There are severe pains in the bones, and they are the severest at night, in the heat of the bed. Syphilitic troubles, whatever those troubles may be, are always worse at night, worse from the heat of the bed. These are some of the leading indications of the existence of Syphilis. Let us re-capitulate here, that

Syphilis or Sycosis can never exist in any case without Psora being already there. Psora must always furnish the basis for the existence of Syphilis and Sycosis. The skin troubles of Syphilis are always characteristic in that they are absolutely non-itching, while Psoric skin troubles are always itching. The typical Syphilitic skin troubles are a kind of copper coloured eruptions without any itching. Syphilis may have an intolerance of both heat and cold, or at times it may have an intolerance of heat only. If however, the Syphilitic is an old man, he often acquires an extreme susceptibility to cold, but the Syphilitic susceptibility to cold can easily be distinguished from the Psoric, by the absence of anxiety, and from the Sycotic, by the absence of the characteristic aggravation during rain and storm. Remember, Psora is oversensitive physically and mentally, Sycosis is sensitive like a barometer, while Syphilis is decidedly weaker in sensation than either of them. Syphilis has never his internal organs—head, liver, kidney, spleen and lungs etc.,—in natural normal condition. There is always some abnormality in their structures. All structural abnormalities are invariably due to Sycosis or Syphilis. Psora is powerless so far as structures are concerned; it can not lead to anything beyond an impairment of functions. However, the very fact that Syphilis can interfere with the structure of tissues, seems to

suggest that it attacks them—bone, blood and flesh, etc.,—in no superficial way ; and as a matter of fact it causes even serious destruction of organs too. The ulcers in the mucous membranes of the nose and throat, caries of bone and even leprotic degeneration of the parts of the physical body are some of the instances of Syphilitic degeneration of structures.

When Syphilis, just acquired and manifested in the shape of an ulcer in the glans is healed up by the accepted methods of treatment—injections and ointments etc., it travels down into the interior of the system, resulting in a miasmatic infection of the very personality of the victim. And it then, sometimes, re-appears in the shape of malignant buboes and later on in the shape of malignant abscesses and boils, until at last, it eats up the still finer tissues, like the mucous membranes and bones. If however, the infection is cured at once and the insidious process inward arrested, the trouble may stop there. And the cure—real cure of the miasmatic infection means a re-appearance of the primary ulcer and a gradual disappearance of that. It is only this re-appearance of the primary image under a course of treatment, that gives a sure indication of a real cure. If this does not happen under a course of treatment, it must be understood that no cure has been effected and that the course of treatment has not been curative but suppressive ; and if you can intelligently observe the

developments that follow such a course of suppression, you must invariably find the characteristic manifestations (secondary) cropping up in the patient day after day.

**Mind**—Syphilis is very deep and insidious in its action, because, it is not only the physical tissues like blood, bone and flesh that it attacks and destroys, but also it attacks and implants its mischievous characteristics in the finest part of the victim—namely in his mind; and its characteristic way of expression here is an *imbecility*. This imbecility or idiocy is a slow, gradual process. Let us remember that *Psora makes the mind over-active, Sycosis mal-active and Syphilis under-active. Psora is quick, Sycosis is bad, and Syphilis is slow. Psora is intelligent, Sycosis is mischievous, and Syphilis is idiotic.* It destroys the very balance of the mind, as it were, and renders it practically destitute of sharpness.

*The night is the worst time for the syphilitic,* because it is at night, particularly when in bed, that he has an aggravation of all his sufferings. It is also at night that his mental condition too (described above) is worse, like the physical. He feels an irresistible *impulse for committing suicide* and thinks only of possible means for realising that impulse. He thinks that his life is a burden and that the sooner he closes it, the better. Just imagine, how profoundly Syphilis deteriorates the mind. Man knows by nature

that his own life is the dearest to him, but so grossly is the man unmanned by Syphilis that he is made to forget all love for life. This is however, only one of the aspects of the Syphilitic deterioration of the mind. There is the other aspect of *idiocy*. All quickness of thought is gone and there is a gradual incapacity for understanding things, and this again makes him morose. It so comes about in course of time that his mind fails to travel from subject to subject—a quickness that is so prominent in Psora. Thus, he grows into one wanting in attention and comprehension. If he reads a line, he cannot understand its meaning, and he has therefore to read it over and again. The mind grows slow—as if paralysed.

Then again, besides the aggravation at night, Syphilis is also aggravated at times by the usual excretions of sweat, urine and stool etc. At least he is never ameliorated by these. We may compare here, that Psora is invariably ameliorated by these and Sycosis is also ameliorated at times.

**Head**—The Syphilitic headache is always worse at night. It runs on for the whole night in the heat of the bed and it disappears in the morning. Or even if it does not totally disappear in the morning, it is at least much less at that time, as also during the whole day. The aggravation *begins in the evening* and it increases as the night advances, and decreases with the gradual approach of morning. Psora is just

the reverse of this. It begins in the morning, increases along with the course of the sun, and decreases as the sun climbs down and sets. However, we may remember that, whenever the headache is aggravated from heat, rest, lying down or sleeping, it is undoubtedly Syphilitic. Syphilis wants cold and the Syphilitic headache too is better from cold, walking about in the open air, and before sleep. Besides the headache, the Syphilitic head has profuse sweating, and this sweat is invariably fetid smelling.

**Eyes**—It is the eye that Syphilis attacks the most, and in quite a variety of ways. We can hardly name off its various manifestations in this organ, and as such, we must discriminate the Syphilitic from the other manifestations, by means of the characteristic modality. Like the other symptoms of Syphilis, the eye symptoms are also aggravated at night, in the heat of the bed, from heat, from lying down and from sweat, and they are ameliorated during the day, from cold, from rest and from washing. Ulcerations in the eyes, ears and nose etc., are in most cases Syphilitic. Syphilis has a decided aversion for meat and he prefers food and drink cold. He does not like warm food and drink and animal food, and he tolerates them neither. Amongst animal foods, he has some liking for milk only, but he does not tolerate it so well.

The actions of Syphilis in the *structures* are however, seldom independent, but they are in most cases

in conjunction with Psora, which always furnishes the background. And it is in this conjunctive activity that the destructive character of this dangerous miasm has been so powerfully manifested. How viciously Syphilis joins hands with Psora and carries on its insidious destructive processes in the lungs, mucous membranes, flesh and bone, by gradually over-powering the normal vital force and weakening the resistance, will be dealt with in a separate chapter.

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## CHAPTER IV.

### Psora, Sycosis and Syphilis—Their Combinations. Rickets, Scrofula, Struma, Pseudo-Psora, Tuberculosis.

The three chronic miasms Psora, Sycosis and Syphilis, the prime causes of all the varied ills of mankind, by themselves give rise to hundreds of serious diseases curable and incurable. This has been stated more than once, and this is known to all true Homœopaths. It is also known to all of them that, of these miasms, Psora alone can exist in a particular system independently by itself, i. e., without the other two being there. But the other two—Sycosis and Syphilis, can never exist in any system without Psora being there. If, therefore, Sycosis and Syphilis—either any one or both of them, are found in any System, it must necessarily be understood that there is Psora also. Because, without Psora being there, there can be no ingress of any of the other two miasms. This is science, and it has been established by careful observations by Samuel Hahnemann, the

father of the true healing Art and by his worthy followers. The reason why the other miasms cannot implant any infection on the system is that, Psora is the outcome of evil thought, while the other two are the outcome of evil action. There can be no impulse for evil action unless there has already been evil thinking. Evil thinking first, evil action then, and Psora is the condition engrafted upon the system by evil thought, while Sycosis and Syphilis are conditions engrafted by evil action. And it is evil thought that makes evil action possible. This explains why there can be no Sycosis and Syphilis without Psora. The primary ground for Sycosis and Syphilis must be made ready by Psora. The Philosophy of Psora is, however, like the Philosophy of the "seed" and the "tree". Just as, it is never possible to say, whether it is the seed that causes the tree, or it is the tree that causes the seed, similarly, it is never possible to say, whether it is the mind that vitiates itself and creates Psora, or it is Psora that vitiates the mind. We may however take it, once Psora is there, there is almost a simultaneous impulse for evil action. It is the spring in the shape of Psora that gives the impulse for an immoral co-habitation. These facts have already been discussed sufficiently, and let us see now how diseases become more and more complex and incurable.

Psora gives us some diseases, and when these are

only *removed* by uncurative methods of the various medical Arts, instead of being *cured* from the centre to the circumference, they necessarily begin to manifest themselves in the more internal parts of the economy. This is one of the ways in which complexities in diseases grow. When, however, Psora *combines with any one of the other two miasms*, there is a further condition for complexities created, and when it *combines with both the other two miasms*, there is a still further condition for complexities. It is however not to be understood, and it is not the fact that the other two miasms, Sycosis and Syphilis combine with Psora the very moment the infection is caused, because they can be radically cured before any combination takes place, and the system thus rendered immune from further mischiefs due to them. And there can thus be no time for mischievous combinations. But what actually happens every day of our life is that these infections, Sycosis and Syphilis, that is to say, their physical manifestations are quickly *removed*, and as this is not *cure*, they continue in the system unperceived, and it is in course of time only that they gradually undermine the even flow of the life-force and combine with the primary miasm—"Psora." The system in which Psora combines with the other miasms, gradually gives rise to knotty disease symptoms. Thus, *it is the suppression of disease manifestations and combination of miasms, and their number in*

*the said combination that lie at the back of all complexities in disease.*

If there is only one single miasm, Psora, in a system, there are certain disease symptoms; and if there are two miasms, that is Psora and one only of the other two, Sycosis or Syphilis, there are certain more disease symptoms; and if again, there are all the three miasms, that is Psora and both the other two, Sycosis and Syphilis, there are still more disease symptoms. These are complexities due simply to the *number of the miasms (uncombined)* in the system. But when these miasms exist in the system *not merely in number (uncombined), but also in combination*, there are still more disease complexities, and these *complexities vary according as the combination is of two or of more miasms*. Then again, besides the variation in the complexity, described above, that is to say, the complexity due to the number of the miasms in the combination, there are further variations in complexities according as the miasms are *acquired or inherited*. As for example, Psora and Sycosis or Syphilis acquired, is one kind of it, while Psora and Sycosis or Syphilis inherited is another. The latter is always a far more complex combination than the former. This is a highly abstruse matter and you must invoke the aid of your experience to lay it bare.

In the very extensive literature of the old school, there is absolutely no analytical study of miasmatic

combinations and the various complexities due to them. It however, only appears from their books that various titles have been given to all those complex manifestations, e. g.,—Scrofula, Struma, Tuberculosis and so forth. Let us, however, try to understand what exactly are meant by these names. There are nothing like the miasms of Psora, Sycosis and Syphilis in their Philosophy (?)—nothing by which to understand what we understand by these, i. e., certain primary conditions for the very possibility of disease. But these names of theirs seem to have some conventional significance—e. g., by Scrofula, Rickets and Struma they understand the systemic condition expressed by those children who do not grow well but suffer off and on from cold and fever and diarrhœa etc. And again, by Tuberculosis they mean the systemic condition that pre-disposes the victim to phthisis and consumption. These are some of the generalisations that have been made by the most learned and experienced of their school, and no explanation for differences in disease manifestations between individual and individual appears to have been attempted. But *Homœopathy, the great Philosophy of disease* has laid bare the very root of the vicious Tree (of disease), and you must be armed with a thorough knowledge of that Philosophy as also of the Philosophy of the potentised drug. You must find the root out with your *Eye of Reason* and

you must blow it out with the arm of *Potentisation*, because this alone is *true cure of chronic disease*.

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**CHRONIC DISEASE—ITS CAUSE AND CURE.**

**PART V.**

**RECORDS OF CHRONIC CASES.**



## CHAPTER I.

### Records of chronic cases.

The method of treatment of chronic cases has been explained, and it is my intention now to append to this book a number of chronic cases, by way of showing the manner of practical application of that method. This is expected to elucidate the matter further and to make it still more intelligible.

In giving the cases, however, I shall produce the record of the first case in toto and exactly in the manner in which cases have to be recorded—showing also, how a miasmatic selection of remedy has to be made. The rest of the cases will be placed in a nutshell, and if you can grasp the principle that will be laid bare in the first case, there will not be any difficulty in understanding from them the manner of selection of the remedy as also its action stage by stage.

## Case No. 1.

## RHEUMATISM AND RIGHT SIDED PARALYSIS.

Name—Mrs. \_\_\_\_\_

Age—27 or 28 years.

Address \_\_\_\_\_

1. Symptoms.	2. Modalities—showing how the symptoms recorded in col. 1, are aggravated and ameliorated.	3. Nature, temperament etc. of the patient as observed by the physician. Also note of results after the use of medicines prescribed.	4. Medicine with potency.	5. Date of using the medicine.
1. Mother of three children. 2. Paralysis of the right side after the birth of the youngest child. 3. Syphilitic taint from the father's side, and no miasmatic history from the husband's. 4. Dark complexion. 5. Fat and flabby. 6. Not much of a good housewife, and this might be due to her having often been confined to bed on account of her health.		Despondent ; melancholy.  Indolent.		

<p>7. Awful weakness and restlessness.</p>	<p>Aggravated at night so much so that she was awfully afraid of its approach.</p>	<p>Apprehensive.</p>
<p>8. Aching and burning in the lumbar region. This is so severe at times that the whole body shakes.</p>	<p>Aggravated at night but most severe towards the early hours of morning.</p>	
<p>9. Fearful. Fears that some unknown thing will happen.</p>	<p>Aggravated by anything or nothing.</p>	
<p>10. Vertigo—at times.</p>		
<p>11. Had a fall some days ago on account of vertigo, and broke a tooth.</p>		
<p>12. Appetite very dull; has no craving for food, and eating is more a matter of routine than of necessity.</p>		
<p>13. Thirst, a bit more than normal.</p>		
<p>14. Rheumatic pains in the lumbar region.</p>	<p>Worse towards the morning. The character of the pain is stitching and burning. Not affected in any way by the seasons.</p>	
<p>15. Head—heavy.</p>		
<p>16. Lies on both sides.</p>		

1	2	3	4	5
<p>17. Had a certain bad news from her father's place sometime ago and this upset her altogether. And it was after this that the right side was paralysed. She could not move the right hand except with the help of the left.</p>	<p>Was partially ameliorated by Ayurvedic oils applied externally. Aggravated by bath.</p>	<p>Ailment possibly brought on by grief or emotion.</p>	<p>Application of Ayurvedic medicines for about 2 months.</p>	<p>7.12.15. 15.12.15. 22.12.15.</p>
<p>18. Has a liking for bath.</p>		<p>Symptoms of insanity developed after Sulph. 1,000. Profuse leucorrhoea appeared on 31.1.16., and the mental condition gradually improved.</p> <p>Some dry itches appeared on 11.8.16. and then passed off of themselves.</p>	<p>Causticum 200 Causti- cum 200. Causti- cum 1000 Sulphur 1000. Causti- cum 50m. Causti- cum c.m.</p>	<p>7.1.16. 13.2.16. 29.5.16.</p>

Now, let us examine the case as recorded above and find out which of the three miasms is predominant and is causing the greatest trouble to the patient. We should easily see that it is symptoms Nos.—2, 8, 9, 10, 11, 13, 15, 16, and 18 that are causing the greatest suffering to the patient. And of these Nos.—2, 8, 9, 10, 11, 13, 15, 16, and 18 are Sycotic symptoms, while Nos.—8, 10, 11, 13, and 16 are Psoric symptoms. It is, therefore, Sycosis that is causing the greatest trouble, and as such, the first blow must be dealt to Sycosis. It needs be mentioned that, though there is a positive history of inherited Syphilis from the father's side, there is hardly any Syphilitic symptom in the case. However, as it is Sycosis that is predominant, an anti-Sycotic remedy will have to be selected. Psora and Syphilis are in the background now, and as such we must not worry about them. But, which is the anti-Sycotic remedy that is called for by the symptoms? It has already been stated before, that in selecting a remedy it is necessary to give the greatest importance to the symptoms of the mind. Then come the symptoms relating to the whole body, and last of all, the symptoms of the particular parts of the body. The mental symptoms as noted in col. 3 of the record are :—

- A. { 1. Despondent,  
2. Melancholy,  
3. Indolent and  
4. Apprehensive.

The symptoms relating to the whole body are :—

- B. { 1. Weakness and restlessness—(symptom No. 8.)  
2. Appetite—(symptom No. 13.)

And, last of all, the symptoms relating to the particular parts of the body are :—

- C. { 1. Paralysis of the right side,—  
(symptoms Nos. 2 and 18.)  
2. Lumbago—(symptom No. 9.)  
3. Heaviness of head—(symptom No. 16.)

Now, let us see which of the anti-Sycotic remedies agrees with the above. It will appear that it is "Causticum". The mental symptoms under group A, and the symptoms at serial (2), (if not those at (1) also) under group B, and symptoms at serials (1) and (2) under group C, unmistakably indicate Causticum, and the first dose of it was given in the 200th potency on 7. 12. 15.

15.12.15. No change. Causticum—200 was repeated.

22.12.15. No change yet; Causticum—1000, one dose.

7. 1. 16. No change yet. One dose of Sulphur—1000 was given, it being assumed that Psora was perhaps not allowing Causticum to act even in the 1000th potency.

21.1. 16. The development was very unsatisfac-

tory. The patient was showing symptoms of insanity and had become far more fearful and apprehensive. This evidently looked like an aggravation of Sulphur and must have perhaps been due to the potency being too high. No interference was advisable, and the medicine was allowed to act off. For the satisfaction of the patient's husband, some placebo was, however, given along with an advise for not allowing the patient to be kept alone.

31. 1. 16. Profuse leucorrhœa appeared and the condition of the mind gradually improved. This was, however, frightening, as there being no mention of leucorrhœa in the record, it was bound to be interpreted as a new symptom; but on further cross-examination, it transpired that it was not a new symptom, as the patient had leucorrhœa long ago and it was only lying suppressed in the system. No medicine was given, but instead, some placebo, as it was evident from the re-appearance of an old symptom "leucorrhœa", that the case was running a curative course.

13. 2. 16. The discharge of leucorrhœa had diminished and the condition of the mind was still better. Placebo.

24. 2. 16. All the symptoms on which the first prescription was made were aggravated. This was inviting a second dose of the same medicine in a higher potency, and therefore, one dose of Causticum—50m

was given. Also some placebo for full one month, with a request for immediate information in case of any severe aggravation.

25. 3. 16. Not much improvement, neither any severe aggravation as apprehended. On the whole the patient was feeling a bit better. Placebo for another month.

13. 4. 16. The main malady "Paralysis" was much improved, but there was a severe aggravation of burning and restlessness. Wanted cold only.

15. 4. 16. Had an accidental fall from the headstead while in sleep at night and was wounded in the nose, which was bleeding profusely. The bleeding had not stopped even up to 9 in the morning. However, no medicine was given for this, as that might offer some interference to Causticum—50 m, which was acting satisfactorily enough and as the bleeding could be stopped otherwise. Application of cold water in the nose and forehead, and some placebo were all that were given. The bleeding stopped by evening.

18. 5. 16. Much better. Lumbago very slight, and burning also slight,—aggravated in the night. No medicine. A return of all the symptoms now, on which the first prescription was made.

25. 5. 16. A fresh aggravation again of some of the symptoms on which the first dose was given. This was an indication for a third dose of the prescribed

remedy in a still higher potency, and one dose of Causticum—c. m. was given on 29. 5. 16.

11. 8. 16. Improving in all respects, physically and mentally, but on this date information was received that the patient had some dry itches on her person. This however passed off in a few days and there was no further trouble of any kind.

**Remarks :—**

(1) Though all the symptoms of the case indicated Causticum, yet there was no action until a more deep acting medicine, Sulphur—which is an anti-Psoric was given. If there was want of knowledge in Materia Medica, possibly Causticum would have been changed when it was found that it was not acting even in the 1000th potency, but that would have been very wrong.

(2) The leucorrhœa, which was only kept suppressed instead of being cured, re-appeared under the action of a deep acting potentised drug. This was a sure indication of the process of cure,—“Re-appearance of old symptoms (suppressed) in the reverse order of their coming”.

(3) The insanity that developed looked like a new symptom. If it was really a new symptom, it would have been very bad, and the only interpretation in that case, would have been that the first prescription of Causticum was wrong. But it appeared subsequently, i. e. after Sulphur was allowed to act

off, that it was really an aggravation of Sulphur due to the dose being too high. The 200th would have been the most appropriate potency in this case, and 1000th was wrong. If 200th had been used, most probably, there would have been no development of insanity while the leucorrhœal discharge would have appeared earlier.

(4) The insanity that appeared, did not indicate any change of structure, which is always possible only when either Sycosis or Syphilis or both combine with Psora. There was only some mental restlessness. It was therefore certain that the hereditary Syphilis which the patient had from her father's side, or the Sycotic taint had no hand in this insanity. This also corroborates the assumption that it was due entirely to the wrong use of Sulphur in too high a potency.

(5) The dry itches that closed the process of cure were Psoric and possibly Sulphur 1000, which was given eradicated the Psoric taint, just as the Sycotic taint was eradicated by Causticum. It cannot however definitely be said that this assumption is correct, until after the lapse of a long period of time, i. e. without seeing whether the patient develops any other disease, as Sulphur in the 1000th potency only may not have been quite sufficient for eradicating Psora altogether. And in that case, Psora is bound to appear again in this patient in the future,

and possibly still higher potencies of Sulphur would be necessary then for eradicating it.

(6) Though the patient had inherited Syphilis, there was no manifestation of it, either when the record was prepared, or when the treatment was closed. It was therefore not possible to prescribe any anti-Syphilitic remedy after the cure of paralysis and lumbago. It is never possible to do anything, unless there are symptoms, as symptoms are the only language of Nature that call for the required remedy.

(7) It might be that Syphilis was yet very superficial in the patient. And if the assumption that the dry itches indicated the eradication of Psora is correct, it is quite possible that the patient was freed from Syphilis too. Because, Sycosis was eradicated by Causticum, and Psora by Sulphur, and in that case, that is to say, there being no Psora, Syphilis has nothing to stand upon. And the patient may therefore be said to have been cured radically of all miasmatic taints, and she should therefore have no more diseases in her life, beyond ordinary ailments due to disorderly living, unless there is fresh miasmatic acquirement. This may therefore be said to be an ideal Homœopathic cure. But this assumption is highly doubtful, as Sulphur in the 1000th potency only can hardly be conceived to have eradicated Psora altogether.

(8) If however, the assumption that Psora was

eradicated by the 1000th potency of Sulphur, as Sycosis was by the c. m. potency of Causticum, is wrong, then the only thing achieved was that the patient was cured of the miasmatic taint of Sycosis only. And in that case, Psora and Syphilis must be still continuing in her, and as such, she would be exposed to diseases in future, unless these miasmatic taints were eradicated by further Anti-Psoric and Anti-Syphilitic remedies. And this would be possible only when she would present proper symptoms for such Anti-Psoric and Anti-Syphilitic treatment. Without symptoms, no body can do anything.

### Case No. 2.

#### LEUCORRHOEA, DIARRHOEA AND HEADACHE.

Mrs————; age 41, had been suffering from the above troubles for the last 13 or 14 years. Very weak. Dietetic regulation under recent Ayurvedic treatment had contributed largely to the weakness.

**Symptoms:**—Almost a continuous leucorrhœa from her very childhood. Had occasional spells of normal motions too, but the slightest irregularity in diet used to bring on diarrhœa, and this had assumed such dimensions gradually that she practically digested nothing. There was sore-mouth, and this was always there. It caused severe burning while eating and even while drinking water. She could

hardly satisfy her appetite, of which there was some, on account of the burning in the sores. There was absolutely no ease at any time, and this was particularly pronounced at the time of eating. The burning caused by the food and drink taken used to frighten even those around. The temper was extremely irritable, and she used to be upset by any sudden noise or sound.

Borax—200 was given, but there was no response even after a fortnight. Another dose of Borax—200, but there was no change yet. Full 15 days elapsed, and yet no change appeared. The patient was very weak, and any higher potency could not be tried with safety. As, however, the selection of Borax appeared to be perfectly correct, there was no reason for changing it. Graduated doses were therefore given at the rate of one dose every alternate morning, and after 4 such doses, the patient remarked that she seemed to feel better. The medicine was stopped at once. After 15 days, i. e. on 17th July, the patient was re-examined and there seemed to be a positive indication of improvement in her mind. No medicine was therefore given for the next 15 days.

3. 8. No further change. Borax—500, one dose in the morning, one dose in the evening and another dose next morning. Placebo continued for the following fortnight.

20. 8. The patient was feeling better, but the

main trouble 'leucorrhœa' was yet unchanged in any way. Placebo for one month.

17. 9. The improvement, which the patient was feeling, stopped. Borax—10,000 one dose every morning for 4 days continually, and placebo for a month.

24. 9. A severe aggravation. On an examination of the patient, however, it was found to have been due to the medicine (Homœopathic aggravation and not medicinal). There was absolutely no new symptom,—it was only the existing symptoms that were aggravated: There was a request from the guardian for relieving the trouble at once, and some placebo, to be taken every 4 hours, was given.

30. 9. The aggravation had almost passed off, and the patient was comparatively much better. Placebo for 2 months.

13. 12. Aggravation of sore-mouth and also of leucorrhœa. Borax—10,000 one dose only, and some placebo for 1 month.

11. 1. Information was received that the leucorrhœal discharge and sweat were smelling awfully fetid, though the patient was feeling better otherwise. The fetidness of the smell, however, was frightening, so much so that the patient and her people were afraid lest something had putrified within. No medicine was, however, given on this.

16. 3. The patient was much better, but the discharge and the sweat, as also the fetidness had not

yet completely disappeared. Sanicula—10,000, one dose was given, and this completed the cure.

**Remarks:**—(1) The patient was awfully weak, particularly in the mind and this is why a potency higher than 200th could not be risked in the beginning. If nervous weakness is greater than physical weakness, higher potencies should not be tried, and the fact that she could not stand the slightest noise only indicated that she was weak in her nerves.

(2) If there was any doubt as to the correctness of the selection of Borax, and if it had been changed on 17th July or on 3rd August, the cure of the patient would have been positively doubtful. The physician must have a thorough knowledge of Materia Medica and a thorough confidence in that knowledge.

### Case No. 3.

#### COLIC AND HEADACHE.

Mr. ———— ; a blacksmith ; age 30 or 31. Had acquired gonorrhœa at the age of 21, and it was cured (?) by Ayurvedic medicines. Was practically in good health since then, except that he developed a colic from which he had been suffering for the last three years. This colic was not however, so severe in the beginning but it had become rather serious now.

**Symptoms:**—The colic was just above the umbelicus. It was a pricking, stitching pain, ame-

liorated by hard pressure, by lying on the abdomen, and by application of heat. There was no particular time for the onset, but it used to come on generally in the afternoon. If vomiting could be induced by introducing the finger into the throat, the pain would be relieved at once. A late meal in the night used to cause distress at times. Walking about during the colic also relieved it at times, as this induced passage of flatus per anus and it was the passing of flatus that used to bring immediate relief. Cold weather and cold in any form were not tolerated. This susceptibility to cold was not so pronounced before, but it had grown remarkably since the acquirement of gonorrhœa. Heat was preferred, and the patient liked the fire while working in the smithy.

Magnesia Phos.—200, one dose every morning for a few days, but there were yet 4 or 5 attacks of pain, in course of the day. Two doses of the 30th potency were then tried. There was some improvement then, but it lasted for 3 days only, and the pain returned again at the rate of 4 or 5 fits every day. The 30th and the 200th potencies were thus tried practically without any benefit. Then Sulphur, both in the 30th and 200th potency, was given, but to no purpose. There was no change. This made the patient impatient, and his people too; and some injection was being contemplated. One dose of Thuja—200 was given, and this caused a disappearance of the pain for

5 or 6 days, but there was no re-appearance of gonorrhœal discharge yet. Then one dose of Kali Carb—1000, and from the very next day the colic began to grow less and less, and then gradually re-appeared the suppressed (cured by Ayurvedic medicines!) gonorrhœa, and in 15 or 16 days' time, the colic was totally gone. Instead of a colic patient, he became a gonorrhœa patient now. A whole phial of placebo to be taken one dose morning and evening was given. The discharge ran on, and then appeared a severe headache. But it was not a new appearance. The patient stated at this stage, that he had a similar headache before the acquirement of gonorrhœa.

However, the gonorrhœal discharge and the headache continued for about two long months. Then the discharge stopped gradually, while the headache continued on. No medicine was however given at this stage. Then disappeared the headache after the lapse of another month, but the colic returned again. This was a return of the stage on which the first dose of Kali Carb was given, and was therefore an indication for a repetition of the same medicine. Another dose of Kali Carb—1000 was repeated. No action was visible even after 10 or 12 days; and another dose again, but no action even after a whole month. Kali Carb—10m, three doses in three days were given, and this brought back the discharge again in 7 or 8 days' time. Along with the discharge came also the

headache, and with this fresh re-appearance of an old symptom, the colic was relieved. Thus continued the disappearance of the colic and the re-appearance of the old symptom, and the disappearance of the old symptom and the re-appearance of the colic, for about 6 long months, when at last all the three—colic, gonorrhœa and headache made their final disappearance never to return. All medicine was then stopped, and no report of the return of these symptoms was ever received afterwards.

**Remarks :—**

(1) There can be no cure of a gonorrhœa patient without a bringing back of the suppressed discharge.

(2) The appearance and disappearance of the old symptoms in this case are simply remarkable.

(3) There was no difference in the modality of the miasmatic and local symptoms of the patient. The patient himself had a liking for heat, while the colic also was relieved by heat. The patient had not, however, this liking for heat before the acquirement of gonorrhœa, and as such, it was a valuable symptom. If there was any difference between the modality of the miasmatic element of the patient on the one hand, and the modality of the local symptoms on the other, the selection would have been decided by the miasmatic modality, because the prescription in a chronic case, must be miasmatic besides being in accordance with the totality of symptoms.

(4) "Relief from passage of flatus" is a characteristic symptom of Kali Carb, and it seems to me that the selection of all the other remedies—Magnesia Phcs. and Thuja etc.—was not quite correct and that Kali Carb should have been the first remedy to be prescribed.

(5) The patient did not give indication of satisfactory re-action from low potencies, and it was for this reason that Kali Carb was given at once in the 1000th potency. And when no re-action was perceived from 1000th, 10m had to be tried. If after the dose of 10m there had been a return of the symptoms (on which the first prescription was made), c.m. would have been given. But there was no return, and as such, it is doubtful if a complete miasmatic cure was effected, as 10m is too low a potency to effect a radical cure. If however, there was no return of the symptoms even after c. m. the certain conclusion would have been, that the patient was cured of the Sycotic element, as the c. m. potency is high enough to act on the miasmatic plane. This is science.

#### Case No. 4.

##### PILES, AND TUMOUR IN THE OS UTERUS.

Mrs.———; age 33; mother of three daughters, and the age of the youngest was 7 years. All the three daughters were born at intervals of two years each

and the patient had not conceived for 7 years at a stretch after the birth of the youngest daughter. The present troubles were:—Pain in the piles and profuse bleeding, and a tumour in the os uterus.

This is the history of the case—"I was first pregnant at 19, and before that I was in pretty good health. All my troubles commenced from after the birth of my first daughter. I menstruated after 7 months of the birth of my first daughter, and I remember what a painful menstruation it was! I was treated allopathically, and it was after three days of that treatment that there was some relief of the very agonising pain that attended the menstruation. There was no discharge,—only some spots in the linen. The pain was simply agonising; it was a cutting, stitching and pricking pain, and there was violent shivering. However, at the next course too, the same painful process was repeated with a similar absence of discharge. The same doctor was called in this time too, and he prescribed some medicine and hot fomentation. But there was no relief, or more correctly, the relief this time was much less than at the first occasion. The third course was also like the first and the second—or perhaps severer, and two patent medicines were prescribed this time. When, however, there was no benefit from these, even after 3 or 4 months, I was placed under the treatment of a reputed specialist. I continued to be

under the treatment of this specialist for 8 long months, but there was practically no relief of my sufferings, except that the discharge only had increased slightly. This treatment was then abandoned and Ayurvedic treatment resorted to. Then Allopathic treatment again when there was no improvement from Ayurvedic treatment. And it was about this time that I became pregnant for the second time. The second daughter was born, and then re-appeared all the troubles of menstruation from the sixth month of delivery. But with these troubles, there was a new trouble now. It was piles. I never knew what piles was, because no body in my father's family had it nor had I ever seen anybody suffering from it. However, during the period intervening between the two menstruations, I began to have additional troubles from piles. There was severe pain and some discharge of blood too. The menstrual discharge almost stopped, while the menstrual pain continued.

It was about this time that my father, who came to see me, proposed to my husband a regular course of treatment in the hospital. I am unable to say what tremendous troubles and expenditures have been borne by my husband, on my account. However, I was kept in the hospital for six long months, and was treated allopathically in all possible ways, but all for nothing. And when nothing cured me, I was sent to Waltair for a change. There was, of course, some

physical improvement from this change, and I became pregnant for the third time, so that I could not judge if the change had done me any benefit in respect of my menstrual troubles. However, the third daughter was born, and I menstruated eight months after her birth. All the troubles of menstruation were there, but, it seemed to me that the severity of the troubles was not so great. It might be that I was not feeling the troubles so severely, having been used to them for such a long period of time. All the doctors whom I had consulted so far, advised me that no treatment should be undergone for piles, because it was a disease that was never cured, and there was no other help than to suffer from it quietly. But I could not persuade myself to believe that a disease was there without a remedy.

However, I continued without any medicine for some time, because there was no improvement from any treatment, and because having been used to my sufferings for such a long period of time, I was bearing up with them comparatively better than before.

I was, however, re-examined by the specialist who had treated me at the beginning, and was told "You have got a tumour in the os uterus, and it has to be scraped". I seemed to understand what exactly was meant by scraping, and I could not venture on it, because, about this time, I was having fever almost

daily, and was growing weaker and weaker. At last, I heard that tumours are often cured without scraping or operation, by internal use of Homœopathic medicines. I then placed myself under the treatment of two of the leading Homœopaths of Calcutta. I have been under their treatment for seven months, but, as there has been no improvement yet, and as I feel there is no prospect of any improvement, I have been coming to you."

This was the history of the case, and no doubt it was a difficult case too, and it was with a deal of hesitation that I registered it and recorded the symptoms.

#### Symptoms :—

"Slight fever every evening. Want of taste in the mouth. Everything eaten seems tasteless, and there is no craving for any kind of food. The fever has been continuing practically for about a year and a half, but it has been so regular for the last 3 or 4 months only; it lasts for an hour or so. There is a creeping chilliness, and then there is remission with a slight perspiration. And then there is a severe prostration. The pain in the lower addomen is continuing, only that it is a bit less severe, and that is all. It is a pricking, stitching pain, relieved by pressure and heat. But again, there is such a pain in the abdomen at times, that even the slightest touch is not tolerated. At night, I have often to walk about on account of

this abdominal pain. I then begin to think that my husband is being put to all sorts of expenses and various family discomforts on my account only, and it is therefore better to put an end to my life, but I am gradually overpowered by a fear of death. And thus the inclination for suicide comes to nothing. However, while walking about in the open, I begin to feel better, and as a matter of fact, I have a preference for open air, but I am afraid of having much of it, for fear of catching cold. I cover up my person carefully and sit in the open air, as I seem to refuse to enter the bed room. Though there is no particular hour for the onset or aggravation of the abdominal pain, it is, however, decidedly clear that I feel worst in the night. As a matter of fact, I am afraid of the approach of night. There is vertigo, and it is worst from bending the head to the left. There is another very peculiar symptom, which I cannot quite express. It is this. In the evening, or at night, or after some close thinking, I feel that all the blood in the system is rushing up towards the head. It is a most wretched sensation, and I cannot explain it fully. Fortunately, however, it is very transient. There is a slight perspiration on the forehead soon after this, and I then gradually recover from the fit."

From enquiries made from the husband, it transpired that the patient's temper was quite genial before the decline of her health, but she had grown

almost intolerably irritable for the last 4 or 5 years. She was morose beyond all expression, and did not want to take any medicine, and was used to talk about death,—“It is better for me to die” and so on. In the ear, there was a very fetid running, and the breath also seemed to be equally fetid.

“The piles are very very painful, and the pain is worse from touch. It is a stitching pain, and the slightest touch brings on a flow of blood and watery discharge. When the piles are worst, I have to pass the night very carefully, lest the touch of the bed should aggravate the pain and the bleeding. Application of heat on piles seems to give some relief. But when the pain is most severe, I feel even better from open air, than from application of heat, or from lying down on the bed. I do not feel any decided change in my condition in the different seasons, but it may be that I am generally worse during the rains or immediately after it. These are my present symptoms in brief.”

The first dose prescribed was, Aurum Met. 1000 on 26. 6. 17., and one placebo every morning. Instructed to report after 15 days.

9. 7. 17. No change. Aurum Met. 1000, another dose.

23. 7. 17. No change. Thuja 1000, one dose only and instructed for a report after 15 days.

30. 7. 17. Information was received after 6 days that the patient was having comparatively better

sleep. Some placebo and instruction for a report after a fortnight.

14. 8. 17. Feeling better gradually. Appetite also seemed to be improving. But mentally, she was even more morose and despondent. Aurum Met. 10m one dose only and sufficient placebo for a month.

10. 9. 17. The patient was worse ; all her troubles were severer, but no fever for the last 4 or 5 days. Placebo for another month.

8. 10. 17. The abdominal pain had almost disappeared ; much better in other respects too. Placebo for another month.

10.11. 17. The running of the ear had much increased and the menstrual flow appeared. The discharge was not very meagre, but it was attended with some pain in the addomen. Placebo.

11.12. 17. Much better in all respects. Placebo.

19.12. 17. Plenty of menstrual discharge, but the tumour was yet as hard as before though the pain was totally gone. The troubles of piles also had disappeared, and there was some improvement also in the physical appearance of the patient. She looked comparatively healthier.

3. 1. 18. The tumour was painful again and some condylomatous growths appeared here and there on the body. Placebo.

24. 1. 18. Menstrual discharge again, but not very sufficient, and the tumour was yet almost as

painful as before. Aurum Met—c. m., one dose, and placebo for 2 months.

After three months, all troubles—the tumour, the running of the ear, the addominal pain etc.—disappeared, and the menstrual discharge became regular. The body was however, now covered with a lot of condylomata. Two doses of Thuja 1000 were given at an interval of one month and the lady was completely cured.

**Remarks :—**(1) It is a highly interesting case. Though there was no history of any miasmatic infection, the symptoms unmistakably pointed to all the three of them with predominance of Sycosis.

(2) The superficial physical symptoms would put one in mind of Magnesia Phos., but a selection of that would have been wrong, because, in chronic cases, it is the mental symptoms that should lead the selection. Besides, Magnesia Phos. is not so deep acting as to produce tumours. It may, however, be possible that Magnesia Phos., if given in the beginning of the patient's troubles, would have stopped the subsequent developments and the formation of the tumour.

(3) The patient must have acquired Sycosis and Syphilis from her husband, because, her troubles dated from her first pregnancy.

(4) There was no response until Thuja was given, certainly because Sycosis was predominant. But Thuja was not repeated, as it did not correspond to

the case, while Aurum Met. did. The use of Thuja was like the use of Sulphur in acute cases. The report of 14. 8. 17, namely that "Mentally she was more morose and despondent"—indicated that it was Aurum Met. and not Thuja that was being called for.

(5) The modalities in respect of the "bodily locals" and the "generals" of the patient were different in this case. The patient had a craving for cold and open air, but the piles were better from heat. And, as the "general" symptoms are always more important than the "local symptoms", the general symptoms were taken into account and Aur. Met. selected, and this cured the piles too. If the patient had even some more local symptoms besides piles, then those too would have been cured by Aurum Met., as Aurum Met. was the medicine for the whole personality of the patient—and not for any particular manifestation of that personality in the shape of any symptom in any particular locality of her body. Aurum was the medicine for the *patient* and not for any *disease*. It was the medicine for the *sick person* and not for the *sickness*.

(6) In cases, in which the chosen remedy does not act unless some other remedy (e. g., Thuja in this case) is interpolated, the remedy interpolated, should be allowed sufficient time to act. The time, when this will have to be stopped and the selected remedy

repeated, will have to be ascertained by a study of the mental condition of the patient. As soon as the mental condition of the patient (after the use of the remedy interpolated) points to the selected remedy even more clearly than it did at the first prescription, the time for a fresh dose of the selected remedy will be considered to have come.

### Case No. 5.

#### A CASE OF SO CALLED KALA-AZAR.

Mr.———; age 21. Had his first attack of malaria at the age of fifteen or so, and was treated by Allopathic physicians. Recovered after 12 or 13 days, but it was from this attack of malaria that the decline of his health began. Was used to the vices of his age (masturbation etc.) and after the shock the system had from the malaria, he began to have nocturnal emissions. Gradually both body and mind became weaker and weaker. The patient's mother happened to be an educated lady, and she stopped his education when she understood the progressive decline in his health and took him to Calcutta for treatment. First, a course of Allopathic and then a course of Ayurvedic treatment were gone through, and soon the patient began to have slow fever every evening. The fever lasted for a few hours only, and then there was remission with

some perspiration. Almost simultaneously with this slow fever, there appeared a new symptom. In the morning, while leaving bed, the patient would sneeze and cough like anything, and these used to be accompanied by a flow of profuse watery discharge from the eyes and nose. During the day time, however, particularly after breakfast, there was no trace of the sneezing and coughing etc. There was a similar fit in the evening, and this also completely ceased after supper. This was pointed out by some of the physicians of the patient, as a pre-monitory symptom of phthisis. The patient's mother grew nervous, and she went out with the boy for a change. But all the change the boy was made to have did not change his health. And it was after this that a course of Homœopathic treatment by me was decided upon, and I recorded the following symptoms:—

Very weak, but he had good appetite and could eat enough. This appetite might be called even unnatural. Very much afraid of cold. Could not tolerate cold, and wanted to be wrapped up. Not much inclination for bath, but the troubles did not seem to be aggravated by bath. No good sleep, possibly due to all his worries on account of his health. Generally constipated, but had looseness too, at times. A feeling of a lump in the throat, which could be dislodged neither by swallowing nor by expectorating. This was a very annoying symptom, but nothing could

be traced in the throat, by the patient, in spite of all his endeavours with the looking glass. So long as the patient did not come out of his bed room, after awaking in the morning, there was absolutely no sneezing and coughing or running of the eyes and nose; it was only when he came out in the cold, that the fit used to come on with all the vehemence. It continued almost till his bath, and after bath and breakfast, there was absolutely none of it. Did not sleep in the day. In the afternoon, there was the onset of the fever. It was accompanied by a chill and a burning sensation all over, but yet he could not uncover. The sneezing and coughing etc., began again in the afternoon at about 4 or 5, and it continued so long as he was outside. It gradually decreased when he entered into his room and it completely disappeared with his supper and as soon as he was in bed. There were some worm troubles as indicated by an itching in the rectum. Nocturnal emission at least once or twice in the week. No thirst. Mouth and throat seemed dry, and he seemed to have preference for hot water.

The above symptoms were indicating *Ars. Iod.* But the use of such a deep acting medicine could not be risked in this weak condition of the patient's health; and *Sabadilla*—200, one dose every morning, until the catarrhal symptoms abated, was prescribed. Some placebo.

1. 1. 22. The symptoms of catarrh were much less, but the fever was aggravated. This must not however be interpreted as a new symptom as it was only an unmasking of the fever that was suppressed with unhomœopathic medicines. There was not much change in the character of the fever, except that the perspiration at night was a bit more. Placebo.

14. 1. 22. Catarrhal symptoms aggravated. *Sabadilla*—1000, one dose every morning for three days continually, and then placebo.

27. 1. 22. The aggravation of the catarrhal symptoms was almost gone. The feeling of a lump in the throat was also gone. Placebo.

9. 2. 22. Catarrhal symptoms completely gone. Temper very irritable, appetite far more increased—decidedly unnatural. Chilliness and burning at times. *Ars. Iod.*—200, one dose.

20. 2. 22. Fever much less. Night sweats completely disappeared. Placebo.

8. 3. 22. Slight fever, only now and then, but not every evening, as before. *Ars. Iod.*—200, another dose.

No more medicine was required. The patient was cured all round. It is interesting that the nocturnal emission was also cured though none of the two medicines used had this symptom in their symptomatology.

**Remarks :—**

(1) In weak and debilitated subjects, deep acting

medicines, particularly in high potency should never be risked.

(2) If amongst the present symptoms in a given case, there are some such superficial but troublesome symptoms as can be controlled by ordinary acute remedies, then this should be done, before any deep acting medicine is ventured upon. This mitigates the immediate troubles of the patient to a large extent, and the use of a constitutional remedy afterwards becomes decidedly convenient.

(3) The patient indicated *Ars. Iod.* at once, but this must not mean that it is *Ars. Iod.* that was to be given after *Sabadilla*. The fact is that it is always the indicated remedy that should be given. If after *Sabadilla*, there developed indications of some other medicine than *Ars. Iod.*, then, that would have been given.

(4) The question arises here—"Why a higher potency than 200th was not given at once in this case? And again, if a higher potency than 200th only was not given at all, most possibly, the patient was not cured completely"—Quite so; the complete cure of the patient is certainly doubtful in this case, but the fact is that there was no help. Unless symptoms are there, i.e., unless there is a re-appearance of the whole array of symptoms on which the prescription was made, there is no ground for repeat-

ing the dose, under the laws of Homœopathy. If the re-appearance of symptoms takes place in the future, of course a repetition, and that in a higher potency will have to be made.

As to the first part of the above question, I have only to say that the weak condition of the patient did not justify the use of a potency higher than 200th. As the 200th acted well enough, it must have been correct.

(5) The great advantage of a miasmatic prescription lies in the fact that it cures the patient, and as such, all other troubles, besides those for which the patient has come to you, are also bound to be cured as a matter of course. (Vide para 5 of the remarks on case No. 4). In the present case, the nocturnal emission was cured, and if, besides this trouble, the patient had half a dozen other troubles, then these too would have been cured, even if these were not there in the symptomatology of the miasmatic remedy selected. This is Homœopathic truth, and this is the advantage of Homœopathic cure.

(6) Let me repeat that, with a view to effecting a complete cure, no repetition of higher potencies should be made unless there is a re-appearance of the array of the symptoms on which the first prescription was based.

## Case No. 6.

PHTHISIS, DUE TO REMOVAL OF GLANDULAR  
SWELLINGS BY SURGERY.

3. 5. 1921.

Mr.———. Age 30 or 31. "I have been suffering from phthisis for the last nine months. In Sep., 1919, the glands on either sides of my neck were swollen, and there was some pain in the throat. I consulted some Allopathic doctors and they gave me some external applications and also some gargles. As however, this did not relieve me, I consulted the Civil Surgeon of Midnapore, and he too recommended the same treatment. I had then to proceed to Calcutta, and I consulted some of the leading Allopaths there, but unfortunately, without any benefit. I was then compelled to go to the Surgeon in charge of the Calcutta Medical College. This gentleman said that, no other treatment than removal of the swollen glands by surgery was yet successful in such cases. Surgical operation was, therefore, the only thing to be done in the case. And in July, 1920, four of these glands were removed, and another two in October of the same year. I must admit that I found an awful relief from these operations, and the pain and all the other attendant discomfort in the throat owing to the swellings, disappeared like magic. But since the first operation in July, I began to develop a

teasing cough, and I reported the fact at once to the surgeon, who however replied, "Oh! Some patients of course get such cough after operation. But no anxiety for it; if you take plenty of Cod liver oil, the cough must go." He then prescribed two kinds of Cod liver oil for me. I began to take Cod liver oil as advised, but this did not relieve the cough, while the stomach grew worse. I was then advised to increase the dose of the Cod liver oil, but this I did not do, as I was not tolerating it at all. However, when the second operation (of the two other glands) took place in October, as stated above, the surgeon himself said after an examination of my blood—"You are very unfortunate, Babu, you are fast running into a galloping phthisis." This upset me altogether, and I at once consulted some more (4 or 5) doctors in Calcutta, and some kavirajas too. And they were all unanimous in declaring that I had really got phthisis. One of the kavirajas advised me to have Homœopathic treatment. I have therefore come to you. Pray, do what you think best for me."—This was the history of the case, and the present symptoms were:—

Thin, slender figure; medium complexion; rather tall; large brown eyes; breathing through the mouth instead of through the nose; had an unusual liking for cold—for cold drink, cold bath, cold air and cold surroundings. Appetite rather excessive—almost

canine, but emaciation yet. The cough was worse in the room at night, and was better from moving about in the open air. There was some fever and perspiration at night. Awfully weak—weak beyond all description. Thirst excessive.

When the patient was giving me his case, he was moving about in the room. It seemed, he was unable to sit still and tell out his case.

3. 5. 21. The case unmistakably indicated Iodum, and I gave the first dose in the 200th potency.

10. 5. 21. No change. Iodum—200 in graduated doses.

18. 5. 21. Absolutely no change yet. And I was compelled to use a more deep acting remedy—Tuberculinum Bov—200 on this date. This reduced the cough; to some extent but the patient did not feel better.

30. 5. 21. After two weeks of the above dose, I reverted to Iodum and gave it this time in the 30th potency, for three days, at the rate of one dose every morning, and waited for 15 days.

15. 6. 21. But there was absolutely no change yet.

It was about this time that the spiritual preceptor of the patient came to me and asked for my permission for taking him back to his home for certain religious services. I gave the desired permission gladly, as it was certain that the patient would not

live. It is needless to say that he died after a month of his having left my hands. Thank God! the spiritual preceptor certainly came to save me from the ignominy of a failure.

**Remarks:**—It is not for arrogating to myself the credit of cure that I have cited this case, because, as you see, there was no cure, but for illustrating what tremendous mischief is done to poor patients by unhomœopathic treatment—by indiscreet manual surgery, by unscientific removal of the so called “disease” which is in fact only the product of it expressed in a particular locality of the body. It is merely the removal of the disease-product that the surgical operation did, without correcting the abnormalised vital process, and this goes by the name of “cure”. You must see for yourself, how in the present case, the opposition to the disease at its own site gave it a turn towards the more vital organs. If instead of the “disease” being treated at the particular locality—the glands—the patient himself had been treated, had been corrected from the centre to the circumference, the abnormal life process would have been normalised at once, and there would have been no more abnormal growths, while the abnormal growths that had already been there (the swollen glands) would have dwindled of themselves, having no further nourishment to live upon.

## Case No. 7.

## DIABETES AND FISTULA.

21. 3. 1916.

Mr. ———; age 36 or 37. Medium build; complexion fair; intelligent; was used to brain work. Had been suffering from fistula since 1907, and from diabetes since last year. The fistula was not giving much trouble, though he could feel that it was on account of the fistula that his health was gradually declining. He was, however, anxious for diabetes, and wanted some treatment for it.

**History:—**

When 25 or 26 years of age, the patient had a large number of boils mostly on his back towards the close of one summer. Now, these boils almost all of them passed off, but there was one close to the rectum, and it was not going away. Later on, it healed up, but it soon broke out again. This however continued for some time, and it healed up again, and so on several times. There was some pain in it and some pus when it used to break out. Gradually it resulted in a perpetually running abscess with continuous oozing. It was operated upon after a year or so, and the surgeon declared that it was not likely to be cured by operation, as it looked like running into a fistula. And it turned out to be so. No further operation was gone through, and it was continuing

as before. Then, from 1915 (beginning of winter), the patient began to have an increase of urine. This was attended with constipation. The constipation continued or rather increased, so much so, that there was hardly a motion even after 7 or 8 days—not even on purgatives. And the urine increased still more.

**Present symptoms:—**

The fistula had a very small opening and the edges were hard. There was some pain, but the original sensitiveness was gone. There was a yellowish, bloody, awfully fetid smelling discharge from it, and the discharge was continuous. Though the opening was small, the whole area over an inch was very hard and raised. The spot seemed warm to the touch. The pain in the fistula used to increase after stool, and this aggravation lasted for a pretty long time. Worse in summer and winter, and comparatively better in rainy season. The pain was the same, whether the stool was hard or soft. Temper awfully irritable, and it used to be aggravated by noise. Fetid sweat in the hands and feet.

There were not many symptoms about the diabetes. There was some thirst. The quantity and the number of urine were excessive, and it was awfully strong smelling. Could not tolerate milk. Could not tolerate cold but was not better from warmth.

24. 3. 16. Nitric Acid—200, one dose every

morning for 4 days continually and then placebo. No change even after fifteen days.

8. 4. 16. Nitric Acid—500, one dose only, and after 7 or 8 days the urine seemed to have been reduced to some extent.

26. 4. 16. Nitric Acid—1000, one dose only, and report was received after 10 days that the urine was still less and the patient mentally better. Placebo for 20 days.

24. 5. 16. No further reduction in the number and quantity of urine. The smell was as strong as before. Nitric Acid—1,000 again.

18. 6. 16. No change; one dose of Hepar Sulph.—200, and placebo for 20 days.

3. 7. 16. No change; one dose of Nitric Acid—10m. and plenty of placebo.

13. 7. 16. The urine had increased awfully; awful thirst. No medicine, but placebo for 15 days.

26. 7. 16. Urine was almost normal. Placebo.

18. 8. 16. No trouble about the urine. But the fistula was increasing. No medicine. Placebo for 2 months.

15. 9. 16. No change about the fistula, and no trouble about urine. Placebo for 20 days.

24. 9. 16. The urine had increased again and the fistula was painful. Nitric Acid—50m., one dose only, and placebo for 3 months.

21. 12. 16. During the last three months, the

fistula was painful twice only, and there was no trouble about the urine. The patient was unable to say when the smell in the urine and sweat had disappeared. The urine was perfectly normal, and the sweating of the hands and feet much less. Placebo.

3. 2. 17. Better in all respects, but the fistula was not completely gone. Some burning in the hands and feet. Could not use any covering in those parts, even in the cold of February.

16. 3. 17. The burning in the hands and feet was totally gone. But the fistula was painful and was oozing continually. The patient had grown impatient by now, and was despairing of cure. Nitric Acid—c. m. one dose only and placebo for 3 months.

18. 4. 17. The fistula seemed to have healed up. On an examination with a magnifying glass, it however appeared that there was a slight opening yet, but there was no oozing of anything, while the hardened and raised surrounding was almost soft and smooth as normal.

No more medicine had to be used.

**Remarks:**--(1) Two quite different diseases were cured with the same medicine, but why?—If the selection is miasmatic, it is the patient that is cured, and if the patient is cured, all diseases or rather all disease-manifestations in him are bound to go.

(2) The first symptom always goes away last, and the last symptom first. This must happen in a

true course of cure, and it happened exactly in this case. The diabetes which came last went away first, and the fistula which came first went away last. This case nicely explains the law of—"Disappearance of symptoms in the reverse order of their coming".

(3) The patient in this case was Syco-Psorid, and the Sycoitic element was predominant, and the use of Nitric Acid was as an Anti-Sycoitic.

(4) The fetid smell of the urine should not be mistaken for a local symptom. The smell' was certainly due to the abnormal functions in the patient.

### Case No. 8.

#### HÆMOPTYSIS.

13. 8. 1914.

Mr. —————; age 45 or thereabout. Swarthy complexion; thin build; irritable temper. Was having repeated hæmoptysis, since June of the last year. Was treated by Ayurvedic physicians in the beginning, and this kept him well for some 3 or 4 months. From November last, the hæmoptysis re-appeared and was continuing. There was some allopathic treatment, but, as the patient could not tolerate strong allopathic drugs, he was without any treatment for some time.

There were absolutely no constitutional symptoms,

except the irritability of temper, and no miasmatic prescription was therefore possible. This was a typical case of paucity of symptoms, and I had to prescribe Ipecac on the symptom of blood-vomiting. But this did nothing, and three doses of *Millefolium*—200 were then tried, and this stopped the hæmoptysis. This, however, certainly did not cure the patient but only removed the symptom. But there was no help for it. Nothing can be done if there is no "Case".

### Case No. 9.

#### ACQUIRED SYPHILIS AND TROUBLES DUE TO IT.

14. 6. 1913.

Mr. ———; age 29 or 30. Contracted Syphilis from a prostitute when only 18 or 19 years of age. It was suppressed with injections and ointments, and the patient had the impression that he was radically cured. But, when he developed a bubo on the left inguinal region two years later, he found to his dismay that the disease was not radically cured. In the meantime, the whole thing came to the knowledge of the parents, and they brought in a reputed Allopath for his treatment. The bubo was operated upon, and when it had discharged a lot of bad product, the parents were convinced that the disease was completely cured. Some internal medicine was then prescribed for making the result of the

surgical treatment permanent. But as ill luck would have it, the mucous membranes of the nose were attacked this time, and the condition looked so alarming soon, that the whole nose seemed to be going to be eaten up. All the hairs of the head had fallen off, and a fetid pus began to be discharged through the nose and mouth. Some Allopaths were consulted again, and as a further operation was decided upon by them the parents got alarmed; and as they had found out in the meantime that all the positive hopes of radical cure by operation were nothing, they contemplated Homœopathic treatment this time. Enquiries were made of me if Homœopathic treatment could do anything in the case, and I explained the matter to the father fully, and told him that his son was fast running on to leprosy, and if anything could at all be done to him, it could be done by Homœopathy and by nothing else. The father was an educated man, and I took the trouble of explaining to him some of the laws of Homœopathy from Hahnemann's Organon, and this seemed to convince him; and he placed the boy under my treatment and declared that he would stick to it even if his boy was killed with it.

### Symptoms:—

Appearance beautiful; medium build; face bright in spite of all these sufferings; neat and clean; used

to get out of temper at the slightest cause. Had an aversion to cold, or rather was afraid of it, and was always on the alert to keep himself from it. Did not like cold air or cold bath. There was occasional dyspepsia, due to slight causes; this was worse in summer. It used to come on with a stitching pain in the liver 2 or 3 days before the attack, and there were loose stools then. All his sufferings were worse from lying down, and he therefore preferred to keep walking. Was of a restless type from his childhood. The head felt heavy, and there was a pain in the forehead. There was no sleep after midnight and he had to leave the bed then. In the rainy season, there was a constant stuffy cold in the nose, and he had to breathe through the mouth. There were some ulcerations in the nose and in the soft palate, and they looked red. The smell in these ulcers was horribly offensive, and the patient himself was also smelling it like that. There was a sticky, thready pus oozing out of these ulcers. There was some burning in them, and the patient seemed to have a liking for warmth. Had a dislike for the summer season. Some rheumatic pain here and there and that was all.

16. 6. 13. Kali Bichrom—1000, one dose daily, and there being some relief from the fourth day, the medicine was stopped.

28. 6. 13. No further improvement. Kali Bichrom

—200, one dose every morning for 3 days, and then placebo.

14. 7. 13. Some improvement was seen on this date. The ulcers in the nose and palate were better, and the smell less offensive. No medicine, but placebo for 15 days. Some rheumatic pains were coming on.

27. 7. 13. The patient had an attack of influenza and some medicines were wanted. Placebo only.

6. 8. 13. No improvement. Kali Bichrom—200, three doses, but when no further improvement was seen even after 10 or 12 days, one dose of Kali Bichrom—1000 was given.

7. 9. 13. The ulcers had disappeared altogether, and the nose, which was about to fall off, looked better. But the rheumatic pain had increased slightly and there was some fever almost every afternoon. Ars. Album—200, four doses at the rate of twice weekly were given, and this cured the fever. The fever, however, returned again after two weeks or so, and another few doses of Ars—200 had to be given. No information was received for about 3 months, and it seemed there was no trouble. But it being explained to the father that the non-appearance of the syphilitic chancre indicated that there was no radical cure of the patient yet, I was asked to continue the treatment. I then prescribed Kali Ars—10m on the miasmatic symptoms available, but this also failed to bring out the chancre, and a dose of

Sulphur in the 1000th potency was given. This brought out the chancre after two weeks or so. It ran on and then healed up of itself after about 3 weeks, without the use of any other medicines. But the mark of the ulcer did not go. Evidently there was no complete cure yet, but unfortunately the treatment had to be stopped here, as there was no further intention on the patient's side for continuing the same.

**Remarks:—**

(1) There can never be a bubo, unless Syphilis combines with Psora; and there can be a radical cure of Syphilis by curing the chancre, only in such a way, as not to leave a mark, only if there has been no bubo yet. But when there has been a bubo, various complications come in, and a radical cure then means much more. In the present case, Syphilis had combined with Psora.

(2) Injections had only suppressed the Syphilis and had implanted the miasm of Syphilis on the constitution.

(3) I had to base my first prescription on the ulcers as these were the main symptoms in the beginning. But this only checked the course of the disease and there was no cure until the second prescription of Kali Ars. was made, as this last medicine only brought back the chancre. When Kali Ars. was used, it seemed, Psora was not allowing it to act to the

fullest extent, and hence the use of Sulphur.

(4) The symptom of true cure in the case of an ulcer is the disappearance of its mark and restoration of usual colour and softness to the surrounding skin. So long as this does not happen, it is no certain cure. In the present case however, such a cure could not be effected as the treatment was discontinued. It is probable that Kali Ars. in still higher potencies would have done it.

(5) The above impression is correct, as the totality of symptoms was still indicating Kali Ars. But in case such a totality were not there, a fresh selection as indicated by the symptoms would have been necessary, and that would have brought about the desired effect.

### Case No. 10.

#### INSANITY—HABITUAL, AT EVERY PREGNANCY.

24. 2. 1918.

Mrs. ———; age 30 or 31. Intelligent; mild; yielding; fair complexion; thin built (but medium built before her illnesses); active and of a religious temper. It was at the fourth pregnancy that I came to know that at the previous three conceptions she had developed regular symptoms of insanity. I was prevailed upon to take up the case. Insanity—habitual, at every pregnancy! Looked quite an

interesting case, and I made out the record with great care. There was no miasmatic history on any side. The only important things were the death, or more correctly, suicide by drowning, of an uncle of the patient due to insanity, and the death of her father due to chronic dyspepsia after a long suffering of 3 years or so. The husband's father had asthma and had died of it.

### History :—

She was married at 13. She had leucorrhœa before her marriage, and it was cured by a Kaviraj. After 3 or 4 months of her marriage, she menstruated for the first time. The discharge was scanty, lasting for 1 or 2 days, and it was attended with pain. This continued for 3 or 4 years. Ayurvedic treatment relieved it to some extent only, and Allopathic treatment after that increased the discharge. It was at this time that she became pregnant for the first time. And symptoms of insanity developed fully at the fourth month. The detailed symptoms of this insanity were not however available, as the husband was absent from home at that time, and he could only say that the fit lasted for about seven months. It was only after a month of the delivery that the patient realised that a child was born to her.

The second pregnancy took place after a period of 4 years, and during these 4 years the menstrual course had almost stopped, that is to say, she used only

to stain the linen, and there was no flow. She was constipated from her childhood, but it assumed a more aggravated form about this time. She began to have motions only at intervals of 4 or 5 days. A new symptom appeared about this time. It was cold in the nose, and she used to have it at least once or twice every month. She used to have headache if she had an exposure in the sun, and could not look downwards during the headache. She would lie down still during the headache, and would keep the doors and windows open. She had Allopathic and Ayurvedic treatment off and on during this time, but there was no improvement.

However, when she became pregnant for the second time at the age of 21 or 22, and when she developed symptoms of insanity at the fourth month as before, the husband was at home and was able to watch out the symptoms in details. The main symptom was a mania of washing things with water and of having repeated baths. Was awfully morose, and attended to her household duties in a hasty mood. If any body said a disparaging word, she would become angry at first, and this used to be followed by a long fit of weeping. If any body were scolded for giving her any troubles, she would heave a heavy sigh and then re-assume her original mood. The fit of weeping was so lengthy, and such a flood of tears would stream down her eyes, that one would wonder,

how she could weep out so much tears on such a slight cause. The memory was badly impaired.

The third pregnancy (at the age of 25 or 26), was also attended with similar symptoms of insanity. The fourth pregnancy was watched by myself. There was a strong desire for bath; temper irritable and morose; severe constipation and sweating on the head and forehead.

28. 1. 18. Natrum Mur—200. One dose every morning, for 5 days. Report wanted after a month. She was delivered of a child after 10 or 12 days of the above doses, and the treatment was stopped for about 2 months.

14. 4. 18. Natrum Mur—200. One dose weekly, and placebo. The constipation seemed to have been relieved to some extent after a month, and the medicine was consequently stopped. But the above improvement did not continue.

17. 6. 18. Natrum Mur—1000, one dose, and report after a month. Slight improvement of constipation only.

18. 7. 18. Natrum Mur—10 m. Four times daily in graduated doses, and placebo.

27. 7. 18. Severe hammering headache and obstinate constipation. There was no motion for the last 6 days. Profuse running of the nose. No medicine, but placebo only.

13. 8. 18. Much better. Constipation almost gone,

and she was having motions almost daily. The condition of the mind seemed better. No medicine.

14. 9. 18. Slight headache only a few days ago.

21. 9. 18. A lot of urticaria had come out. There was severe itching. No medicine.

12. 10. 18. The mental improvement was gone. Morose again and averse to talking with others. Also constipation. Natrum Mur—c.m. one dose only.

24. 11. 18. Menstruation appeared for the first time after delivery. There was no pain this time, and the discharge was pretty profuse. Placebo.

22. 12. 18. Menstruation still more profuse; and the patient better in all respects. But there were some itching eruptions like ringworm on the waist, back and armpits.

No more medicines were given, and it was proposed to take up the treatment after watching at the next pregnancy if insanity developed again. The next pregnancy took place after 2 or 3 years, but there was no insanity, and the husband did not consider further treatment necessary. The patient was, however, all right now except that there was a tendency for catching cold. And it seems to me that without further treatment, she was not cured completely as a patient, and this tendency for running of the nose might result in complications.

**Remarks:—**

(1) In case of further treatment, it seems to me that Tuberculinum—200 and higher would have been necessary.

(2) I could not say what connection insanity had with pregnancy; I think, I might have found it out, if I could have watched the patient more closely during the period of pregnancy.

(3) I had to keep a special eye on—Apis; Sepia, Tuberculinum and Kali Carb during the course of the treatment. Such patients require these medicines according as the symptoms call for them by their totality.

(4) The same patient may require more than one medicine at times; and the subsequently selected medicine has to be used only when the previously selected one has acted off fully and brought on a stage for indicating the next one. It is the indication by symptoms that must decide the selection each time, and there is no rule that Natrum Mur. will have to be followed invariably by Apis or Sepia, though it is a complementary remedy that is generally indicated after the one used.

(5) The patient in this case had Psora and Sycosis. Running of the nose is a Sycotic symptom, but the tendency for frequent running of the nose is tubercular, and this is why I was thinking of a remedy like Tuberculinum, at last.

## Case No. 11

## SCARLET FEVER AND WORMS.

Mr.———; a dealer in sweetmeats. Age 25 or 26 years. Was suffering from fever, palpitation and worms etc. The whole body used to become yellow during the fever. It was in November, 1911, that he had an attack of malaria. This malaria was treated allopathically and was stopped. But after 2 or 3 months of his recovery from the malarial fever, the patient began to feel feverish in the afternoon, at intervals of 3 or 4 months; and during these slight feverish spells too, the whole body used to turn yellow. There was loss of taste in the mouth, and worm troubles too. The patient as also his people were thinking that all these were due to his having to work near the fire. Various types of treatment—Ayurvedic, Allopathy and all sorts of country drugs were tried, but when nothing came out of these, the patient was brought to me, and the following symptoms were recorded:—

[Let me mention here in passing, that the few symptoms as recorded above are enough for Allopathic prescribing, as Allopathy can proceed as soon as the name of the disease is hit upon. But the line on which we have to proceed is quite different, and the above symptoms are not in reality symptoms, but mere effects of the disease. As such, the few so called

symptoms mentioned above cannot enable a Homœopathic selection being made.]

### Symptoms:—

Fever; headache, most towards the neck, and aggravated in the morning; as if the head would burst—and burst at the neck; as if all the blood in the circulation was rushing up towards the head; occasional boils and abscesses in the head, and they discharged blood. Occasional passing of blood instead of fæces. Nothing used to be retained in the stomach; everything used to be vomitted; vomiting of blood. The whole body used to become yellow. The onset of the fever was in the afternoon. It came on every day and lasted for 2 or 3 hours. Black, fetid, thin stools, at times with blackish blood. Sleep was rather tedious. It was never sound, and if it was at all sound at times, it was full of horrible dreams. These dreams used to break the sleep suddenly, and there was severe palpitation then. There was awful prostration then. The fit of the illness continued for 7, 8 or 9 days and then there was a remission for a month or so. The remission was longer previously, but the period of it was growing less and less. The severest period of the suffering was the summer. The patient was comparatively better in rains and winter. Temper extremely irritable. The liver hard and painful; could not lie on the right side for this pain. No taste for any food; preference for milk. Absolutely no perspiration, not even after any hard

exertion, nor during remission of the fever. Unable to work near the fire but as this had to be done for the sake of the profession, something had to be placed before the fire so as to keep off the heat to some extent.

5. 2. 15. *Crotalus*—200, one dose weekly in the evening. Instructed to stop the medicine as soon as the fit of fever returned, and to repeat the medicine as soon as the fever was off. Report wanted after a month.

2. 3. 15. The fever returned once only. No other change. Four doses of *Crotalus*—200, to be taken as before, and I was to be called in when the fever came.

6. 5. 15. Fever, but the discoloration of the body was not as bad as before. There was no bloody urine and vomiting, and the fever had appeared at a longer interval. *Crotalus*—200. Two doses at an interval of 15 days.

21. 8. 15. Fever much less than before, and slight discoloration of the skin. The pain in the liver was much less and the patient seemed to have gained in strength. *Crotalus*—500, two doses only to be taken at an interval of one month. No more medicine had to be given.

17. 11. 15. Fever with malarial symptoms. This was not the old fever, but an acute onset resembling *Natrum Mur.* Two doses of *Natrum*

Mur—30 were given, and this completed the course.

**Remarks:—**

There was absolutely no hope of life if the patient had not gone through a course of Homœopathic treatment. All the previous doctoring was directed towards the liver, on the theory that the "liver" was the cause of the "fever". May I ask them, if the "liver" caused the "fever," who caused the "liver"? The fact is not that the liver was the cause of the fever, nor that the fever was the cause of the liver, but that it was the "Disease" that lay back of these, as also back of all the other sufferings of the patient. It is not the defect in the function or structure of any physical organ that causes the disease, but it is the disease—the internal disease that vitiates the organ and makes it impossible for it to perform its own functions; and hence the defect in the functions of the organ, and later on its structures.

**Case No. 12.**

**ASTHMA.**

17. 9. 1922.

Mr.———, a Railway official. Age 35 or 36. Well built, fat and fair. Was suffering from asthma for the last 12 years, and all sorts of

treatment were had, but without any benefit, and the patient had set it down at last that asthma was incurable. I was only called in one night when the fit was very severe, just to save him from impending death. He never thought of having a course of Homœopathic treatment. However, I gave him a few doses of Carbo veg., and he slept quietly in a few minutes. It was admitted later on that he had never such quick relief in the past, not even from the gallons of Cod liver oil that he had taken. This fact of the quick relief and the old father's request subsequently induced the patient to place himself under my treatment. And I recorded the case, as below. Evidently the patient was taking me for a fool when I was crossing him for eliciting such symptoms as did not relate directly to the asthma, because he could not find out what connection the condition of the mind, the likes and dislikes for different kinds of food, the history of his past life, as also the history of the parents, and such other symptoms, could have with his asthma.

**Symptoms:—**

During the fit, the patient had to sit bent forward. There was perspiration on the forehead, and this necessitated continuous fanning. There was an indescribable feeling of despair—as if he would not live, as if he would suffocate. Every

breath seemed to be the last. There was profuse expectoration towards the morning, and this used to give some relief. There was burning in the hands, feet and head, and it became necessary to wash these parts with cold water. The patient was growing weaker and weaker every day, and the despair of life was consequently gradually increasing. Temper very irritable. Used to be put out at the slightest cause, and once put out, was not pacified easily. Much about his early history and the history of the family was not available. The only thing that I could gather was that the patient had suffered from itches between the fingers, on the elbow-joints and in the knee, in his childhood. These used to exude pus, and were aggravated in the rainy season. These were cured with ointment externally, and with Ayurvedic medicines internally. Marks of these itches were still visible in the parts mentioned.

19. 9. 22. Carbo Veg—200, one dose every morning. There was much relief after three doses, and the patient kept well for about 20 or 25 days. Expectoration increased, and it seemed the patient was on his way to cure. But on 16. 10. 22, information was received that the patient had a very severe fit in the night. Carbo veg—200, but no effect. Then, after 4 days, Sulphur—30 and 200, successively. No effect.

3. 11. 22. Carbo Veg—500, and placebo for some days.

15. 11. 22. A very severe aggravation, so severe that the patient was almost dying. I repented the mistake of my prescription, because, there must have been a mistake, or the patient could not be dying like that. I referred to the record, but could not see that there was a mistake in the prescription. Luckily enough, the patient stated at this moment that his piles had re-appeared. Though there was no mistake in my prescription, as I could at once gather from the re-appearance of this old symptom, I could not congratulate myself on the incompleteness of the record. I ought to have crossed out of the patient that he had piles too. However, I administered at once (16. 11. 22.) Natrum sulph—1,000 in graduated doses, to be taken once every morning. On the second day, the fit of asthma seemed less. On the third day the asthmatic fit was totally gone, and on the fourth day, 19. 11. 22, there was no fit at all. Gave some placebo and left.

8. 12. 22. The patient complained that the fit might return this night, as he was feeling a heaviness in the chest. This was his usual symptom before an attack, and as anticipated there was some asthmatic breathing that night.

9. 12. 22. Natrum Sulph—1,000, one dose in the morning. There was no more asthma after this.

But the piles continued unabated. After 3 or 4 months, Nitric Acid—200, was used on the totality of symptoms, as they developed then. And I expected to complete the course of treatment, and to cure the patient by Anti-Psoric and Anti-Sycotic treatment, but the opportunity for it was gone, the patient, who was a Railway official, having in the meantime been transferred away from the place, and there being a lack of earnestness on his part, owing to relief from his immediate sufferings. The treatment had therefore to be discontinued.

**Remarks:—**

(1) Catarrhal asthma is mostly Sycotic, and cure lies in Anti-Sycotic treatment. But where suitable similimums are not available, remedies agreeing with the totality of the symptoms (as distinct from the totality of the Sycotic symptoms) have to be given, and some suitable Anti-Sycotic remedy interpolated occasionally. This may not bring about radical cure in all cases, but substantial benefit is most certainly to be had.

(2) Where, however, the asthma is not catarrhal, I had often had to use Tuberculinum or Bacillinum in spite of other deep acting Anti-Psorics, for a radical cure of the patient. In fact, I have never cured such cases without these remedies, and I am unable to say what the experiences of others are.

(3) Asthma cases are very very difficult, as there

is always a combination of miasms in them. Besides, while the general symptoms are available, the particulars are mostly absent. This causes difficulty in finding out the similimum.

### Case No. 13.

#### CARIES OF BONE.

24. 12. 1920.

Mr. ———; a dealer in spices; had some agricultural business too. Age 40 or 41. Was suffering from caries of the right toe and of two of the adjacent fingers for the last 10 or 12 years. It began at first as a small blister, and this gradually burst and began to exude a bloody discharge. Various kinds of ointments were used, and when these failed, some ointment was obtained from the hospital, but this too could not do anything. And at last he had to undergo an operation. This however kept him well for some time. But after two or three months, there was a similar blister again, and the same kind of discharge came out. A second operation was proposed by the surgeon and gone through. He was quite well for two or three months this time too. But the same blister appeared again. A third operation was undergone and as an additional measure some blood purifier was prescribed by the doctors this time. But there was no permanent cure even

after this, and when the blister appeared again for the fourth time and burst out in the shape of a regular ulcer, the patient was advised to have a course of Homœopathic treatment, as this might give him permanent relief as also save him the troubles of further operations by the surgeon. When however, the patient applied to me for treatment on 24. 12. 20, I recorded the following symptoms, in respect of the ulcer :—

Fetid smelling ; white and dirty-looking pus ; terrible burning and pricking pain aggravated by application of cold water or cold in any form, and better from warmth ; excessive sensitiveness in the ulcer ; it pained on the slightest touch and pained even from a cold blast blowing against it. Kept it wrapped up with a piece of warm rag, and felt comfortable on it. Exuding continually and profusely, so that the warm rag was soaked with pus. This much about the ulcer. And as to the constitutional symptoms of the patient, there were—an extreme susceptibility to cold, so much so that the very bones used to feel the chill in winter ; a tendency of the skin in the face and hands cracking ; temper extremely irritable, passionate and obstinate. On being questioned the patient, admitted that the urine was highly fetid smelling.

There was no difficulty in selecting Nitric Acid, and it was given in the 30th potency (24. 12. 20.) at the rate of one dose daily. The ulcer was washed and

cleaned with water so as to make it completely free from those allopathic applications. Any kind of external application was prohibited ; but if the patient could not at all do without any, he was allowed only to apply the oil which he was used to using on his person. The medicine was stopped on 3. 1. 21. i. e., after a week.

11. 1. 21. The burning was very severe, and the patient had grown very restless. No medicine.

14. 1. 21. Information was received that the burning was still severer and the patient still more restless. Ars. Album—200, two doses were given at an interval of 8 hours, just to relieve the burning. This gave him some relief.

20. 1. 21. There was no change in the ulcer. It was running as profusely and badly as before. Nitric Acid—200. One dose every alternate day. Three such doses, and plenty of placebo.

5. 2. 21. The pus seemed to be a bit less and no other change. No medicine.

20. 2. 21. No improvement, and Nitric Acid—200 was repeated, three doses only as on 20. 1. 21.

6. 3. 21. No change. Sulphur—200, one dose only.

20. 3. 21. No change yet. Nitric Acid—500, one dose only.

8. 4. 21. The pus and the pain and burning were much less. And the smell was less fetid. Placebo.

24. 4. 21. The ulcer was much improved, but, as

such improvement was nothing new, no conclusion was possible.

11. 10. 21. Six long months elapsed and a similar blister appeared on the same spot. And as I wanted to see with what symptoms it developed, no medicine was given.

19. 10. 21. Report was received that the blister had not gone far and had dried up in the meantime. Nitric Acid—1000, one dose was given and no more medicine was required. Treatment was then discontinued after the healing up of the ulcer, as the patient did not agree to a full course of miasmatic treatment.

The patient suffered from no loss of limb. Only the fingers that were affected got slightly curved, but this was entirely due to the surgical operations that were undergone.

**Remarks:—**

(1) Without the characteristic smell in the urine, one might miss Nitric Acid in this case and think of Hepar Sulphur, but Hepar pus is comparatively thicker and less fetid. If the urinary symptom was not there in the case, and if Nitric Acid had not been selected on that account, it would have been wrong.

(2) Caries or necrosis is a deep seated malady, and it is the effect of combination of Psora and Syphilis. The knot in such cases, is often made harder still, by abuse of mercury. In the present case, there

was no response, below the 500th potency, and this shows how very deep in the interior, the malady was.

(3) In this case, it was only the effect of the disease that was removed and the patient was not cured. The cure of the patient meant a 3 to 4 year course of anti-Psoric and anti-Syphilitic treatment, but the patient was not agreeable to it.

### Case No. 14.

#### PROLAPSUS OF THE UTERUS.

12. 10. 1918.

Mrs.——— ; age 38 or 39 ; medium complexion ; fat ; was suffering from displacement and prolapsus of the uterus since the last parturition which took place about three years ago. A lot of allopathic treatment was undergone, but to no effect. She was, however, using a pessary on allopathic advice, and this had only made her movements and walking etc, comparatively easier. A regular course of treatment was necessary for relieving the other attendant sufferings. Ayurvedic treatment was also had, but this too was of no use. The patient had been to Dr. Yunan of Calcutta to see if Homœopathy could do anything. But in spite of the said Doctor having given her sufficient hopes, she was unable to put herself under his treatment, as it was too much for her to bear the expenses of a long stay at Calcutta.

It was for this reason that the patient abandoned the idea of having a course of treatment in Dr. Yunan's hand and applied to me on 12. 10. 18. And the first thing that I asked her to do was that she would not be allowed to use the pessary, and it was only when she agreed to this that I recorded the following symptoms:—

A continuous burning in the body; liked lying on the cemented floor; the cold floor soothed the burning in the body; could hardly lie on a bed; it was only in winter that she could lie on a thin bed and cover herself with something; could never go without a bath; there was burning in the abdomen and on the vertex. The burning in the abdomen used to be so severe at times, that she would require some wet application for a temporary relief. The condition of the mind was bad. Kept quiet, and at times felt an irresistible desire for weeping. It was only out of delicacy that she refrained (though with great difficulty) from actual weeping, lest what others would think of her. There was burning in the uterus too, and during prolapsus, the whole pelvis felt vacant. Slow walking or moving about was possible and any rapid motion brought on an indescribable pain in the uterus; and besides, a sticky discharge used to come out. The pessary was of course keeping down some of the troubles of prolapsus, but all these came up as soon

as it was discontinued on my advice. There was a very peculiar symptom—the patient could not even bear the sight of milk, not to speak of drinking it. The very sight of milk used to bring on a severe nausea. There were occasional attacks of diarrhœa, but generally she was constipated. The appetite was neither very dull nor very keen. All the troubles, physical and mental were generally more severe in the afternoon, and they were the worst in the night, but a distinct relief used to be felt as soon as she came out of the bed room. The menstrual discharge was scanty. And that is all.

The above record seemed to indicate Pulsatilla, and I gave her the first dose in the 1000th potency on 24. 10. 18. Then sufficient placebo. A report was asked for after a month ; but in case, there was no improvement in a fortnight's time, a report was to be sent at once.

14. 11. 18. There was no change beyond a slight relief of the burning. Plenty of placebo was already given and it was to be continued.

29. 11. 18. No relief. Pulsatilla—1000, one dose daily for 4 days.

26. 12. 18. No change. Neither aggravation nor amelioration. Sulphur—1000, one dose only.

15. 1. 19. No change yet. Pulsatilla—500, one dose in the week. Four doses were given, and it was instructed that it was to be stopped as soon as there

was any change.

16. 2. 19. No change yet. Pulsatilla—10 m. and placebo for a month.

15. 3. 19. There was no change yet, and this made me really anxious. The patient was also showing signs of impatience and was pressing for permitting the use of the pessary. But the use of the pessary was impossible, if the treatment was to be continued, and I then gave her a dose of Kali Sulph in the 500th Potency.

26. 3. 19. There was some relief on this date. The patient seemed better in the mind, and the burning was a bit less.

7. 4. 19. The improvement was the same as on 26. 3. 19. and there was no further progress. Neither was there an aggravation. Kali Sulph—500 was repeated.

26. 4. 19. She was feeling better in all respects and was having a copious menstrual discharge from the day before. She had never in her life had such a profuse discharge. Placebo.

27. 4. 19. The uterus was now gradually getting partially into the pelvis during the last few courses, and this time the whole of it was in.

1. 5. 19. There was a prolapsus again, but it was much less than before.

26. 5. 19. Menstruation again. The discharge was sufficient but comparatively less than at the last time.

1. 6. 19. The whole of the uterus was in this time, and it was not out even up to this date.

13. 7. 19. Prolapsus again, and Kali Sulph—1000, one dose. Some placebo for three months.

No further medicine was necessary, as she was quite well after this.

**Remarks:—**

(1) There was no response from Pulsatilla, in spite of all the symptoms indicating it and in spite of it having been tried in various potencies. This might have been due to Psora. But it seems that there should have been proper response after the dose of Sulphur—1000 on 26. 12. 18. As however, there was none even on the use of this anti-Psoric, two explanations are possible:—(1) Perhaps, Sulphur in some other potency might have excited re-action (but in that case too, Pulsatilla alone would never have cured this patient, as Psora was very badly predominant, as the want of re-action must show); or (2) it might be possible that there was no re-action even after Sulphur, because there was no symptomatic indication of it.

(2) The course of cure in this case is very instructive. The improvement began first in the mind, and it came out gradually towards the surface.—From the "mind" to the "menstruation," and from the "menstruation" to the "prolapsus".

## Case No. 15.

## PHTHISIS.

12. 4. 27.

Mr.——— ; age 35 or 36. Slender figure ; sickly, emaciated appearance, and completely devoid of that glaze that proclaims health. Awfully irritable and angry, but intelligent and of a retentive memory. Was a school master, and was removed from duty about 6 months ago, his own younger brother having been taken in as a substitute. Various kinds of treatment were undergone, but all was for nothing. I recorded the following symptoms :—

**History and Symptoms :—**

Was given to excessive self abuse while a school boy, and it was only after he had come across a pamphlet on some patent medicine, and on the advice of a friend, that he was roused to the seriousness of its effect on his after life. The above friend's advice and the pamphlet stamped a despair on his mind, and he was in the grip of an overwhelming despondency. The whole world seemed to have lost all charm for him. His elder brother had died of phthisis, and his uncle was still suffering from insanity and was kept in the asylum at Bankura, while his mother had breathed her last only a year ago after a protracted course of suffering from chronic dyspepsia. These cases in the history of the family loomed large, and he seemed to

have a pre-sentiment that he was sure to die of one of these maladies. He was only 20 or 21 then. Passed his time in great despondency and in constant brooding over the future. Was married at the age of 24, and was never on happy terms with his wife. Not that he was intentionally and deliberately unfriendly with her, nor that he was not himself sorry for all these, but that he was unable to rise above the natural irritability of his temper and the unhappy accent it had received from the very despondent and gloomy outlook of the future that had taken such a hold of him. When 28 or 29 a son was born to him, but he died of convulsion only after 10 months of his birth. This further aggravated the already existing gloom in his mind and made the world doubly miserable for him. When he had come to me, he had only two daughters living. The condition of the mind was as above, and the condition of the body was yet worse. There was a constant pain in the back and waist, and nocturnal emission almost every night, and the emaciation was persistently progressing on this last account. The very appearance was indicating the condition of the interior. The eyes sunken and surrounded with black rings; pale and pulled down. There was a constant cough, aggravated by cold, any exertion and the slightest irregularity of diet and movements. Sleep was never refreshing, but full of dreams. No peace and no ease

for a moment out of all the 24 hours of the day and night.

However, after making the above record, I made a physical examination of his heart and lungs etc., and assured him that he had neither phthisis nor anything like that. The assurance was, however, taken by him as a mere bluff, particularly when there was the history of the death of his elder brother from such a disease and because he was told by all his physicians to have it as a result of all the abuse he had made of himself. It was only on the family history, the appearance of the patient and the fact of the persistent nocturnal emission that his doctors had so far diagnosed phthisis, even without making a thorough and careful examination of his case. I cast aside all these diagnoses and made an independent selection of Staphisagria, and gave the first dose of it in the 200th potency on 18. 4. 17., and instructed repetition at the rate of one dose daily for a week, and a report thereafter.

25. 4. 17. No change; placebo for a fortnight.

10. 5. 17. No change yet. Staphisagria—1000, one dose daily for 3 days. Some placebo, and report after 3 weeks.

2. 6. 17. The nightly emission was a bit less, and the patient seemed to have a hope of cure. He definitely stated that he expected cure in my hands. Placebo for a month.

16. 6. 17. The nocturnal emission which had become a bit less, was as bad as before. Tuberculinum 200, one dose and placebo for three weeks.

7. 6. 17. Much better. The emission was gone and the appearance of the patient looked improved. Placebo.

22. 6. 17. There were some emissions in the meantime, and I gave him a dose of Staphisagria—1000 again, and some placebo for three weeks.

9. 7. 17. Much better, but there was no improvement of the cough. Placebo again.

After this, the patient presented a new picture. There was no other trouble than the cough, but God knows why and from what date he was having a slight rise in temperature towards the evening. The morning temperature was 97·2 and the evening temperature 99·9, and occasionally this last would even go up to 100·5. The duration of the fever was not however very much. It lasted for 2 or 3 hours only. There were practically no symptoms to particularise the fever, so much so that the patient himself could not even feel that he was having any fever at all. The improvement in the appearance gradually disappeared, and the patient and his wife lost all hope. I waited on up to 12. 8. 17, and when I found only a progressing run for the worse instead of any improvement, I felt that some medicine was necessary.

12. 8. 17. Tuberculinum—500, one dose and placebo for a month.

10. 9. 17. The cough was less, and the fever was 97°0 in the morning and 99°0 in the evening. Placebo for another month.

8. 10. 17. Almost as on 10. 9. 17, and the temperature also was 97°0 and 99°0 respectively. Tuberculinum—1000, one dose only and placebo for a month.

10. 11. 17. Temperature was 96°5 in the morning and 98°0 in the evening, and the cough much less. Placebo.

9. 12. 17. No fever. 97°0 in the morning and 97°0 in the evening. Cough still less. Placebo for 2 months.

15. 2. 18. Cough very slight and no fever. Tuberculinum—10 m., one dose only.

After this, Tuberculinum—10 m. was repeated thrice at intervals of three months and Tuberculinum—c. m, two doses at an interval of 4 months. This cured the patient completely. I was really delighted at his cure, and he had a son born to him and the son is still living. It is needless to say that throughout the course of treatment, he was kept away from his wife.

#### Remarks:—

(1) The case was really difficult, and without due patience on both sides there was no possibility of cure.

(2) The true physician should never rail at the

patient's failings, but he should only try to bring him back to his senses with friendly advices, and should invariably hold out hopes of cure, however bad the case may be. The patient must feel the sympathy of the physician in his heart of hearts, because this contributes largely to the correction of his failings and creates in him a will-force, which in its turn contributes to his cure. Hope is life and want of it, is death. Therefore, put hope in your patient and let him live, but do not make him more hopeless and push him to death. In the present case, I presume to think that it was the discouraging words of his physicians that did him even greater injury than the disease that he was suffering from.

(3) The self-abuse in boyhood did a very positive mischief to the patient's health, but the tubercular condition, which was engrafted in him long before the self-abuse, and which only accentuated the irresistible tendency for it, was the main thing in the case. This explains why Staphisagria alone failed to cure him. Staphisagria simply subdued the effects of self-abuse, and as soon as this was done, the tubercular diathesis—the very base of the patient came up and presented a picture after 9. 7. 17, that definitely indicated Tuberculinum.

(4) The tubercular diathesis is very dangerous, most principally on account of paucity of symptoms. Please note the poverty of symptoms in the case

after 9. 7. 17.—There was only “fever”, and not even symptoms to particularise it.

(5) This paucity of symptoms should often suggest that the diathesis is inherited.

(6) It has been seen that such cases are hardly cured without Tuberculinum, in potencies like the 200th, 500th, 1000th, 10,000th, 50,000th, c. m. and even still higher, and that in repeated doses at intervals of 2, 3, 4, 5 or 6 months, as demanded by the circumstances of the case.

(7) Such patients should be completely kept away from their wives during the course of treatment. They have naturally an irresistible tendency for sexual intercourse on account of the tubercular taint, and special care should be taken to stop actual intercourse at any cost. If necessary, the wives should be sent away from the house where the patients live.

(8) It is really always very difficult to have such complete segregation. There are the scientific physicians to tell the patient and to teach the people that injection will cure any disease which, however, it hardly does, and this absolute assurance arms them with courage against any vice, while the time lost in injection, is lost once for all.

(9) The wives and children of tubercular patients should have regular courses of miasmatic treatment, but that is never possible. Yet, the true Homœopathic physician must make it a point to do it or at least

to advise it, whenever there is an occasion.

(10) The selection of medicine in the case of such wives and children always depends on the individual characteristics, and not that every case requires Tuberculinum.

### Case No. 16.

A COMBINATION OF ALL THE THREE MIASMS—

PSORA, SYCOSIS AND SYPHILIS.

9. 2. 1916.

Mr. ———; age 31. Lost his character too early in life in the company of some young friends. The dissipation continued unabated for 4 or 5 years. The death of the father, which took place when he was very young, enabled him to inherit a big zemindary and as big an amount of hard cash. Thus, there was no difficulty in satisfying his vile greeds—no want of money and no check or control in the shape of a guardian. He made it a point to spend most of his time in Calcutta, and sued to go to his village only very occasionally, and that for very short periods of time, in connection with the affairs of his estate. He spent his days freely in Calcutta and was surrounded there by a number of friends, who only helped him to ruin himself. But dissipation is bound to be soon followed by a reaction, and when his liver had actually reached a condition too frightening to

be ignored, he was advised by Dr. Nilratan Sarkar, to leave off his vile practices and all the attendant objects of enjoyment. The poor fellow was thus in great difficulty. Really, he could neither give off his enjoyments, as they had become indispensable for him by now, nor take to a sober life. But when he actually vomited a large quantity of pure blood one morning, he was roused to the reality of the situation. There was the arrogance so long that he had any amount of money, and money would have brought him cure, but when the spell of blood-vomiting appeared in spite of all the costly treatment he had undergone, he seemed to be alive to the fact that money was not perhaps sufficient for giving cure always. He had already had gonorrhœa and syphilis, but as any long course of suffering from these would have interfered with the pleasures of his life, he got each of these removed by injection the quickest. As a matter of fact, he used to declare to his physicians, that the more quickly they could cure him, the more handsomely would they be rewarded; and it is understood that he had actually paid Rs. 1,000 to a physician in a single day, for having very kindly brought for him a very powerful injection from Germany by a special indent. This powerful injection was said to be so powerful as never to allow the gonorrhœa and the syphilis in the system, ever to make their appear-

ances during the rest of his life. But as ill luck would have it, they made their appearances in all the ugliness of their symptoms, nullifying the assurances of his physician and ignoring the "powerfulness" of the injection. These will be described later on, but in the meantime, he was so badly suffering from dyspepsia that it really grew impossible for him to stay in Calcuttta. His physicians were unanimous in their opinion, and declared that Calcutta was to be left at once, and a change for some better place was absolutely necessary. He therefore, went on a change. By the way, I may say here exactly what the patient said to me about this advice for change.—"Whenever these Calcutta physicians find a paying patient, they begin to suck him. Yes, they suck him white, and when he is pretty near death's door, they advice a change of climate with all the characteristic gravity of their learning and profession, and thus free themselves of all responsibilities. They are, however, not slow to point out that they have done their best for the benefit of the patient, but as change of climate is the only thing necessary now, they give the advice for it, in the real interests of the patient, though in fact, it means a loss to them, because, as physicians they cannot but give their unbiased and disinterested advices. But, I do not know, if there is another fool like myself etc. etc."

However, the patient went to his native village for a change on the advice of his physicians, and he went there with a dyspepsia that was threatening disaster. Fortunately, the village atmosphere did him some good, and he made up his mind never to go to Calcutta again. His father-in-law who was a renowned lawyer in Assam advised either Ayurvedic or Homœopathic treatment just at this stage. And the patient was now in a mood for listening to the advices of his father-in-law and wife, because his Calcutta friends, who were so near and dear to him, and who were being fed so long at his cost, and who were having all their enjoyments out of his money, were now hardly having time and leisure to enquire about his condition. Some of them were even in the habit of writing now, that they had always done their best to dissuade him from the vicious activities of his life, but he had never listened to them, and the present troubles were all due to his having ignored their advices, etc., etc. However, on the father-in-law's advice, a course of Ayurvedic treatment was first undergone in the hand of an able Kaviraj, but as this failed to do anything, and when the patient actually became bedridden, I was approached; and I made the following record:—

**Record** (an exact translation of the patient's statement):—

“I am a veritable scoundrel, and there is no sensual pleasure on earth that I have not had. I have now only to depend on your kindness and sympathy.”—Just here, I asked him to keep to the subject, and he continued—“I contracted gonorrhœa at the age of 21, and syphilis only 5 or 6 months after that. These were removed by injections and external application of ointments of various kinds, but my health broke just here. I had therefore to use all sorts of medicines including patent medicines from that time. Dr. Nilratan Sarkar was my chief physician. Of course several other reputed physicians also used to treat me at times. However, at the age of 27, I was quite an old man. When 24 years old, I spat a large quantity of blood one morning. Of course, I grew cautious after this, but as my friends advised that drinking would cure the trouble, I did not give up drinking. It was only after I had become 26, that I actually gave off wine and woman. It is about 4 years now that I have not taken part in any kind of amusements, and the reason is the condition of my health.”—I asked him to state out his symptoms and sufferings and he began.

“I have a continuous vertigo, and there is a tendency for falling while walking. It is only by extreme carefulness that I avoid an actual fall. Then again, there is an indescribable pain within the head. At times, it seems, there are innumerable ants within

and I feel their bites. This is generally more severe after a sleep. I get angry very easily, and any contradiction from anybody excites an irresistible impulse for beating him, as I cannot tolerate that there should be any contradiction to my views. It has become a habit with me to use off-hand rough words against all, and at times I abuse my wife and the servants for nothing. But, again, there is a repentance and even actual weeping, as soon as I become a bit sober after the angry fit. I then seem to think that all will combine and curse me for having abused them. There is a pain in the back and waist, and this is comparatively severer at night in the bed. There is a tendency for frequent urination, and after a flow, which is always scanty, there is a severe burning pain in the urinary canal. No sleep at night. All the history of my earlier misdeeds comes up in the mind and keeps me awake. I feel awfully miserable. Towards the morning, there is a rumbling in the abdomen and it is then followed by 8 or 10 loose motions. It gradually becomes more and more thin every time, and the last motion is as thin as water. The rumbling is awfully severe, and it really frightens me. There is perspiration; perspiration even on very slight exertion. It is fetid smelling, and the smell is garlicky. The evacuation has also the same smell. There is craving for food, but absolutely no power of digestion. I have often

seen undigested solid food being passed with the watery evacuations. There is burning in the hands and feet and on the vartex. Cannot tolerate cold. I prefer open air, but cannot tolerate cold air. Cold air brings on headache and fever. The rumbling and the watery motions continue up to 9 or 10 in the morning, and after that there is no trace of these, and then the appetite is quite like a normal man's. I take my food then. Bathe only occasionally and not every day, as I do not feel any inclination for it. I am worst in the rainy season, as then I get an accumulation of catarrh in the chest and nose, and this compels asthmatic breathing throughout the whole rainy season. This asthmatic breathing is most severe in the night. I have to sit up in the bed and cough and breathe like that during the whole night. The eyesight is bad, and I seem to look through the mist; and various colours seem to be floating before my eyes. I have piles too, and these are also aggravated during the rains and winter. There is severe cutting pain in the rectum, and also profuse flow of blood. This is however much less in summer. The most severe troubles at present, are about the urine and the stomach. In summer, there is a ringworm-like eruption on the abdomen and in the margin of the anus. These exude a highly fetid smelling, thick and sticky discharge. The smell is exactly like that of putrid

flesh. There is itching, and itching is followed by pain."

I stopped him just here and said,—“A thorough cure of all your troubles is possible only by bringing back the suppressed gonorrhœa and syphilis. But in the present condition of your health, such constitutional treatment is not possible, as you have not the vitality to stand the action of deep acting remedies. For the present, you require an immediate relief from the dyspepsia. When you have been relieved of the troubles in the stomach, and when you have recouped your health to a certain extent by a careful regulation of diet and movements etc, it will be possible to treat you for a thorough cure. Such treatment for a thorough cure will, however, be necessary, as otherwise you will never keep well in your life, even for two days at a stretch, if the stomach only is corrected. Please therefore, let me know what else you have about the stomach troubles”.

On this the patient replied—“If an all round cure of my case is possible, by bringing back the gonorrhœa and the syphilis, and if diseases cured can at all be brought back by medicines, I have no objection. But pray, save me from this dyspepsia first of all”.

I then took up the dyspepsia and cured it in 15 or 16 days' time with Thuja—30 and 200, and then Sulphur—30 and 200. He was then kept on strict dietetic control for full three months; and when he

gained some strength, I explained to him the mystery of chronic treatment and cure, and began his case on the 14th of June, after making the following further record:—

Record (as taken for the second time, i. e. after the cure of the dyspepsia):—

“All the symptoms, except the dyspepsia and the mental prostration, are still there. And I have the following troubles besides:—There is a sudden palpitation at times. There is rheumatism also at times. In cold weather and during rains, there is a soreness in the body. Memory is totally gone. Cannot remember things even a month or two old. Pray, do something to save me from the asthmatic troubles that will be coming on during the next rains.”

After a thorough study of the case, I prescribed Medorrhinum and gave the first dose of it in the 1,000th potency on 18. 6. 16, with instruction for reporting result after a fortnight. Sufficient placebo was also given for daily use.

3. 7. 16. No gonorrhœal discharge yet, but there was a running of the nose. Medhorrinum—1,000, another dose and placebo.

II. 7. 16. The gonorrhœa re-appeared, and the patient said that it was exactly as it was at the first time, but the prospect of cure had put courage in his mind. Placebo, twice daily.

27. 7. 16. The discharge was almost disappearing. Another dose of Medhorrinum—1,000.

3. 8. 16. The discharge was re-appearing again, but it was not so profuse this time. Placebo.

14. 8. 16. The discharge had almost ceased. Medhorrinum—10 m, one dose, and placebo.

27. 9. 16. No further re-appearance of gonorrhœa after the 10 m potency., but instead, there, came on a severe fit of asthma. It was most severe from 9 or 10 in the night till about day break. Natrum Sulph—200, one dose every morning until the asthma abated. And the asthma was appreciably less after 5 or 6 days.

16. 10. 16. Asthma again—as severe as at the last time. Natrum Sulph—500, one dose only. The asthma became very severe on the 18th and 19th, and after that it gradually disappeared, and instead, there came out now eczema on the whole body except the face and chest. It was an awful sight to see. The whole body was covered with eczema and a putrid smelling discharge was rolling down in abundance, and the patient was itching now here and then there.

18. 12. 16. Psorinum—c. m., one dose every morning for three days and then globule No. 10 twice daily.

7. 4. 17. The eczema which was drying up, increased again. Psorinum—m m, one dose only.

11. 7. 17. The eczema was totally gone, and the patient was much improved in the mind too. Gave some placebo, as there were no symptoms practically, to prescribe the next dose upon, though syphilis was still hidden in the system. The patient was feeling all right, and the few symptoms of fetid night sweats and vertigo etc. that were still persisting, were not enough for risking a prescription. I therefore waited on, in the expectation that syphilis must come out before long in all its own symptoms.

24. 9. 17. Some ulceration in the mucous membrane of the nose came out. This gradually increased. There was pain in the left nostril, and some discharge of blood and pus. But as these few symptoms, besides the night sweat and vertigo etc. were not enough, I decided to wait on, for another fortnight, and gave some placebo for this period.

9. 10. 17. The ulceration was quite characteristic now, and I gave Kali Bichrom.—200 in graduated doses. There was relief after a week.

22. 10. 17. The ulceration was almost gone. Placebo for a fortnight.

8. 11. 17. Kali Bichrom—1,000, one dose, and placebo for a month.

5. 12. 17. The ulceration in the nose was totally gone, but the nose was running, and it seemed, there were repeated attacks of cold. Merc. Sol—10 m., one dose only. But, though I waited for full three

months, the syphilitic chancre did not come out. And as the patient began to show want of interest and inclination for continuing the course of treatment further, I had to close the case with a dose of Tuberculinum—I,000, as called for by the frequent tendency for catching cold.

**Remarks:—**

(1) While taking up a chronic case, if the patient is found to be suffering from any acute symptoms or from an acute exacerbation of the chronic disease, superficially acting remedies should be used at first and the acute condition subdued. Deep acting miasmatic remedies in high potencies should never be used at once in such cases, as that might bring on a severe aggravation and endanger the patient's life.

(2) Where there are several miasms in a case, the remedy indicated by the symptoms of the miasm predominant at the time, should be selected, and not the remedy indicated by all the symptoms in the case. If this is done, the miasm thus struck at, will be subdued, and one of the other miasms will come out prominently, when a fresh selection will be necessary according to the symptoms thereof, and so on until the case is cured.

(3) The curative course in cases where the primary manifestation of a miasm has been suppressed must bring that back, and this necessitates the use of high potencies. But the potency in such cases

should always be fixed upon with due regard to the patient's vitality.

(4) Where, however, the miasm is inherited and not acquired, there cannot possibly be any coming back of the primary manifestation, but in such a case too, the re-appearance of old symptoms in the reverse order of their coming would give positive indication of a true course of cure.

(5) In the present case all the miasms of the patient were not eradicated, but this was due entirely to want of patience on the part of the patient.

### Case No. 17.

#### EPILEPSY.

12. 1. 1911.

Mrs.———; age 20 or 21; no issues yet; rather fat; complexion fair; looked quite healthy, and nobody could think that she had any disease at all. First menstruated at the age of eleven, and from the age of thirteen, she began to have various kinds of pains during menstruation. Country medicines were tried at first, and then Ayurvedic medicines; and at last allopathic treatment was undergone at Calcutta. But nothing helped. When sixteen, the periodic menstruation ceased altogether, and her people thought that she had become pregnant. The

signs and symptoms of pregnancy developed gradually, and when she was supposed to be in the ninth month, there was also milk in the breast. But when no delivery was taking place even when the 10th month was gone, her people became alive to the reality of the case and began to suspect that possibly she was not pregnant, and that she must have had some disease. And as a matter of fact, she began to have frequent fainting fits from this time. These fits used to come on quite suddenly, with convulsive movements of the hands and feet, and with the eye balls turned upwards. In the beginning there used to be some eight or nine such fits in the month, but before long, these increased to fifteen or sixteen in the month. Ayurvedic treatment was again resorted to. This was in 1909, i. e., when she was about 19 years of age. A long course of treatment was undergone but to no effect. Then an allopathic patent medicine "Aletris Cordial" was used for a pretty long time. This, however, reduced the size of the abdomen but neither restored the menstrual discharge nor led to delivery. And the abdominal pain went on increasing, and other attendant symptoms, such as, palpitation, loss of appetite etc., came on, while the fainting fits became more frequent and more severe still. Matters continued like this up to about the 12th of January, 1911, and I was then approached for taking up her treatment. I recorded the following symptoms:—

Had an excessive desire for bath, and used actually to have two or three baths in the course of the day, since the beginning of the epileptic fits. Had a pronounced craving for open and cold air. She felt better on cold, but the menstrual pain used to be relieved by application of heat. Weeping mood. Could not, at times, refrain from actual weeping. Sleep unrefreshing. Used to come out of the room at night and to wash the whole body with cold water. Appetite extremely poor. Never liked milk and meat in her life. Constipated. Had a preference for lying on the right side, The hairs of the head had almost all fallen off. Melancholy. Taste in the mouth bitter, and burning in the body.

14. 1. 1912. Pulsatilla—1,000, one dose daily for a week and then placebo. Report after a month.

14. 2. 12. The constipation was only slightly relieved. No other change. Placebo for another month.

14. 3. 12. No change. Puls—10 m., one dose, and placebo for a month.

5. 4. 12. The burning in the body was a bit less. Constipation and mind better. Placebo for a month.

7. 5. 12. Was having profuse menstrual discharge since the 2. 5. 12. There was some pain on the first day of the discharge. There was, however, never such a profuse flow in her life. The burning in the body had almost disappeared, and the mental

condition was also much better. The epileptic fits were yet four or five times in the month. Placebo for 15 days.

21. 5. 12. No further improvement, and the fits were again coming on at intervals of two or three days only. Sulphur—1,000 one dose, and placebo.

18. 6. 12, No change. Pulsatilla—10 m. another dose, but when there was no improvement seen even after waiting for one month and ten days, she was given on

29. 6. 12. One dose of Kali Sulph—1,000. Improvement re-commenced on this, and the only trouble she had after this dose, was an occasional pain in the lower abdomen. I waited on for over two months, and then gave another dose of Kali Sulph—1,000 on 4. 10. 12. No further medicine was necessary, as she was quite well after this.

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## CONCLUSION.

In writing about chronic disease and its cause and cure, I have endeavoured to analyse and explain the principles of Homeopathy in the simplest and best manner that has been possible for me. And I shall consider my pains to have been amply rewarded, if my reader finds the explanation of the subject sufficient for his purpose. I would, however, warn him that Homeopathy is truth, and an attainment of that truth requires absolute freedom from prejudice and untiring zeal. "Indolence, love of ease and obstinacy preclude effective service at the altar of Truth." It is only by a careful study and thorough analysis of the Great Truths laid down in Hahnemann's Organon and Chronic Diseases, and in Kent's Philosophy, that one can expect to have a grasp of the subject of chronic treatment; and the explanation of the subject that has been attempted in this little book, is by no means intended to take their place, but is expected to serve as an introduction to higher studies, such as those masterly works contemplate.

Besides a thorough study of the philosophy of Homeopathy on the lines indicated above, a practical application of it is an indispensable condition for an acquirement of this Art to any useful extent. And this suggests the necessity of a very thorough study of materia medica of drugs—the very weapons to be wielded against “Disease”. The study of the Materia Medica is by no means a memory work, as Kent has stated. It is an attempt for finding out in each drug, that which makes that drug that drug and none other. And it is such a study that is required to be made of the drugs, as this alone will bring up in your mind’s eye, their images as in a mirror, and will enable you to find out the particular drug that the case in your hand demands. The medicines required in the treatment of chronic cases are all deep acting, more or less. And they are not all of them equally quick or slow in their action, nor are they, all of them, able to act on the same plane. Some are more deep acting and some less, some are more quick acting and some less, while some act on more internal planes and some on less internal. As such, there is not a medicine in the Materia Medica that can serve the purpose of any other. Each one is absolute in its own sphere. As for example, Aloe and Aurum Met. are both anti-Psoriasis, but the action of the latter is far more lasting than that of the former. And necessarily,

the latter is more deep acting and long acting too. As such, Aloe cannot do the work of Aurum Met. in a case, nor Aurum Met. can do that of Aloe. Lycopodium and Carbo Vegetabilis are almost equal in all respects except in respect of symptoms, but any one of them and Iodine are awfully different from each other in respect of their depth and length of action. I have seen the action of a dose of Iodine 10 m., to continue in a patient for over 4 months, while a dose of Carbo Veg. or Lycopodium in the same potency exhausts itself much earlier. Then again, even if the actions of two remedies are of the same kind, they may not be on the same plane, e. g., Belladonna and Calcarea, Natrum Mur. and Sepia, Colchicum and Arsenicum. Some medicines act very deeply, but they act quickly and exhaust themselves too soon, e. g., Ammon Carb., Magnesia Phos., Colocynth etc. Then again, there are some that act less deeply but long, e. g., Stannum, Staphisagria, Kreosote etc. And there are some again, the abuse of which even by a single dose, implants a life long suffering on the economy, e. g., Lachesis, Crotalus etc. Thus, we may see, that it is not in symptoms alone that our remedies are different, one from another. And as such, it is not symptomatological differences only that have to be found out and grasped in course of the study of materia medica. It is really a study on the above

line that is necessary. And such a study is highly interesting too. It will gradually lead you from the pages of your book to your surroundings—to your friends and acquaintances, and last of all to the individuals of the whole human race. It will gradually enable you to find out the pictures of your remedies all around. You will then cease to see Messrs Tom, Dick and Harry, but instead you will see Messrs Sepia, Natrum and Pulsatilla. When the study of the Materia Medica will reach this stage, it is then only that you will be able to explain why two individuals are such close friends, and why two others are never so. The first two are perhaps, Natrum and Sepia respectively, while the last two are perhaps, Rhus. and Apis. It is such a study that is necessary for an opening of the Homeopathic eye. Kent had such an opening of his eye, and when one has such an opening of his Homeopathic eye, Homeopathy becomes directly assimilated with him, and any mistake in prescribing becomes an impossibility then. One who can learn to prescribe his remedies like this, is bound to be free from errors.

But the world is there to rail at you. When you talk of an opening of the Homeopathic eye, and when you talk of seeing Messrs, Sepia, Natrum and Pulsatilla, instead of Tom, Dick and Harry, you are bound to be laughed at and ridiculed as one lost to reason. But be that as it may, the Homeopath who

has assimilated the great Truth of Homeopathy and has become "directly assimilated to the Divine Creator, Whose creatures he helps to preserve," is far above the plane of laughter and ridicule, and he can only reply "Father, forgive them, they know not what they do."

THE END.







