

**INDIAN  
JOURNAL OF  
HOMOEOPATHIC  
MEDICINE**

9

**HOMOEOPATHY:  
A HUMAN  
MEDICINE**

JANUARY - MARCH 1986

VOL

Handwritten signature and a large 'X' mark.

Now Available :

### MOST RELIABLE & TESTED

1. 50 Millesimal Potencies of Various Drugs - Prepared by Dr. R. P. Patel
2. Tautopathy Drugs - Prepared by Dr. R. P. Patel
3. Homoeopathic Dilution & Mother Tinctures (Hapco and B & T)

Books By Dr. R. P. Patel

	Rs. Ps
1. My Experiments with 50 Millesimal Scale Potencies (5th Edition) :	20.00
2. The Art of Case Taking and Practical Repertorisation in Homoeopathy (4th Edition in Press) :	50.00
3. A Treatise on Homoeopathic Surgery (2nd Edition-Reprint) :	10.00
4. Analysis & Evaluation of Symptoms (3rd Edition) :	4.50
5. Tautopathy (5th Edition) :	10.00
6. Homoeopathy, Its Principles & Doctrines (2nd Edition) :	5.00
7. Research Report on 50 Millesimal Scale Potencies (in Press) :	25.00
8. Lipoid Flocculation (Colloidal) Test (2nd Edition) :	4.00
9. Some of the Causes of Failures in Homoeopathic Practice (2nd Edition) :	3.00
10. Word Index to Kent's Repertory with rubrics (3rd Edition) :	80.00
11. "Autovisual" Homoeopathic Repertory " & Autovisual Miasmatic Repertory (Revised) } (3rd Export Edn.) U.S.A. :	\$10.00
12. Luffa Operculata in Br. Asthma :	3500.00
13. Alternating Symptoms in Homoeopathy :	3.00
14. Case Taking Form with Easy Repertorisation (17th Edition) :	5.00
15. Repertory Charts (Sheets) :	2.00
N. B. : Other Homoeopathic Books By Different Authors are available also.	1.00

**HAHNEMANN HOMOEOPATHIC PHARMACY**  
Hahnemann House, College Road, Kottayam, Kerala, S. India.

*You have read him and now you can hear him*

Dr. Ramanlal P. Patel

D. M. S. (Cal); D. F. Hom. (London); L. M. (Dublin); etc.  
Offers on CASSETTE TAPES his recent lectures on Homoeopathy which were delivered to doctors and students of Homoeopathy in West Germany, U.S.A. and AUSTRALIA. Hear and enjoy 35 years of experience in Homoeopathy in 26 lectures on 19 Cassettes. IT IS AN AUDIOVISUAL PRESENTATION.

Price for each Cassette

: Rs. 25/- (Indian Cassette)  
: Rs. 45/- (Foreign Cassette)

Price for Compleat set

: Rs. 400/- (Indian Cassette)  
: Rs. 800/- (Foreign Cassette)

Including Hand-Book with Charts

Postage and Packing charges extra.

Write for the list of lectures on Cassette tapes to :

Sole Distributors :

**HAHNEMANN HOMOEOPATHIC PHARMACY**  
Hahnemann House, College Road,  
Kottayam, Kerala, S. India.

### NOTICE

The entire next issue April - June 1986 will be devoted to the proceedings of the February 1986 Convention on the Living Materia Medica by George Vithoulkas - a unique opportunity for those who missed the Convention.

Another unique feature of the 1986 Journal is the Student's Section. For the first time a professional Journal has involved the students.

We are also starting a 'Layman's Section' for our numerous Friends of Homoeopathy !

STOP PRESS !!

GREAT NEWS !

Our Journal is going "Off Set" -- putting us on par with the professional Journals of the world. SUBSCRIBE TODAY & reap the benefits.

YOUR LAST CHANCE TO SUBSCRIBE AT  
THE OLD RATES !!

Indian Journal of Homoeopathic Medicine

Subscription Form

NAME :  
ADDRESS :  
TYPE : NEW/RENEWAL/STUDENT/FOREIGN  
PERIOD : 1 YEAR/3 YEARS  
AMOUNT : Rs.25 / Rs.60 / Rs.15 / \$ 8

Cheques to be made favouring "Indian Journal of Homoeopathic Medicine"

ADVERTISEMENT RATES

Type	Rupees		Dollars	
	SINGLE	YEAR(4)	SINGLE	YEAR(4)
1 BACK COVER (FULL)	600	2000	70	220
2 " " (HALF)	350	1200	40	140
3 INSIDE COVER(FULL)	500	1600	60	190
4 " " (HALF)	300	1000	35	120
5 FULL PAGE	400	1200	50	160
6 HALF PAGE	250	800	30	100

INDIAN JOURNAL OF HOMOEOPATHIC MEDICINE

EDITOR - IN - CHIEF : Dr(Mrs) Vishpala Parthasarthy LCEH  
ASSISTANT EDITOR : Dr(Miss) Archana C. Maniar LCEH  
EDITORIAL BOARD  
Planning & Designing : Dr. Sarla Sonawala BA, DMS, DF (Lond)  
Publicity & Advertising : Dr Farokh J Master LCEH  
Research & Development : Dr. Anil R Bhatia B Sc, DMS, DF, MBS  
Student's Editor : Dr Vijay Vaishnav LCEH  
Members : Dr. R Kapadia, Mr. G. Wankadia, Miss Z. Colabawala.  
Organising Secretary : Mr. S.M. Gunavante  
Co-ordinator : Mr. R.C. Dalal BA  
Honorary Advisor : Dr K.N. Kasad  
Publisher : Homoeopathic Education Society

Vol.21

JANUARY-MARCH 1986

NO.1

CONTENTS

Sr.No.		PAGE
1.	EDITORIAL .. DR VISHPALA PARTHASARATHY	3
2.	VALUE OF REPERTORY .. DR RAJAN SHANKARAN	4
3.	BOOK-REVIEW 50 MILLESIMAL POTENCY .. DR HARMOHAN CHOUDHARY	7
4.	ROLE OF DIET IN DETERMINING SEX OF OFFSPRINGS .. SHIVAJI CAIRAE	8
5.	REPRINT OF OLD MASTERS: POINTERS IN CHOREA .. DR MARGARET TYLER	10
6.	SHORT CASES REPORTING .. DR SHILPA BANSAL	12
7.	CAUSTICUM .. DR KAMAL SHARMA	15
8.	Student Section - INTRODUCTION .. DR VIJAY VAISHNAV	17
9.	AUDE SAPERE .. DR RAJESH SHAH	17
10.	MATERIA MEDICA IN CROSS WORD .. DR ROOPAL KAPADIA	21
11.	Layman's Section - HEALING HERB OF HYPERICUM .. DR SARLA SONAWALA	23
12.	ABSTRACT & EXTRACT ..	24

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

2  
INDIAN JOURNAL OF HOMOEOPATHIC MEDICINE  
SUBSCRIPTIONS

The Journal is published quarterly. Subscriptions should be sent to the Indian Journal of Homoeopathic Medicine, Smt. C.M.P. Homoeopathic Medical College, IRLA Society Road, Vile Parle (West), Bombay - 400 056.  
Rates : Rs. 25/- per year for Indian & Pakistan. Rs.60/- for 3 years. All other countries \$ 8 per year. Bonafide Homoeopathic students Rs.15/- per year. (Enclose xerox of I.D.Card).

GUIDELINES FOR AUTHORS

The Journal invites articles, book-reviews and letters to the editor. Only original manuscripts will be considered. The editor reserves the right to edit and re-write all manuscripts, and to reject without assigning any reason.

All manuscripts must be typed and double-spaced on white 8x12 inch paper with full one inch margins on all sides.  
On the first page give only the title, author's name, recognised degrees, address and designation.

Side headings are to be used through-out. Only two types of headings to be used :  
(i) Capitals  
(ii) Small and underlined with capital only for first letter.  
Within the article words with special emphasis to be underlined. Restrict these to few.

Illustrations, tables, drawings to be given separately, in black ink. In size: width 5 1/2" and in length maximum 7 1/2".  
Photographs should be on glossy paper in Black & White.  
References: give alphabetically with abbreviations and in smaller type.

The length of article can vary; however, in general, it should not exceed 3,000 words. Authors are fully responsible for the accuracy of quotations, references and data submitted. Reprints of published articles should be requested when the article is submitted. The author will pay for all reprints based on current printing costs.

The opinions, statements and conclusions expressed by an author are his own and do not necessarily reflect those of the Editor of The Indian Journal of Homoeopathic Medicine.  
All articles & correspondence should be mailed to Mr. R.C. Dalal, and given in duplicate at the above address.

INDIAN JOURNAL  
OF  
HOMOEOPATHIC MEDICINE



"That which restores health is the proper remedy; he who cures the patient is the best physician." -Charaka

"Life is short, art is long, opportunity fleeting, experiment fallacious and judgement difficult." -Hippocrates

"The physician's high and only mission is to restore the sick to health". -Hahnemann

EDITORIAL

I assume responsibility of an Editor with mixed feelings of regret as well as hope.

With a deep sense of regret, we - I and other members of the Editorial Board - bid adieu to Dr. K.N. Kasad who looked after editorial work all these years, with his usual meticulous care and sincerity. He laid down the Editor's pen due to increasing burden of his other commitments, and passed the pangs of the mighty pen over to me. I hope his guidance and counsel would be available when we need.

The new year 1986 brings hope and vision to this Journal. As the readers will find, "Student's Section" has been introduced. It concerns not only the students of this college, but it opens up new dimensions for every student of Homoeopathy in the country - nay - all over the world. The young students - boys and girls - with youthful zest in their hearts and dreams in their eyes, are the torchbearers of tomorrow. Their co-operation and contribution to this section may represent their ability and skill. We appeal one and all students of Homoeopathy to make this Journal, the vocal organ of their hopes and aspirations.

All that concerns Man is human, and Homoeopathy is a Human Medicine - in health as well as disease, of mind as well as body. We invite articles which open the windows to manifold aspects of the complex, mysterious being that Man is. Psychiatry, Paediatrics, Gynaecology and other allied medical sciences have much to contribute that this Journal welcomes.

Let this Journal be the symbol of Totality of Man

# VALUE OF REPERTORY IN HOMOEOPATHIC PRACTICE\*

Dr. Rajan Sankaran  
L C E H

Respected Chairman and my most dear and valued colleagues.

It is an honour for me to be called to present my humble experience before you. What I would like to illustrate in these cases is how the repertory helps us in the understanding of various remedies. By using repertory we are able to understand uncommon aspects of common medicines.

We are able to understand medicines from entirely new angles.

A case was presented by my friend, Dr. Jayesh, of a patient having long standing white spots on the skin. The mental symptoms of this patient were very peculiar. There was great hatred for people who disagreed with her. For example, she got into an argument with a friend over Indira Gandhi, and because the friend did not agree with her, she developed extreme aversion to her friend and never looked at her face again.

She was extremely jealous. She even told the Doctor, 'I am jealous of you'. She was obstinate and quarrelsome. She was always complaining that her value was not being appreciated by others and that her qualities were not recognised.

Coupled with this, she had the following symptoms:

1. She was a hot patient,
2. There was a tendency to suppuration,
3. Cracks in the soles in winter,
4. Desire for sweets.

The Rubrics selected for her were:

1. Hatred for persons who do not agree with him, Kent P.51.
2. Lamenting, appreciated because he is not, Kent P.61.
3. Obstinate, Kent P.69.
4. Quarrelsome, Kent P.70.
5. Skin cracks in winter, Kent P. 1305.
6. Desires sweets, Kent P.486.
7. Warm room in general Agg., Kent P.1413.

The remedy that emerged was Calc Sulph which cured the patient instantaneously.

We can see what a beautiful picture of Calc Sulph emerges from this case. This remedy which was discarded by the person who introduced it, Schuessler, comes out as one of the most beautiful remedies, which is as jealous as Nitric Acid; as malicious as Lachesis; as irritable and worse from contradiction as Lycopodium, as obstinate as Calcarea; as

# VALUE OF REPERTORY IN HOMOEOPATHIC PRACTICE

quarrelsome as Hyos; as mortified as Staph., especially the two most beautiful symptoms (1) Hatred for others who disagree with him and (2) Complaining that his value is not appreciated.

II We are able to understand even various uncommon aspects of commonly used remedies; e.g.

Dorothy Shepherd in her "Physician's Posy" gives us the story of Hitler whose characteristics were:

1. Delusion of being persecuted
2. Trifles would evoke severe rage
3. Can't stick to one topic, changes constantly
4. Insecure when alone, missing company.

If we open the repertory, Kent P.30: Delusion that he is persecuted; Kent p.12, Company desires, alone when agg., we will come to the remedy: Drosera which if we refer to Hahnemann's Materia Medica, we will find the exact replica of this presentation.

Shepherd has given many cases of Drosera where the prescription was based on this presentation. How few of us even imagine this aspect of Drosera, and yet we see how this picture emerges if we study the repertory. Similarly, by the study of repertory, we can get new ideas of various other remedies.

III Miss N.S. came with severe headaches; suspected as space occupying lesion in the skull. She was advised to go to a neuro-physician. Instead, she came to us.

talking loudly, rest, pressure; sensation of eyeballs pulled back. Superficially it appeared a case of Bryonia. I suspected that the symptom, "someone talking loudly" - may have emotional overtones (when someone talks loudly it is usually because of anger). We went into her situation. We found that her brother, being dissatisfied for some reason, had threatened that he would not let her live in peace. The next day the headache started. Kent's Repertory gives the rubric, "HEAD - pain, fright from" Puls is given in the highest grade. Besides it also covers:

1. Head, Pain, sun from exposure to
2. Eye, Pain, drawing backward the eyeball.

We asked about her reaction to consolation, whereupon she said that her headache was markedly relieved if someone consoled her. Puls 30 t.d.s. for a week.

In one week, headache became 50% less in intensity and frequency and in another week, it disappeared.

IV Miss V. aged 23, a patient having cervical spondylosis, complains of severe pain in left arm. It seems to begin in the elbow and goes up to the shoulders and scapulae and down to the forearm. It is worse from slight exertion. The intensity of pain shifts. Sometimes it is more in the forearm, sometimes in the upper arm. But the focal point seems to be

\*Paper presented at the National Seminar on Homoeopathy of the H.M.A.I. New Delhi - 23rd and 24th March, 1985.

Labheri - Jealous

Severe

Staph - mortified

2 points

## VALUE OF REPERTORY IN HOMOEOPATHIC PRACTICE

repertory. I have found the repertory most valuable. Many a time, it is the golden key that unlocks the hidden chamber of our Materia Medica and the uncommon potentialities of our multi-dimensional medicines. Through the repertory, we have understood so many rare remedies and so many different aspects of commonly used remedies. We have also seen that repertorisation is an art. The repertory never fails, only the repertorian fails. Improper case taking, wrong selection of rubrics, not referring to all the repertories are the pitfalls into which the user of the repertory can fall. The user of the repertory must also realise the limitations of the repertory. The repertory is not complete. It splits up the symptoms. Ultimately, the repertory is only the bridge to the Materia Medica and it has a definite place in homoeopathic practice.

### BOOK - REVIEW

### 50 MILLESIMAL POTENCY

Theory & Practice

Dr. Harimohan Choudhury

Published by World Homoeopathic

Total Pages 90.  
Edition - First.  
Price :- Rs.8/-.

Dr. Choudhury has brought out well the Principles, Practice and Advantages of 50 Millesimal Potency. In the very first chapter he describes the history of how 50 Millesimal Potency was introduced in India by Dr. Chandipada Chakrabarty, way back in 1958. Also quotes from 5th & 6th edition of Organon regarding advantages of 50 Millesimal Potency. Secondly the mode of administration where a lot of controversy exists today is meticulously unravelled. He says that the original method of Hahnemann is still the safest and surest one. The author guides the beginner as to how to avoid medical aggravation of 50 Millesimal Potencies which some of our colleagues claim.

The book is also interspersed with some interesting cases from the Homoeopathic Literature.

Marriage -- is like twirling a baton, turning handsprings or eating with chopsticks, it looks easy until you try it.

\* \* \*

# ROLE OF DIET IN DECIDING THE SEX OF THE OFFSPRINGS\*

Shivaji Cairae

**Introduction:** The scope of this paper is to establish the correlation between the diet of couples with the sex of their offsprings. The reason for under-taking this study was, that choice of the sex of the offsprings has remained a big question-mark for the humanity. Since no laboratory assistance or expert guidance was available to me; after much thought and study, I thought of undertaking this crude experiment on 24 friendly but well placed and dependable couples. However for reasons of social decency and for obtaining independent results, the couples were briefed about the experiment separately, and secrecy promised here. For the sake of brevity they will be referred to as couples A, B, C, .....etc.

## Material & Methods :

As mentioned above 24 sample couples desiring conception were chosen. Out of them couples A, C, G, I, K, O, T, U&X had a daughter previously. Couples B, D, F, M, Q&W had a son, couples E, H, L, P&V had two daughters. They were going for the first child. They were provided with the list of victuals (Appendix A) & were repeatedly persuaded to increase the intake of alkali producing victuals, hereinafter called alkaline diet) per the list, till such items were 60% to 75% of their total

food intake per day. In about 3 months time, all the couples reported that they were feeling lighter and more cheerful with this change in diet. They were requested to continue this diet schedule for atleast two more months (hereafter referred to as crucial months); when conception was planned.

Fifteen couples reported conception in the first crucial month, and 9 couples B, E, F, G, L, M, Q, V&X) reported conception in the second crucial month.

In due course of time, the children were delivered. Except for F, O, S&W who gave birth to a daughter; all the remaining couples were blessed with a son. Detailed enquiries from F, O, S&W indicated that they had often been leading a hectic social life with meals out.

No medicine (Allopathic or Homoeopathic) was administered to any couple (except to Mrs. W) during the crucial months. However, ladies took Iron capsules etc. as and when desired and prescribed by their gynaecologists. The restriction of diet was lifted after conception; and the couples were free to eat what they liked.

This table indicates that the alkaline diet was responsible for the conception of the male offsprings in nearly 80% of the sample couples.

# ROLE OF DIET IN DECIDING THE SEX OF THE OFFSPRINGS

9

## APPENDIX - I A

### I - VICTUALS WHICH PRODUCE ALKALINITY IN THE BODY

#### A Vegetables

1. Gourds.
2. Ridge gourd.
3. Bitter gourd.
4. Beans & French Bean.
5. Lady's finger.
6. Parval.
7. Cucumber.
8. Coriander leaves.
9. Leaves of radish, turnip & carrot.
10. Kulfa.
11. Drum sticks.
12. Any other green & fresh vegetables.

#### B Fruits

1. Guava.
2. Less sweet Papaya & other less sweet fruits.
3. Lemon & Sour fresh fruits.

#### C Others

1. Green & Fresh gram.
2. Sprouted grams.
3. Green water caltrops.
4. Lime Water.

### II - VICTUALS WHICH PRODUCE ACIDITY IN THE BODY

1. All meats, pulses, flours etc.
2. All Sweet fruits.
3. Milk, curd & sweets etc.
4. Any other article not included in the categories A, B, or C above.

**Discussion :** The aforesaid data, though collected from a small sample of people, is very significant on account of the overwhelming result that came through. The Biological process that would have taken place in this, would be clear from the discussion that follows :-

In the experiment, the conception of nearly 84% males is a clear indicator that :

(a) Spemms containing 'Y' chromosomes were more in proportion than the spemms containing 'X' chromosomes in the semen ejected by the male parent.

(b) Spemms containing 'Y' chromosomes received a more congenial atmosphere than the spemms containing 'X' chromosomes, in the female parent.

(c) Consequently spemms containing 'Y' chromosomes were more motile and active than the spemms containing 'X' chromosomes in the female parent; and so they could reach the ovum faster, to result in fertilisation.

To summarise, the exceptions to this general rule seem to be the following factors :-  
(a) Hereditary: Where some males may have exceptional pre-dominance of 'X' or 'Y' chromosome-containing-spemms due to reasons of heredity.

(b) Constitutional: Constitution of an individual is the biological equilibrium reached in his body due to the interaction of the factors like his parents constitutions, diet and environment.

## SOME POINTERS IN CHOREA\*

Dr. Margaret Tyler  
M. D.

### Agaricus

Clumsy : drops things.  
Uncertainty in walking : tumbles over things.  
On reaching for an object it is generally missed.  
Frequent jumping of muscles in different parts of the body.  
Involuntary movements of children when awake : cease during sleep. (Mygale--reverse of Tarent.)  
Twitching of eyelids--eyes--cheeks--chest--abdomen.  
Jerking, twitching and trembling.  
Creeping and crawling sensations.  
May sweat alternate sides.  
Agaricus is very chilly, and worse from cold.

### Ignatia

Emotional chorea (Lauro), after grief--fright--mental excitement or frightened by threats of punishment.  
Sighing and sobbing.  
Gait affected: stumbles and falls over small objects (Agar.)  
Drops things (Agar.)  
Constant involuntary twitchings and throwing about of arms.  
Motions and contortions of extremities and head.  
Cannot walk, or use hands to write.  
Sitting and standing extremely difficult.  
Mentally unstable.  
Bright child becomes almost imbecile.

### Opium

Emotional chorea Ign., Lauro., Cham.) from fright, anger reproaches.

Limbs tossed at right angles to body.

Spasmodic jerking of flexors.

### Chamomilla

Twitching eyelids, eyeballs, pupils, facial muscles, twitching of limbs.

Aversion to touch : mustn't be spoken to.

Spiteful, sudden or uncivil irritability.

Ailments from anger.

### Magnesia Phosphorica

Schussler's great remedy for spasms.

Chorea: involuntary movements and contortions of limbs.

Spasm of larynx, etc.

Convulsive twitchings of corners of mouth.

Mag.phos. is worse right side.

? History of a chill.

Worse from cold--air--draught--washing.

Worse from touch.

Better for warmth and heat.

(A small girl with chorea was given Mag.phos. cm. She came back with an alarming aggravation, larynx now affected. She was admitted to hospital, and remained under observation for a couple of weeks, receiving no medicine, -- and went out well.)

\*Reprint from "Homoeopathy", 1940 by Dr. Margaret Tyler

## SOME POINTERS IN CHORIA

### Mygale

Twitchings and contractions of facial muscles especially: eyes and mouth open and close rapidly.

Head jerked to side: especially right side.

Words jerked out in talking.

Twitching and jerking of one arm and leg, generally right.

Hand raised to head is violently jerked backwards, or down.

Uncontrollable movements of arms and legs.

Drags legs in attempting to walk.

Limbs quiet in sleep. Agar. Reverse of Tarent.

"One of our best remedies in uncomplicated chorea" (Farrington).

### Tarentula

Right arm and leg especially affected.

Nocturnal chorea : the contortions not even ceasing at night. (Reverse of Agar., Mygale.)

Eating causes involuntary movements of tongue, causing food to drop from mouth.

Choreic, irregular movements.

Very destructive. Tears or bites bedclothes.

Chorea with inclination to bite and tear.

Impending imbecility. (Ign.)

Sensitive to music: amelioration from music.

Worse when observed.

### Tarentula cubensis

"Also considered specific for Chorea, whether in children or in adults, in acute as well as in chronic cases."

### Belladonna

Much twitching and jerking of quickness of sensation and motion.

Eyes snap and move quickly.

Pupils dilated.

Spasmodic motions of the body, generally backwards.

Throws body backwards and forwards when lying, like constant change from emprostotonos to opisthotonos.

Jumping, jerking, terrifying sleep (reverse of Agar., Mygale)

Starts and talks in sleep.

Stagger when walking.

Excitable and sensitive.

Flushed face, bright eyes, big pupils.

After mental excitement.

Hyoscyamus

"Is full of convulsions and contractions and trembling and quivering and jerking of muscles."

Convulsive jerks of the limbs, so that all sorts of angular motions are made. (Stram. is more graceful in its spasms.)

Angular motions of arms.

Where every muscle in the body twitches, eyes to toes.

Suspicious. Loquacious.

Will not remain covered.

Dull mentally, if not excited.

Especially after a fright. (Opium, Hyos, Stram.)

Stramonium

Involuntary movements: spasms. Raises arms over head: makes graceful gyratory movements (reverse of Hyos.) Facial muscles constantly in play. Chorea from fright.

On repertorization the group of remedies which emerged were:-  
Allium Cepa, Ars, Arum T., Bry, Calc, Cham, Euphrasia, Graph, Natmur, Puls, Phos, Sep, Staph, Tellurium.

of which Euphrasia has 6<sup>13</sup> marks, and also on referring the materia medica, the whole picture of common cold was covered by Euphrasia very well. So Euphrasia was selected as the acute similimum.

**FOLLOW UP REPORT:**

28-10-85 Euphrasia 30tds x 4 days  
01-11-85 75% Ct. same x 8 days.  
09-11-85 100%

No recurrence reported till today even now if she takes ice cream or cold drinks.

**Case : 3**

A family friend Mrs. S.S. came to me in October, 1984 for her grand daughter who was 3 years old. Baby R.S. She had speech problems, she would stammer often and the pronunciations of some words was difficult, otherwise the child was absolutely normal.

**Mind:** No detailed H/O was given, she was just like any 3 year old child.

**Past H/O :** F.T.N.D.  
Milestones Physical - N  
Mental - N Except speech

**Case Analysis/Repertorial totality:**  
This was difficult, as not much information

referring to kents repertory P149 - for rubric 'stammering' and since no other important symptoms/concomittants were available. Stramonium was used as a specific remedy.

**Follow up report :Stramonium-30** - t.d.s. X 15 days. was prescribed, which was then continued for 1 month more giving spectacular results. She is 99% better in stammering since then.

**Case : 4**

Mrs. R.P., 28 years old, a young Punjabi woman came to me in April 1985.

She complained of repeated nose prick abscess fomation. Since 1 year she was troubled with this, twice she got the nose prick done and both the times, the prick got infected, out there was slight pus and bloody discharge which would then heal. She was forced to wear it for her mother-in-law insisted on it. This was for the third time, she was going for the prick and so she met me.

**Mentals:** Disturbed because of the C/C.

**Past H/O :** Nothing specific.

**Case Analysis :**

Only with one symptom tendency to suppurate, the nosode-pyrogen, was given.

Pyrogen 1 M 1 dose with Calendula locally was given and pt is > 3. She never had problems since.

**EDITOR'S COMMENTS :**

Kudos to a fresh practitioner for the results. Our only message to the young is, consistent good results are only possible

CAUSTICUM

Dr Kamal Kumar Sharma  
DOMH

One of Hahnemann's flashes of genius: an outcome of Hahnemann the Chemist and Hahnemann the Physician.

Farrington says, "Causticum is evidently a potash preparation, but its exact composition I do not know. Hahnemann was not able to define it and chemists since his time have not been able to tell of what it is composed. Nevertheless it is a unique remedy and is one that we cannot do without in practice."

Hahnemann calls it a hydrated caustic, but what is more important, he gives full directions as to the preparation of "this powerful drug". He says:

"Take a piece of recently burnt lime weighing about 2lbs., immerse it for a minute into a vessel full of distilled water, and then lay it out to dry in a cup, where it soon becomes pulverised, giving out much heat and a peculiar odour... Of this fine powder you take 2 ounces, place it in the mortar which has been previously warmed, and then mix it with a solution of 2 ounces of bisulphate of potash in 2 ounces of boiling hot water; the potash, before having been dissolved, having been exposed to a red heat, melted and cooled again, and then pulverised. This thickish preparation is inserted into a retort,

receiver which ought to be dipped in water to half its height, is hermetically fastened. The liquid is distilled over by gradually approaching a coal-fire to the retort, and until the preparation is perfectly dry. The liquid in the receiver is about one ounce and a half, as clear as water, and contains Causticum in a concentrated form, which smells like the lye obtained from potash, and has an astringent and burning taste on the back of the tongue. Its freezing point is below that of water. It promotes the putrefaction of animal substances which are placed in it. With the salt of baryta it gives out no trace of sulphuric acid, nor any trace of lime-earth with the oxalate of ammonium. "One or two globules of the 30th potency are given at a dose, which often acts for upwards of fifty days".

Hering's Guiding Symptoms says: "Whatever diversity of opinion may exist theoretically in regard to the chemical nature of this substance... the unquestionable good results obtained by its use, in potentized form by a majority of our best practitioners stamp it a polychrest of the highest order".

And Nash calls it "A very unique remedy, proven by Hahnemann. Its exact chemical composition is not known but it is supposed to be a kind of

potash preparation. It has quite a long list of peculiar symptoms, which are very reliable".

Causticum, mentally, is unhappy: weeps, cries: is melancholy-hopeless: looks on the dark side: has forebodings and apprehensions. Is peevish, irritable, censorious: very suspicious and distrustful. It is a remedy of mental alienation after suppression of eruption.

Affects especially persons dark-haired, dark-eyed, and of darkest mood and temper. No suspicion of brightness or gaiety here. Kent delirium, but mental aberration of the passive kind, where the brain was become tired. The constitution has become broken down with long suffering and much trouble and finally the mind can be no longer co-ordinated: it is in confusion".

#### FORM IV (See Rule 8)

1. Place of Publication :  
Bombay.
2. Periodicity of its Publication :  
Quarterly.
3. Printer's Name :  
Unity Printing Press  
(a) Whether Citizen of India :  
Yes  
(b) If foreigner, state the country of origin : N.A.  
(c) Address :  
19/1, Prabhadevi Industrial Estate, Prabhadevi, Bombay 400 025.
4. Publisher's Name :  
Homoeopathic Education Society.

(a) Whether Citizen of India :  
Yes

(b) If foreigner, state the country of origin: N.A.

5. Editor's Name :  
Dr. (Mrs) Vishpala Parthasarthy.

(a) Whether Citizen of India :  
Yes.

(b) If foreigner, state the country of origin: N.A.

(c) Address :  
Hill 'N' Sea 72,  
Pali Hill, Bandra,  
Bombay 400 050.

6. Names and address of individuals who own the newspaper and partners or shareholders holding more than one percent of the total capital:  
Homoeopathic Education Society, Irla Society Road, Vile Parle (West), Bombay 400 056.

I, Dr (Mrs) Vishpala Parthasarthy hereby declare that the particular given above are true to the best of my knowledge and belief.

In this earth, in the final analysis, each of us gets exactly what we deserves. But only the successful recognise this.

## INTRODUCTION TO STUDENT SECTION

Dr Vijay H Vaishnav  
L C E H

This is the first time that the Journal contains a special section for students of Homoeopathic colleges. The need for such a section was long felt and I am sure it will be well received by all.

In the past, the students had not always been able to understand or digest many of the articles appearing in the Journal and hence have not found it interesting. We believe that a Journal such as ours should be able to present not only the latest advances in Homoeopathy but at the same time it should also contain some articles of interest to the students.

We also wish to use the Journal as a means of interaction between the students of the Homoeopathic colleges all over India. An exchange of ideas through letters and articles will help to make the student body a well informed and close-knit group. At the same time we will be able to tap upon the creative talents of the students in the form of articles, cartoons, etc. especially on Homoeopathy or medicine in general.

All this, however, requires the enthusiastic support of all of you and I would be very happy to receive contributions in the form of articles from you.

I look forward to hearing from you and hope you will all help in making 'your' section in our Journal a great success.

## AUDE SAPERE

Dr Rajesh Shah  
L C E H

We obeyed it, even before we were aware of it, aude sapere (dare to be wise) the watchword what our master Dr. Hahnemann bestowed to us. Our arrival to Homoeopathy itself was a great daring. By pursuing Homoeopathy and by performing courageous scientific research work we should be extra daring to deal betterwise.

Before proceeding to the subject proper, let's have a bird's eye view over the history of medicine w.r.t. the standing of Homoeopathy in it.

History tells us that after Dr. Hahnemann (1735-1843), Homoeopathy prospered till 1880. The introduction and notable advancements of the following sciences affected Homoeopathy. The introduction of Cellular Biology (1840), Concept of Tissue-Histology (Albrecht-von Kolliker: 1817-1905),

great work in pathology (Rudolf Virchow: 1821-1901) and Bacteriology (Louis Pasteur: 1822-95 & R. Koch 1843-1910), Advances in surgery (after 1930), Revolutionary concepts in chemotherapy (Domark & Trefouel: 1935) etc. etc. had great influence on Homoeopathy. Research workers got deviated towards this modern medicine, eventually, Homoeopathy experienced setbacks.

Though Homoeopathy was introduced in India in the fourth decade of 19th century, the actual history began from 1867. In India, the first Homoeopathic college was established in 1882-83, but the systematic study in Homoeopathy on large scale has been in practice only since a few decades. Today, India has the largest number of Homoeopathic colleges and Homoeopaths in the world. The educational standard of most of the colleges is not encouraging. What all this indicates is that, due to some reason or the other, Homoeopathy has not been considered seriously at international level. This seems to be the reason why the actual age of Homoeopathy is less than is chronological age.

We cannot afford to let Homoeopathy remain antiquated. Now, the enterprising task is to withstand the challenge of the time. No science should stay static.

Taking an account of the history of Homoeopathy and its illuminating dynamic merits, I firmly believe that it is not too late to progress ahead provided we realise

the modern deliberations, and provided we employ all our vigour for it, which really demands high grade of daring.

Now, I want to propound some notions, to which, I humbly suggest my colleagues to pay serious and courageous attention

First and the foremost point is about the thorough reproofing of all our medicines. It being impracticable to carry out complete proving on human beings they should also be proved on lower animals to ascertain their pharmacological action. Fortunately, some workers have experimented this on lower animals - more should be followed. Proving on lower animals will reveal the pathogenesis and pathology of Homoeo-drugs, which we are lacking. Homoeopathic materia medica should be scientific rather than mere empirical.

One more thought about proving of chemical carcinogens on lower animals till the cancer lesion develops and then the administration of the same/similar potentised carcinogen. According to the law of similars this should lead to the cure of the lesion, and if this proves so, then similar experimentation may be done on certain cancer patient. This might open new doors in the treatment of cancer, which has still remained an invincible illness. Homoeopathy may conquer it. To flourish Homoeopathy, we require such logical experiments on large scale.

Next point  
Operandi:

to its very complex mechanism or due to the reason that least efforts have been made in this regard to weigh or to solve this perplexity in the light of modern knowledge and technology.

Modus operandii of Homoeopathic medicine as far as its administration in infectious diseases is concerned, a point for experiment I would like to suggest.

As we know that the treatment of infectious diseases may be based upon the employment of the drug which should be capable of directly killing the microorganisms and preventing their multiplication or should be able to stimulate the natural resistance against them. Antibiotic chemotherapy is an example of the former criterion and the Homoeopathic mode is said to fall in the latter category. By the term stimulation of natural resistance (i.e. Immunity) what we mean is an acceleration of Immunoglobulins and specific antibody formation against those external antigens microbes). This obviously is the ideal way of healing.

When Homoeo-medicine treats any infectious disease, it must be stimulating the natural antibody formation. And during the process of cure, the specific antibody titre in serum must be accelerated, which now is measurable by laboratory techniques. Such simple laboratory tests may tell us about the mode of drug action to some extent which has remained con-

particular potency stimulating particular specific anti-bodies, working against particular type of microorganisms, etc. is likely to relieve our intricate case management in infectious diseases.

While taking on this issue, a relative idea concerning the prophylactic vaccines strikes me. We know that the vaccines possess nothing but the attenuated microorganisms or their toxins. We believe that vaccine therapy is a derivative of Isopathy, which has something to do with Homoeopathy. We know that 'Nosodes' are also prepared from microorganisms and their toxins. The process of potentization which our medicines undergo is also a form of attenuation. If B.C.G. vaccine, which has been attenuated for about 1000 times, can stimulate the antibodies against Myco. Tuberculosis, then why not our medicine *Tuberculinum* or *Bovinum* (which are prepared from Tubercular and Bovine bacilli resp.) in 1000 (or more) potency can stimulate similar immunisation response? And so may be said about *Morbillinum* (drug prepared from rubeola virus), *Influenzinum*, *Diphtherinum* etc. which have, infact, undergone probably stronger dynamic attenuation. We already have experienced the triumph of Homoeo-medicines as prophylactics. Simple laboratory experiments measuring persistent duration and quantitative level of specific antibody titre after an administration of specific potentised Homoeo-  
Nosode should be carried

As we have realised the greater efficiency of dynamic (potentised) drugs over crude forms, I am optimistic about the scope of Homoeopathy as a prophylactic measure on a large scale and thereby, we might be able to save delicate kids from the tyrant injections of vaccination. Homoeopathy can serve humanity provided we dare at all the moments to obtain maximum of its essence.

Next point has concern with the use of combination of Homoeo-medicines. This has not been accepted universally on the ground of it being unproved and hence being unhomoeopathic. To make this mode Homoeopathic, I suggest the proving of combinations of carefully selected drugs for certain symptom complex and prove them as new medicines, then such provings are likely to give broad symptom-picture, may be inclusive of all the characteristics belonging to individual drugs. More and more combination provings and experiments may solve our problems of management in acute cases to a great extent. What is required is the daring to think beyond orthodox tradition.

Very little work is done, equally little is known about the effects of Homoeo-medicines when given parenterally. From our knowledge of Physiology we know that every drug has ultimately to act at the brain level. No route other than the parenteral is known to have direct approach to brain. Probability of quicker recovery especially in the acute conditions may come true if drug is admini-

Homoeopathy.

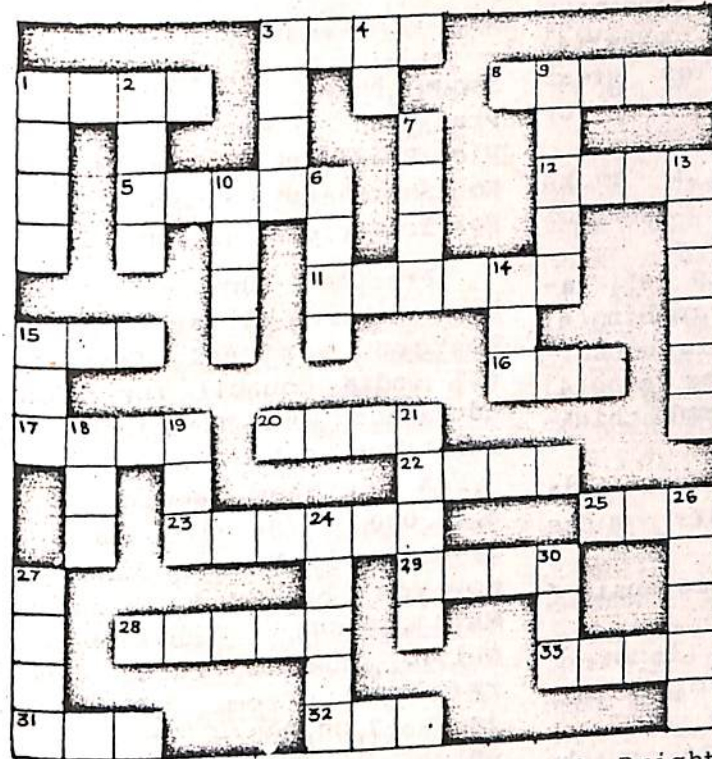
Lastly, regarding our attitude towards modern medicine. 200 years back Dr. Hahnemann labelled it 'Old School' some of us still call it so and criticize, without realising their achievements and basic renovation. It is my humble view that we need not hesitate in using the medicines of modern school, when indicated. Homoeopathy and modern medicine should shake hands for the better service to the humanity.

The notions put forward here are that which have stimulated me at times during my student days. The idea behind is just to agitate my colleagues to think and work in similar direction. I do not claim these all points to be wholly agreeable to all. Some of the readers might find it funny or immature, this is open to criticism. Because here I am not stating anything based on my experience, and experiments, but I can claim humbly that I have dared to think in unconventional manner.

If a little knowledge is dangerous, where is the man who has so much, as to be out of danger?

Dr. (Miss) Roopal Kapadia  
L C E H

CLUES ACROSS



1. Always praying, yet so jealous & suspicious (4)
3. Severe diarrhoea with piles like bunch of grapes (4)
5. Colic Delirium with sensation as if abdomen retracted towards spine (5)
8. Joints pain when gets wet yet walking seems the best (4-1)
11. Used to dry up milk or increase it's secretion in forgetful lactating women (3-3)
12. Cardiac rate 150/min. with bearing down at vulva support (3-1)
15. Hot antisycotic (3)

16. Mapped tongue with craving salt, < CONTRADICTION. Falls in love with wrong persons (3)
17. Too weak to bring out eruptions, < wine. Passes urine bending backward (4)
20. Profuse perspiration and salivation yet so very thirsty (4)
22. Burning bee-stings with wide open anus (4)
23. Ineffectual desire for stool in quarrelsome office workers (3-3)
25. Everything seems loose & open in old scrawny patients with cold skin yet averse to covering
28. Works best in injuries to sensient nerves & prevents tetanus (5)

29. Bright red bleeding with tall, fair, stooped persons (4)
31. Eating well yet losing weight as complaint, when a hot, glandular remedy works fast (3)
32. In patients with F/H or P/H of Koch's (3)
33. Polychromatic diarrhoea with fever at 7 a.m. with great loquacity (4)

CLUES DOWN

1. R. sided gaseous remedy in persons whose upper half is emaciated & lower part semi-dropsical (3)
2. Paralytic drug with sensation of water dropping on vertex(4)
3. Soft stool requires great straining. Loss of self identity (4)
4. Clocks striking & cocks crowing at a great distance keep him awake (2)
6. The first choice in inflammations with severe throbbing(4)
7. Fat patients who are constipated with craving for eggs(4)
9. Consciousness of womb thinking of complaints (5)
10. Works wonders in urticaria where complaints are worse from shellfish (3-1)
13. Hysterical fits where music (6)
14. Prematurely old impotent patients with absent mindedness (3)
15. Thick, Yellow-white sticky crusts in head (NIGHT) (3)
18. Moody (3)
19. Lump in breast after injury (3)
21. Commonest vegetable antidote. (5)
24. Cholera with cold perspiration and collapse (5)
26. Sciatica - (L) as if screwed in a vice with colic (5)
27. Treats friends outrageously (4)
30. Washerwoman's remedy (3)

\* Answers on Page 28

THE HOMOEOPATHIC EDUCATION SOCIETY

Society News

President : Shri M.I. Patel  
 Vice-President : Dr. M.B. Jain  
 Hon.Secretary : Shri B.R.Desai  
 Hon.Treasurer : Shri C.B.Patel

President Shri M.I. Patel has been appointed as Chairman of Western Regional Committee of All India Council for technical Education. Our heartiest congratulations to him.

A further amount of Rs 5,00,000/- (Rs Five Lacs only) been received from Juhu Jagruti towards promised donation of Rs 11,00,000/- (Rs Eleven Lacs only). Thus the total donations received from Juhu Jagruti is Rs.7,00,000/- (Rs.Seven Lacs only). We trust they will also give the balance of the promised amount of donation at an early date.

Shri Vadali Jain Mitra Mandal Bombay have donated a sum of Rs 20,001/- (Rs Twenty Thousand & One only) to the Homoeopathic Education Society on 28/12/1985. A bed in general ward is reserved for patients recommended by the Mandal. The Archana Trust has offered to donate a sum of Rs 11,000/- (Rs Eleven Thousand only) for the social services rendered by students and faculty members

of Smt. Chandaben Mohanbhai Patel Homoeopathic Medical College.

College News

The results of the Examinations :

Class	Appeared	Passed	Percentage
Ist B.H.M.S.	86	56	65.12%
IInd B.H.M.S.	86	18	20.93%
L.C.E.H.	16	14	88.08%
Part I			
L.C.E.H. III	85	60	70.05%
Part II			

Eye Camp

The Sixth Eye Camp was held at Shree Mumbadevi Homoeopathic Hospital under the auspices of the Homoeopathic Education Society on 18th, 19th & 20th January 1986. Dr. Daljitsingh, a well known Ophthalmic Surgeon and President World Eye Bank performed thirty four operations and implanted lenses. He examined nearly a thousand patients during this period.

LAYMAN'S SECTION

HEALING HERB OF HYPERICUM\*

Dr. Sarla Sonawala  
 BA,DMS.

Almighty sets his seal on plants that heal so that his suffering children may recognise them in their hour of need. Among wound-worts of our land, none rivals HYPERICUM PERFORIATUM for its healing touch on injured nerves.

Esteemed as an ancient healer since the dawn of medicine, Hippocrates valued it as one of his chief remedies. Paracelsus preferred it to all apothecaries' compounds. Dr. Ludlam reputed it as a remedy for bruised nerves as Arnica is for bruised muscles. The narrow, lancet-like leaves of the plant show pelucid holes when held against light. The tiny, yellow flowers, when crushed, emit a blood-red smear. Hence its value as a vulnerary remedy for wounds with sharp lancets - punctured and perforated wounds - and gunshot wounds as well.

For sharpnel wounds in 1914-18 war, a seargeant used HYPERICUM with most gratifying results. To see a man badly wounded by sharpnel thro' his shoulder and in terrible pain, to be transformed to laugh and joke, by two little pellets of HYPERICUM was an amazing sight !

Big sister of Ledum, HYPERICUM can be used, both internally as well as externally, for wounds of parts rich in sensient nerves - fingers and toes, matrices of nails, palms and soles - injuries from treading on nails, needles splinters... also bites of the animals. Its screaming pains shoot up and down along the course of the nerves. A step ahead of Ledum, the remedy not merely prevents tetanus, but even when lockjaw sets in, it can unlock the jaw. Hence a remedy - both preventive as well as curative in tetanus. The same holds

## ABSTRACTS &amp; EXTRACTS

## How Sick is it to want to be Sick?

Perri Klass

Late at night in the hospital, I've had any number of old and less-than-noble thoughts I'm talking about medical student (me), in the hospital on a thirty-hour shift, prevented from sleeping by the uncontrollable changes in condition of the sick, or sometimes by my own need to stay awake and learn something before morning rounds. I'm talking about those dark hours of the soul when one is reduced to scrounging yet again in one's pocket for another candy bar out of the vending machine in the cafeteria for a few seconds of sugar-rush. Yes, at those time (many thoughts flicker across the mind. "Professions I might have gone into, for example, each with bountiful professional rewards, the luxury of daytime work hours, no blood on your clothes ... Or how about the more general "for this I am going eighty thousand dollars into debt?" Or, "all my friends who don't go to medical school are in warm beds asleep and probably with each other and I hate them all"?)

But every now and then I've gone further than this. Feeling sorry for myself is all well and good, and nurses me along until the next candy bar attack, but when things have gotten really bad, I've found myself standing by some patient's

true for rabies after the bite of a rabid dog.

Wielding immense power over nerves, HYPERICUM can preserve the integrity of a torn and lacerated part, almost entirely separated from the body-hence a surgeon's precious tool.

Have you ever heard of "ghost" pains? A sensitive patient, after amputation of a limb-arm or leg, howls with pains in his toes and fingers which no more exist! This remedy can magically drive those "ghosts" away. Even nervous depression after surgery can disappear under its spell. For ill-effects of hypnotism or mesmerism, HYPERICUM knows no rival.

The "railway spine" of suburban commuters as well as widely prevalent spondylosis the "slip-disc" syndrome-fall within the domain of this remedy.

Likewise, low backache, after child-birth due to bruised nerves around the broken tail-bone is the despair of many females. Moving like a shuttlecock-from physician to gynecologist, to psychiatrist-finally the victim of their harsh verdict "leave her alone"-these unfortunate women can find a true ally in HYPERICUM-a wonder-drug of Homoeopathy!

bed, envying that patient with all my strength. Yes, there I've stood, staring at some poor sick person, probably in pain, certainly desperate to be well again, and I've thought, well, I'd be willing to take on a small case of that disease, if it would mean ... If it would mean what? Well, most immediately, the right to get into the bed, put my head down on the pillow, and close my eyes, with no responsibility for anyone who might suddenly develop a fever or begin breathing too fast, with no need to memorize all the possible causes of neck pain by 8 a.m.

Oh, the shame of it. Standing there, a young healthy woman, with her life before her, envying the sick. Striking bargains with whatever powers might be listening: no, it wouldn't be worth to have stomach cancer, but I wouldn't mind a little gall bladder disease. Well, may be not a bacterial meningitis, but how about a mild pneumonia?

This was sick, in more ways than one. It reflected an extreme situation as well as my willingness to feel sorry for myself, and my desire to have others feeling sorry for me, to deserve their pity because of my miserable sick state.

More seriously, what is called the "sick role" may have its rewards for other people, too; less extreme circumstances than the hospital in the middle of the night may offer less extreme trade-offs and more subtle rewards.

which I want to look at the potential pleasures of the sick role. First, what are the situations in which a patient may claim symptoms that don't have an identifiable pathology to account for them? Mind? And second, what goes on in the doctor's mind when dealing with a patient who is, by the doctor's standards, not really sick?

The patient first. There's a straightforward and essentially un-answerable question to be asked about a person who's describing symptoms that can't be ascribed to any disease: Is the patient actually feeling these symptoms, or is he claiming them to earn what's called in medicine secondary gain-a term that can mean anything from compensation for being out of work to the love and sympathy of one's relatives?

Anyway, a woman brings her seven-year-old into the emergency room one night. The child has been complaining of abdominal pain so excruciating that it makes him moan and groan and cry out. The mother is afraid it may be appendicitis, but she's also suspicious, because she knows that there's a major spelling test scheduled for the next day, and her son is a terrible speller. Further-more, his father has announced that if the child brings home any more bad test papers, he's going to have his computer taken away, and the boy can't sleep without his computer beside him.

Hands that help are holier  
than the lips that pray.

The emergency room doctor takes a very careful medical history from the child, asking what the pain feels like, what makes it get worse, what makes it get better, is the patient hungry or thirsty, and so on. Then the boy is examined, and a couple of blood tests are sent. The doctor feels reasonably sure (not positive, just reasonably sure) that it's not appendicitis, nor any other medical condition she can treat. But that doesn't answer the question. Is the boy pretending to have stomach pain so he can get out of going to school tomorrow and taking his test, or does the prospect of taking the test, facing his father, and losing his computer terrify him so thoroughly that his stomach is hurting him? These are two very different medical phenomena. The former, complaining of symptoms for secondary gain, is called malingering. The latter, in which a psychological difficulty is transformed into a physical symptom, is called somatization. Both can be evidence of psychological disorders but both patterns, to one degree or another, fit almost all of us. In fact, it's not at all difficult to imagine why the sick role should appeal to people. It's a way for one to ask for love and attention without seeming to beg it's a way to increase one's own importance within one's family, it's a concrete

that are making life unpleasant. And all this doesn't necessarily mean that the patient is toting it up on a mental balance sheet, making careful decisions about how sick to claim to be. Much of it may be completely unconscious. Much of it is learned— a man who learned, growing up, that the smallest disease deserved tremendous fuss may grow up to exaggerate his sensations in keeping with the seriousness of the reaction he expects them to provoke. Dorothy Parker wrote:

"Weep, my love, till Heaven hears;

Curse and moan and languish,  
Bellow of the pit in Hell  
Where you're made to linger.  
There and there and well and well -

Did he prick his finger !"

Literature is full of chronic invalids who are suspected, if not actually accused, by their creators of being in it a little for their own enjoyment. And yet society in general continues to hold on to the myth that everything about being sick is highly unpleasant, so why on earth would anyone who wasn't really sick ...? And it's this assumption that rubs the sick role of blame and guilt, making it sometimes appear to be a haven to tired medical students, or to anyone at all. But from the point of view of doctors, all this can look very different. Never mind that a resident may feel very

room finding out that in fact the patient always gets these pains right before a visit from her sister. That annoyance is not justified; tension and anxiety can spark all sorts of medical symptoms requiring treatment, from migraines to the local version of Montezuma's revenge.

More serious is the dilemma posed for the doctor by someone with symptoms for which no "explanation" can be found. That is, you've worked this guy up from every possible angle. To be honest, you thought, with the complex of symptoms he described, he might have cancer, but you've ruled out every kind of cancer you can think of, as well as enough other illnesses to fill a ten-pound textbook of medicine. You've suspected all along that this is what you politely call a supratentorial problem— an anatomical way of saying it's all in his head. But when do you stop working him up? There's always another test you can do, another even more unlikely diagnosis to rule out (the medical student has just presented you with a list of five more; one of them is so rare that there are only four reported cases in all medical literature). You might be missing something. What if he has a treatable disease and you just haven't found it? These thoughts nag at you as you tell the medical student, O.K., let's send some blood off to the one lab in the state that does

lose. And it does occur to you, as the student goes in to draw the blood, that this really can't be much fun for the patient. (There actually is a psychiatric syndrome, Munchausen's syndrome, in which patients willingly, if not eagerly, undergo invasive tests and surgery.) And so may be you try to remember that your patient isn't necessarily doing this for gain, let alone for pleasure. There may be nothing there that you can find, but that doesn't necessarily make the patient's pain any less real or any less agonizing. It's reflection of the medical profession's limited ability to recognize and diagnose ailments, especially ones that don't show up on a blood test or an X-ray. The patient may well be in very real distress, and his doctor may blame him because the cause of that distress isn't detectable with biomedical tests. But it's also true that the doctor may be left worrying— Did I miss something?

So if you find a medical student peacefully asleep in a patient's bed late one night on the ward, pause to admire her desperation. It wasn't easy to put that I.V. in her own arm. It wasn't precisely dignified to trade her scrub suit in for a hospital johnny that doesn't close in the back and a pair of foam rubber slippers. She didn't make a sound when they came in to draw blood. Smile down at her gently and ask the



**FRESH DOCTORS !! STUDENTS !!**

- IS Allopathy ENTICING YOU AWAY FROM HOMOEOPATHY ?
- DO YOU THINK HOMOEOPATHY IS TOO Difficult TO PUT INTO PRACTICE ??

**DON'T FALL INTO THIS TRAP !!**

**INSTEAD, CONTACT US**

We have designed a series of courses for young Doctors and students. In addition to the theoretical aspects, experienced Doctors will guide you as to how to put theory into practice successfully. You can also see these Doctors at work.

- Programme for March, April, May
- March 28th to 30th : Philosophy, Materia Medica & Practice.
  - April 10th (Hahnemann's Birthday) - Symposium on Combinations - Orientation Course
  - May 5th to 23rd

**STAY WITH US**

**TO**

**"HOMOEOPATHY IS AT YOUR BECK & KOLL"**

**BECK & KOLL Laboratories Pvt. Ltd.**

**Computerised Research & Development Centre**  
"ARUN" Building, Jn. of 6th & 7th Road, Santacruz (E), BOMBAY-400 055.  
Tel. : 6 1 2 3 5 6 8

**DR. SUBODH MEHTA MEDICAL CENTRE**

"Trailokya", 16th Road, Khar, Bombay 400 052

**OUR CONTRIBUTION TO THE PROGRESS OF HOMOEOPATHY**

1. Treating nearly 300 patients per day in our Homoeopathic O. P. D. at nominal charges.
2. Providing practical training to L. C. E. H. Doctors.
3. Conducting courses in Homoeopathy for Medicos of other systems of medicine (new batches every three months) in
  - (a) "Introduction to Homoeopathic Prescribing".
  - (b) "Homoeopathic Materia Medica".
  - (c) "How to Use the Repertory".
  - (d) "Clinical Training".
4. Study cum Research wing for widening the horizon of Homoeopathy in following sections :
  - Asthma - Diabetes - Hypertension - Child Guidance -
  - Proctology - Leucoderma.

\*  
CADAT, the fully computerised Repertory (based on Kent's Repertory),  
Universally matched to suit any computer system available.

Published By Homoeopathic Education Society, Vile Parle (West), Bombay 400 056.

*M.S. only*  
29/7/86

**INDIAN  
JOURNAL OF  
HOMOEOPATHIC  
MEDICINE**

**HOMOEOPATHY:**

**A HUMAN  
MEDICINE**

APRIL - JUNE 1986

VOL 21 No. 2



## INDIAN JOURNAL OF HOMOEOPATHIC MEDICINE SUBSCRIPTIONS

The Journal is published quarterly. Subscriptions should be sent to the Indian Journal of Homoeopathic Medicine, Smt C M P Homoeopathic Medical College, Irla Society Road, Vile Parle (West), Bombay - 400 056.  
Rates : Rs 25/- per year for India & Pakistan. Rs 60/- for 3 years. All other countries \$ 18 per year. Bonafide Homoeopathic students Rs 15/- per year (Enclose Xerox of I D Card).

### GUIDELINES FOR AUTHORS

The Journal invites articles, book-reviews and letters to the editor. Only original manuscripts will be considered. The editor reserves the right to edit and re-write all manuscripts, and to reject without assigning any reason.

All manuscripts must be typed and double-spaced on white 8 x 12 inch paper with full one inch margins on all sides. On the first page give only the title, author's name recognised degrees, address and designation.

Side headings are to be used through-out. Only two types of headings to be used:

- (i) Capitals
- (ii) Small and underlined with capital only for first letter. Within the article words with special emphasis to be underlined. Restrict these to few.

Illustrations, tables, drawings to be given separately, in black ink. In size: width 5 1/2" and in length maximum 7 1/2". with proper reference in the text.

Photographs should be on glossy paper in Black & White.  
Reference: give alphabetically with abbreviations and in smaller type.

The length of article can vary; however, in general, it should not exceed 3,000 words. Authors are fully responsible for the accuracy of quotations, reference and data submitted.

Reprints of published articles should be requested when the article is submitted. The author will pay for all reprints based on current printing costs.

The opinions, statements and conclusions expressed by an author are his own and do not necessarily reflect those of the editor of the Indian Journal of Homoeopathic Medicine.

All articles & correspondence should be mailed to Mr. R. C. Dalal and given in duplicate at the above address.

## OBITUARY

### SHRI B. R. DESAI IS NO MORE!



Shri B. R. DESAI, Honorary Secretary of the Governing Council of our Homoeopathic Education Society, expired on 28-6-1986. He was 78, and in harness till the last.

Shri B. R. DESAI joined our Society in 1967, and became the Honorary Secretary in 1974. Having the welfare of the College always at heart, he worked for the Society with total integrity and sincerity. In the process, he was instrumental in putting the College on a sound basis. The three snow-white buildings-college, hostel and hospital-amidst the lovely, green lawns are the living tributes to a group of able and philanthropic members along with B. R. Desai.

Essentially an educationalist, he was the Principal of Smt. G. P. P. High School, Vile Parle from 1953 till he retired in 1973. Quick to perceive his ability, the organisers of Vile Parle Kelavani Mandal appointed him as its administrator, the post which he held till the last. As if in turn, he brought Sri Mohanbhai Patel and Sri Chhotabhai Patel to our Homoeopathic Education Society, the former is the Chairman and the latter an Honorary Treasurer.

His associations with other educational institutions are too vast to enumerate here. Maharashtra State Government honoured his excellent services with a State Award for teachers. He had represented India at the World Education Congress at Manali.

A man of few words and volumes of good work—in his sad demise our Society has lost a stalwart of a Secretary.

May his soul rest in peace!

## EDITORIAL

### RETURN OF THE PRODIGAL SON

February 1986 can be considered an important landmark in the history of Homoeopathic world of India. The landmark was imprinted by George Vithoukias, Director of Athenian School of Homoeopathy, Greece.

Truly speaking, this was his second visit to India. Back, a young man of boyish looks had visited India to learn Homoeopathy. He joined the then Bombay Homoeopathic Medical College to study Homoeopathy. Besides he travelled far and wide to meet prominent Homoeopaths of India and learnt their ways of practice. Hence the second visit of George Vithoukias - now mature and greying with wisdom may be viewed as his "return" to this country which he once left as a student of Homoeopathy. Such is the evolution of man in Time and Space, that the seeker becomes the Master.

From 23 to 26 February 1986, four hundred delegates, from length and breath of India, gathered in Bombay to eagerly receive every word he spoke. The Convention enveloped the threefold aspects of Homoeopathy, viz. Philosophy, Materia Medica and case-taking - each rendered "alive" with modern audio-visual and video-screen amenities.

It is not possible to bring to life the convention in all its glory and vibrancy in cold print.

Therefore a report can never replace a live convention; its limited purpose is to try to share the essence with a larger public & also preserve it for posterity.

The next article reports all the proceedings of the Convention and the Seminar, of which a few will be covered in detail in two issues of this journal.

George Vithoukias' holistic approach to sick man, unity of mind and body, and the dynamic concept of health and diseases was an enlightenment in itself. The single remedy, minimum dose, supremacy of spirit over soma, were revelations indeed in face of ever - increasing compromises of multiple medications of "Modern Homoeopathy" as practised by "Modern" physicians.

His unique way of exploring human mind at its conscious and unconscious levels - with their passions, perversions, and deceitful defenses were elaborately demonstrated on video-screen during

his patient laborious and skilful handling of a case. The man as we see is but a "tip of the iceberg" in reality.

The healthy man is a creative person with all his resources at his command. No conflict, no contradiction, a healthy man is well - integrated at levels of intellect, emotion and physical body. A man at peace with his soul - is a valid proposition of the concept of health. What is health if not harmony? Totality of symptoms is the pathway.....!

While depicting the portrayal of remedies, George Vithoukas rendered *Materia Medica* vibrating with life. In the process, he lent a third dimension to every drug - picture Time. If the sick man be an evolution from health to disease, every remedy to claim similarity must follow the lead!

India is a land where Homoeopathy has flourished, hence George Vithoukas' visit to this beloved country was indeed the return of the prodigal son - but with a difference!

Ah, he squandered Homoeopathy to enrich Homoeopathy!

\*\*\*\*\*

### KEEPING THE TORCH BLAZING

"Gentlemen of the Society: In the torch-races of ancient Greece the participants ran with lighted torches, each striving to preserve the flame alive, and to hand his torch unextinguished to his successor. If the light went out in his hands he has dishonoured. This was done in memory of Prometheus, who first brought fire from heaven for the benefit of men."

"We have received from the generation of the pupils and successors of Hahnemann the blazing torch which the Prometheus of our system lighted at the altar of Eternal Truth. Our honour depends on the care with which we cherish it, and the state in which we, in turn, transmit it to those who shall follow us."

Dr Carol Dunham, M D  
Homoeopathy the Science of Therapeutics

## THE HOMOEOPATHIC CONVENTION AND THE SEMINAR - A REPORT

Mr S M Gunavante

The week beginning from 23rd February, 1986 may be said to be a landmark in the history of Homoeopathic congregations in India. It witnessed two scientific sessions, the Convention and the Seminar. The star attraction of the Convention was George Vithoukas, Director of the Athenian School of Homoeopathic Medicine, Greece, followed by three eminent Indian Homeopaths; viz., Dr R S Pareek, Dr Kirpal Singh Bakshi and Dr Ramanlal Patel. The Seminar which occupied the last three days of that week aimed at demonstrating how leading Homeopaths of India take the case and prescribe on the spot, with uncanny competence.

It must be said that both these "events" were eminently successful in achieving the objectives aimed at. They were, in fact, unique events. It was the first time that a superb teacher of Homeopathy who has made a name for himself in Europe and the U.S.A., was invited to India at considerable expense; the first time that modern facilities of Video screening were utilised; the first time that time-wasting frills (such as welcome address, garlanding, introduction of speakers, thanksgiving, etc.) were dispensed with, and the sessions straightway commenced with presentation of scientific material. The delegates numbering almost 400 comprised of all ages from young students to senior septugenarians; they ranged from junior neophytes to senior experienced practitioners. Homeopaths from Belgium, England and Switzerland also attended. The organising team consisted of Dr Anil Bhatia as Chairman, Dr Jayesh Shah as one of the Co-Organising Secretaries and a number of Homeopaths of Bombay as Members.

Vithoukas threw illuminating light on the symptomatology of remedies like *Agaricus*, *Aethusa*, *Aconite*, *Asarum*, *Gambogia*, etc. He also gave dramatic accounts of some cases, some with the help of Video demonstrations, illustrating the method of prescribing on the basis of "essence" of remedies.

**Three Eminent Indian Homeopaths:** The Convention time was interspersed with talks by three eminent Indian Homeopaths, Dr R S Pareek of Agra spoke of remedies such as *Cholesterinum*, *Acid Sulphurosum*, *Paratharmone*, *Eel serum* and *Methyl isocyanate*. Dr Ramanlal Patel of Kottayam highlighted the symptoms of *Phos* with case illustrations, and also drew attention to the keynotes of a number of remedies. Dr Kirpal Singh Bakshi of Delhi brought out

strikingly the comparisons and differentiations between remedies useful in female disorders and skin complaints.

**Presentation of Papers:** A number of papers were also read by Homeopaths. Dr Diwan Harish Chand of Delhi spoke on the variety of bases for prescribing, such as Keynote, totality, etiology, and isopathic, organopathic, pathological, biochemic, miasmatic, remedies, etc. Dr Hari Singh of Delhi explained how in case of Depression with constriction of chest, Kali mur had helped; also case of Cassia Sophera in vertigo. Dr Farokh Master presented a case of nephrotic syndrome. Dr Mortelman's case was about a headache helped by Mag mur. Dr Rajan Sankaran's case of Cardiac asthma showed how the symptoms of the case matched those of anaphylaxis from Penicillin with provings given in Dr O. A. Julian's Materia Medica. Penicillin is complementary to Apis, he said. Dr K N Kasad presented three cases through which he stressed the importance of the miasmatic approach. From Dr Sarabhai Kapadia's paper, we learnt how the two rubrics, "Abdomen rumbling, fasting while" and "Stomach, appetite ravenous, eating two hours" had helped him to cure a variety of conditions from metromenorrhagia, piles, osteoarthritis and chronic asthma to migraine and recurrent styes, with *Taxus baccata*. Dr Ulhas Gariwala's case of Bronchial Asthma cured with *Cuprum Ars* was instructive. Dr S. P. Koppikar's case of Leukemia needing frequent blood transfusion, cured with homeopathic remedies was a marvellous example of the deep action of homeopathic remedies. He gave *Crot hor 1M* and *Phos 1M*, four doses to be given alternately every week. Later *Ceanothus* was given as the spleen was slowly growing. He also gave one dose of *Radiobromide 1M* after each course of the two remedies. Dr Shirin Wadia presented a case in which pericardium surgery was advised with involvement of lung, liver, cardiac enlargement, *Lycopodium*, *Hydrastis* and *Chelidonium* steered the patient to normal life. Dr A M Shaikh, Principal, Homoeopathic College, Belgaum, read a very instructive paper on "Cancer and Homoeopathic Treatment."

**Seminar - Seeing Masters at Work.** The Seminar was conceived by the Homoeopathic Convention Committee and entrusted to Dr Subodh Mehta Medical Centre for organisation and execution. The object of the Seminar, to enable practitioners to see how Homoeopathic physicians enjoying a very large practice, are able to cope with it successfully. Three eminent Homeopaths of India, viz., Dr S P Koppikar of Madras, Dr B N Chakravarty of Calcutta and Dr Diwan Harish Chand of Delhi were invited to demonstrate their methods of prescribing. A number of patients were kept ready for being interviewed by the masters. After interviewing patients (shown on video screens) and prescribing remedies, each one of them summarised his approach. Dr Koppikar stressed the importance of etiology, while Dr Chakravarty pointed out that "uncommon, peculiar and characteristics" should be our sheet anchor. Dr Diwan Harish Chand preferred to

rely more on the totality. On the first day of summing up, Dr Kasad said that whatever be the class of symptom selected - keynote, peculiar, etiology, concomitant, etc. - it was just an entry-point for quick covering of the totality. These concluding remarks of the masters describing their approaches provided useful guidelines for practice.

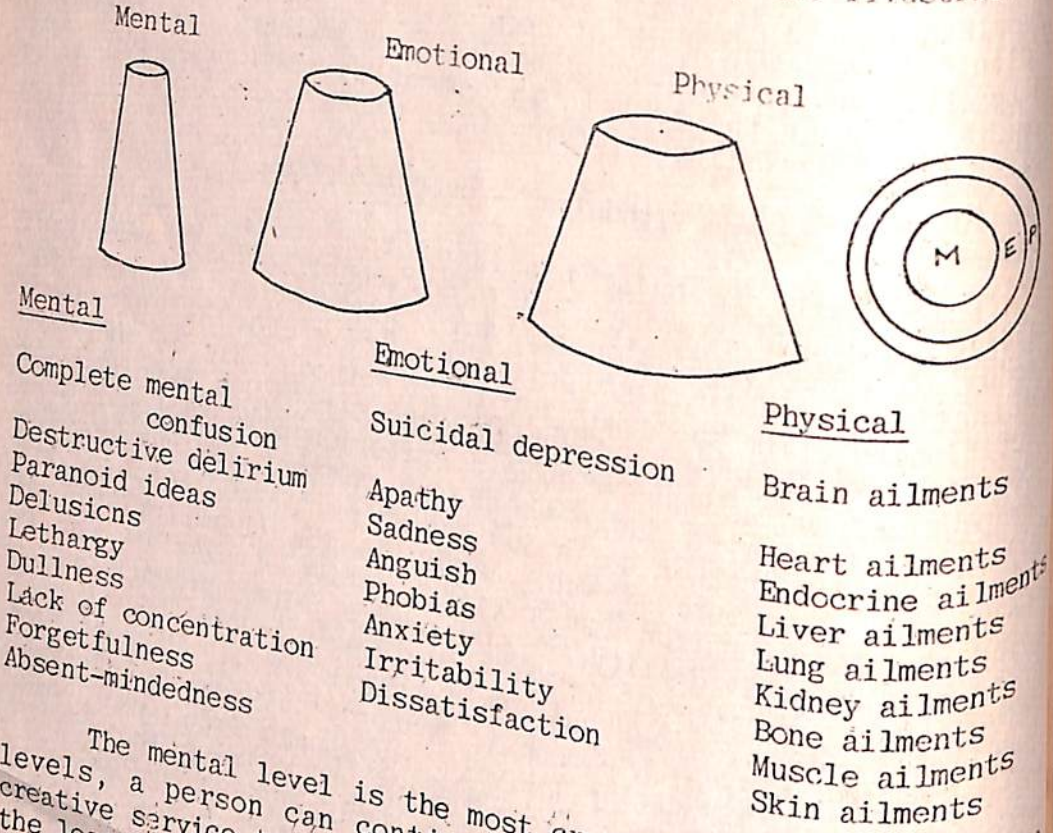
**Vithoukhas meets Dr M L Dhawale:** While in Bombay, George Vithoukhas had an interview with Dr Dhawale, Director, Institute of Clinical Research. Both of them being masters of the Science and teachers and researchers of no ordinary caliber, the interview brought out many things held in common by them. We expect to publish this interesting interview in the next issue.

### George Vithoukhas - on Philosophy.

Homoeopathy is being practiced in a variety of ways - drainage, pendulum dosing, acute and constitutional remedies, nosodes to remove obstacles to cure, alternation of remedies, combinations, low or high potencies, etc. etc. All of these practitioners claim successes for their methods. May be they are successful. We, however, believe that Homoeopathy is a Science of therapeutics, and as such we have a criterion of good health, as well as criterion to judge whether a patient is progressing towards cure, or whether he is just being palliated. Let us first observe the nature of man. Action is the characteristic of living organism. Action can be either active or passive, and it expresses the individuality of the person. The activity of an individual is manifested primarily on three levels: (1) Mental level (2) Emotional level and (3) Physical level. At any given moment, the activity of a person is centered only on one of these three levels. The centre of activity may change frequently, even rapidly, depending upon the circumstances. But always there is an integrated whole acting all the time through three distinct levels, the mental, the emotional and the physical. The mental level is the most important and the physical the least. A proper understanding of these three levels leads us to a definition of health, viz. Health is freedom from pain in the emotional level, with a state of well-being; freedom from passion on the physical level, with a dynamic state of serenity and calm; and freedom from selfishness in the mental sphere, having as a result total unification with Truth. All these for himself and for others. This creative self fulfillment leads to continuous and unconditional happiness. Having the idea of creativity in mind, one can always deduce the degree of health or disease of an individual at any given moment. The three levels of a human being: The three levels

These notes are largely culled from George Vithoukhas' "THE SCIENCE OF HOMOEOPATHY" (not freely available in India).

of functioning are not in reality separate and distinct, but rather there is a complete interaction between them. The degree of health or disease of the individual can be evaluated from a survey of all three levels. This evaluation is crucial for any health practitioner, as it is essential for determining the progress of the patient. Of course, there are also hierarchies within each of these three basic planes. They are illustrated in Figure 1.



The mental level is the most crucial. As between the three levels, a person can continue to live, be happy, and be of creative service to others and to himself, with a crippled body; the loss of limbs, or even the loss of sight or hearing, provided he is healthy on the mental level. There is, further a hierarchy within mental functions. Assuming conditions of equal intensity, we can see that a disturbance of memory is not as serious as an equal disturbance in the ability to concentrate; this in turn is not as serious as dullness or the inability to discriminate; and this, again is not as serious as having delusions. The same applies to the emotional and physical levels. Within the emotional level, irritability is not as serious as sadness, which in turn is less serious than suicidal depression. Within the physical level, lung ailments are not as serious as heart ailments. For judging whether an individual's progress is favourable or otherwise, we should watch not only the movement of his symptoms in the three levels, separately as well as inter se, but their intensity as well. The three indispensable qualities that should accompany

the functions of a healthy mind are: (1) Clarity (2) Rationality, Sequence and (3) Creative service for the good of others as well as for the good of oneself.

The extent of disease is determined by the totality of the disturbance existing as symptoms on all three levels. A disturbance at one level, no matter, affects other levels as well. Yet, when the greatest part of the symptoms is at one level, we can say that the centre of gravity of the disturbance at that moment is on that level. In deciding up, on the centre of gravity of a patient's illness, we must bear in mind the intensity of the symptoms also. By combining the hierarchical level of the symptom in each place (Figure 1) with its intensity, it is possible to have a rough idea of the centre of gravity of the patient's illness. To the extent that the level and/or intensity of symptoms progress upward and inward (visualise the three cones as being within one another - the mental being innermost and the physical as peripheral) in the diagram (i.e., more toward the centre of the person's true being), there is an adverse implication for his health. To the extent that this centre of gravity moves downward in the same level, or outward i.e., more peripherally, there is a progression towards greater health. (Fig - 3)

Figure 2

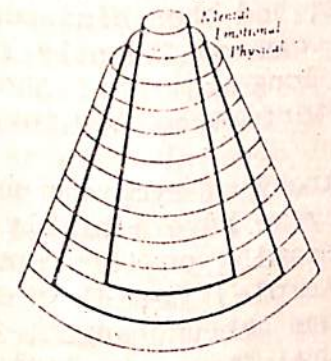


Figure 3

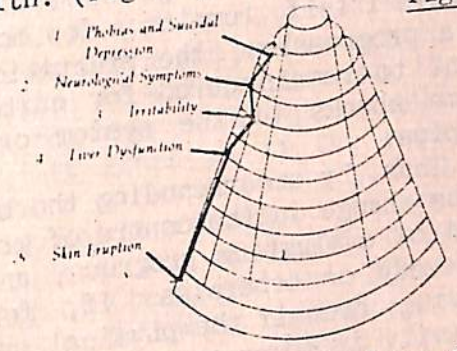


Figure 2: The tops and bottoms of each envelope do not correspond one to another. The pinnacle of the central mental level has no correspondences on the emotional or physical planes; The least important region is at the bottom of the outer (physical) envelope, which has no correspondence on the emotional or mental levels.

Figure 3: Illustration of the change in the centre of gravity in a case involving alternating correspondence of emotional and physical levels. At point 1, the patient presents the prescriber with a totality of symptoms with the centre of gravity on the emotional level. After treatment, the centre of gravity moves to the physical level at point 2. With further treatment, the centre of gravity further shifts back to the emotional level, point 3, but at lower level of correspondence. Then, as treatment progresses, the centre of gravity again moves peripherally to point 4 and finally point 5 before the patient is

Figure 3 clarifies this concept with a detailed example. We have a psychotic patient who complains of a great many fears and signs, then the centre of gravity of disturbance is on emotional plane. In taking the case history, it becomes evident that there are other symptoms affecting the physical level is well, but to a much lesser degree. The patient is treated successfully, and the psychotic state diminishes considerably. After six to nine months however, neurological symptoms, such as diplopia, muscular twitching and weakness, and areas of numbness develop. If it were possible to construct the diagram with precise accuracy, we would see that the centre of gravity of disturbance has moved towards the periphery (towards the physical) but on level which is nevertheless just below the corresponding level of the previous emotional symptoms. With further treatment the neurological symptoms subside, but the patient, though still no longer psychotic, becomes very irritable, difficult to live with; the centre of gravity has again moved toward the centre (the emotional plane), but at a still lower level of correspondence compared with the initial totality of symptoms. With further treatment, irritability subsides, and the patient then develops a liver dysfunction of moderate intensity. Finally, after still more treatment, the liver problem disappears, and a skin eruption manifests itself, remains a few months, and then disappears. After such a progression, the practitioner can confidently expect the patient to remain cured for quite a long time, if there are no extreme shocks to the system or interference by inappropriate therapies.

Thus, by understanding the hierarchy of symptoms and observing the change in the centre of gravity, we have a highly practical method of evaluating progress, and deciding on the repetition of the remedy or otherwise. If, for example, mental symptoms are improving, even if the physical symptoms are unchanged, the centre of gravity is lowering in the hierarchy. The wise clinician would do nothing at this point. On subsequent visits he would observe that all of the symptoms, including the physical ones, have gradually disappeared.

**Study of Materia Medica:** We study the Materia Medica in order to be able to make correct prescriptions. But different prescribers lay more stress on certain features than others, on the plea that their method makes prescribing easy without reducing effectiveness. Some use "Key-Notes" (Pathology, causation, strange or peculiar symptoms). Some rely on the "Totality of symptoms" with the use of the Repertory, which may give three or four remedies. Some combine "keynotes" with "Totality". This third method may be more successful than the first two, but it still lacks the ability to match the living quality, the "essence" of the remedy with that of the patient. We, the Athenian School, believe that the first, second or third of the above methods, or a combination of

them, alone will not help. Just as a man operates at three levels, not separate, but integrated, our remedies, particularly those well proved, reveal three dimensional qualities - mental, emotional and physical. Essence prescribing depends upon a thorough understanding of the drugs in their three dimensions. Understanding the three-dimensional quality of drugs makes prescriptions more easy. But application of this method depends on the availability of symptoms. Which method to apply, therefore, depends on the available symptoms. But let us not neglect to study the remedies in their three dimensions, along with the interaction of the three levels because of which progression of diseases varies from one individual to another.

**Chronic Miasms - Predisposition to disease:** We often observe that there is predisposition to serious diseases in certain families and not others. A person may develop symptoms of Ulcerative colitis at a young age even though no one else in the family ever had colitis. On taking the family history, however, we find that parents and grand parents had suffered from different ailments most of their lives. Heredity thus plays a prominent role in shaping the predisposition. But this is not all. It is possible for a parent to acquire an ailment during life, whose influence can be transmitted to children. We get a clinical recognition of this "maintaining cause" when we see a patient returning time and again for the same or similar complaint, even though the homoeopathic remedies seemed to have acted quite well in each acute crisis. In such cases, it seems as if the remedies have affected the defence mechanism on an insufficiently deep level or predisposition. It was frustration over such cases that led Hahnemann to devote twelve years to the study of causes, which led him to formulate the theory of Chronic miasms. The miasms, to be so called generally satisfy the following conditions:

1. Every miasm originates from a specific nosological agent - virus, bacteria, vaccine, drug, etc.
  2. This agent must have the capacity to produce a recognisable pattern of symptoms. This pattern is arrived at by studying a large group of patients, e.g. Penicillin has produced its own miasmatic pattern.
  3. The disturbances can be transmitted genetically.
  4. There can be no spontaneous use for the miasmatic state; the vital force alone is not capable of curing it, without the aid of the suitable homoeopathic remedy.
  5. A cure can usually take place by the administration of the agent in potency.
  6. The eradication of the miasm is recognised by a quantum jump in the well-being of the patient.
- Small-pox vaccination can produce miasmatic effect - cured by Thuja. Quinine cachexia (miasm) may be caused when treating malaria, and this is helped by China-Sulph. Syphilitic miasm

affects both the physical and mental levels of man. Alcoholism is the fourth stage of syphilis. Sex perversions are widely prevalent in western countries, where syphilis is largely prevalent. Venereal diseases treated by antibiotics have led to a resurgence of fungoid infections. History of anti-rabic injection may need **Hydrophobinum**. Egotistic element is the final stage of syphilitic miasm. Cases of psycho-pathology, with imbalance at the mental and emotional levels, are the effects of syphilis and gonorrhoea combined. The new terror of "AIDS" (Auto immune deficiency syndrome) is the resultant of use of antibiotics, penicillin directed against Syphilis and Gonorrhoea.

There are presently two basic schools of thought in the homoeopathic profession regarding miasms; one which ignores the idea altogether, and the other which accepts it thoughtlessly and therefore adopts a routine of prescribing; in an attempt to "clear" the case of miasms. A further confusion is the idea that certain miasms are a complex combination of two or more of the original three miasms, for example that Tubercular miasm is a combination of Psora and Syphilis. The known history of disease clearly contradicts this theory. Tuberculosis is one of the earliest known diseases known to mankind. Syphilis, on the other hand, was unknown to the European continent until brought from North America by Columbus.

The most important contribution of Hahnemann is the concept that there exist layers of predisposition (miasms) which underlie the waxing and waning of temporary ailments; these must be taken into account in treatment intended to be completely curative. In such cases complete cure will take a relatively long time, while the prescriber systematically peels off layer upon layer of predisposing weaknesses by carefully prescribing each remedy based on the totality of symptoms in the moment. Each layer is always the result of the underlying ones, and there is a definite sequence of the present layers. If a remedy is prescribed routinely, based merely on the past or family history and not on the present symptomatology of the patient. The remedy may actually disrupt any progress towards cure. Even worse, such a prescription may disorder the defence mechanism enough to make the image of the correct remedy much more difficult to discern. We see the wisdom in Hahnemann's statement that homoeopathic treatment must be continued until all the layers of predisposition have been removed. Each layer shows itself in the beginning as a few relatively minor symptoms. Over a period of perhaps years, the image becomes more clear and the appropriate remedy can then be prescribed. In some cases, this process of complete cure can take as much as 20 years of careful, patient prescribing. Each prescription is based on the best totality of symptoms of the moment, but during the acute crises the acute symptoms lead us to relatively superficially acting remedies. It very rarely occurs that a remedy can be found which covers every detailed symptom of

the patient. Consequently, there are always a few relatively minor symptoms which are disregarded. Over a period of time, however, recognising that the predisposing layer has not been dealt with, we review the entire case and discover a few of these somewhat "hidden" symptoms which lead us to the deeper acting remedy. This illustrates the value of having the patient continue to return for appointments even when not suffering an acute crisis; often it is during the relatively quiet times that subtler symptoms are most easily discerned.

Each time the picture becomes clear after a careful prescription. Don't prescribe aggressively if the picture is not clear. It may happen that in treatment spread over five years, we have treated the superficial layer, and never touched the underlying miasm. If there are eruptions or a sharp reaction after a prescription, better wait and see. The patient is improving.

What is the explanation for cancer? If we had prescribed correctly in earlier years, we could have prevented it. The physical case is curable if correctly treated, provided the constitution is not too weak to throw up symptoms. If there is a clear picture, it is one more reason that the case is curable. This applies in every type of malignancy. Improvement of mental derangement with homoeopathy may lead to malignancy at the physical level. I am asked why we should not give "intercurrent" remedies (nosodes). I say, if constitutional remedy is acting, on what ground can you give an intercurrent? On what symptomatology? Have enough reasons for giving a remedy.

**Learn from your cases:** We can learn many things from each case and contribute to enrich the Science. Put down your conclusions systematically on paper over a period, and review the findings at intervals; what was the sequence of remedies which was helpful. How long did the remedy work? What followed after each prescription? What happened five years later? What should we do to make it a real Science?

\*\*\*\*\*  
"Don't be afraid to take a big step if one is indicated. You can't cross a chasm in two small jumps."

David Lloyd George.

"Ah, but a man's reach should exceed his grasp, Or what's heaven for?"

Browning.

EDITOR INTERVIEWS GEORGE VITHOULKAS

V P Dr George, how did you get involved in Homeopathy?

G V I was a Civil Engineer. In 1960 I met with an accident in my car. Being bed-ridden, I could not visit my friends; but I remembered seeing a black book on Homeopathy with a friend. I telephoned him for it, and started reading it.

V P That book awakened your interest in Homeopathy; but what about your work as a civil engineer?

G V I kept on working as a civil engineer, and at the same time I kept on studying Homeopathy all the time. From that moment I got so absorbed that I found myself reading Homeopathic books for twelve hours a day.

V P How could you do it? Did you give up your job?

G V No, no. My job was to supervise; there was not so much work to do. I had a lot of time to study. I studied during week-ends too. During the first six years I think studied constantly for twelve hours a day, because I liked it.

V P Nobody can study that way!

G V Well, I did it. I wanted to come to India originally for spiritual purposes. I wanted to learn the spiritual philosophy of India. But I had to work, and accepted some work in South Africa. I could make some money there quickly. In South Africa we had a Naturopathic school, not Homeopathic. There they talked of these ideas. I felt this was not the right thing to do. Very soon I had a school of my own in South Africa with some student doctors. They wanted me to teach them. So, we formed a study group. I soon became quite famous as a Homeopath while I was still working as a civil engineer. At this time, I made enquiries about Homeopathic teaching institutions all over the world and found out that I can study only in India and Mexico. Eventually, I asked for in Bombay Homeopathic college; later I went to Calcutta to learn under Dr B C Bose.

V P How long did you study there?

G V Almost three years. Then Jiddu Krishnamurthy, the philosopher saint, asked me to treat him in Benaras. He had all the possibilities to be treated by the best Homeopathic professionals: Sir John Weir, Elizabeth Hubbard. Nobody was able to help him. He was taking Allopathic drugs when I saw him. He was in a very bad condition. He was feeling very weak; bathed, just gave a lecture and went back to his bed. It was by intuition that somebody mentioned my name while they were eating at a table and Krishnamurthy grasped his hands and asked him to call me, saying I am going to help him. In fact, he needed Aethusa. Nobody had thought of it. Aethusa

started having effect.

S S On what indications did you give Aethusa?

G V Well, .... You see, I am going to speak on Aethusa tomorrow or day after.... In those days everybody who came to me became a Homeopath. I went down to the south - Madras. I took a Diploma there, but it was not valid for Greece.

V P Then, how did you manage to practise?

G V In the South, I was treating Krishnamurthy and was very successful. Everybody around him was very happy. A Greek doctor came to listen to his talks. The doctor asked me what I was doing. I explained to her about Homeopathy. She got interested and said that when I go back to Greece, she would like to start learning Homeopathy. So we started practicing together. She was a medical doctor, and I was already practicing. She gave the prescriptions. Thus, there was no problem.

V P And then, later on?

G V Later on, we became too famous. The Government had to recognise me.

V P How were you officially recognised?

G V Not officially. In order to establish Homeopathy I discussed with Ministers. Actually, a Minister called as he wanted to be treated by me. He wanted to know what we want and what arrangements can be made to get them.

V P We now summarize the information we gathered from George Vithoukias during the rest of the interview. He said that it was in 1967 that Homeopathy was introduced by him in Greece. The number of people coming for treatment steadily grew, and eventually they had four consulting rooms with four medical doctors taking the case. Vithoukias himself read the cases, asked more questions if necessary and arrived at the remedy. "This was very successful, but was killing me" he said. So he decided to take up cases only if they had problems. The School grew more and more and now there are 27 doctors in the Centre.

V P Vithoukias breathes and lives Homeopathy. People say he does not do anything else. There was no Homeopathy in Greece, and today Vithoukias' Ahenian School is the Centre to which doctors from Europe as well as America come to learn the science and art.

V P Vithoukias first went to the U.S. in 1974, on an invitation to attend the International Congress. There he met five American doctors and they had a number of meetings-teaching through cases. One of them, Dr Bill Gray, became so very interested, that he came to Athens to deepen his knowledge. He was astounded by the fantastic results he saw; no patient would say he is not better. Returning home he found his practice was effective. Ultimately, after studying for two years in Greece, he started lecturing all over America. Since 1978 Vithoukias has been going to U.S.A. every year. Now they are planning to start a full time College in Berkeley, California. The rules for admission are the same as for Allopathic Colleges. It will be a four years' Course.

At present, Vithoukhas conducts a Course for four weeks. It is at a very high level, analysis, etc. It is not real Materia Medica. Vithoukhas has brought into the Materia Medica new information that did not exist before. "It is a pity" he said, "Homeopaths in India have not pondered over their experiences and written down new observations or insights into the Materia Medica. The same things continue to be repeated even in twenty different books on Materia Medica. The interview ended with Vithoukhas advising, in response to a question, that a remedy should not be changed if we have at least some indications that it is acting; in such circumstances we may go to a higher potency. He also said that all types of prescriptions are "successful", but the truly successful one are those based on a true criteria of cure.

#### EDITOR INTERVIEWS DR JAYESH SHAH

**V P** How did you go about arranging the convention?  
**J S** The idea of the Convention occurred to us after the 1983 All India Homeopathic Congress. Many people said after the Congress that there is no use arranging this type of "melas" where hardly any practical or scientific subjects are discussed. So we thought that there should be a forum devoted only to Scientific subjects. At this time, I used to face one problem or other in the course of my daily practice. I did not know to whom I could turn for clarification, and with whom I could share my experience. In those days I met Dr Rajan Sankaran, and I found many things in common between us. At his suggestion we started meeting every Monday from 9 p.m. to 3 a.m. Gradually, attendance at the study circle increased. In the discussions we were learning from each other and this was boosting our confidence. Then we got the idea: why not learn from the Masters? So we thought of organising a Symposium to bring a larger number on a common platform. The first Symposium was held in April 1985. Everybody presented a case, and explained his particular approach to that case. We learned something from these cases. Encouraged by the results, we arranged a second Symposium in August 1985. In our weekly meetings some foreigners used to come. From them we came to know about Dr George Vithoukhas. We were impressed when they spoke highly of him. I went to Europe, saw the Athenian School and met Dr Irene Bachas. They showed some cases which were very classical. That is how the idea came that we should learn from Vithoukhas. When we wrote to him, he showed interest in coming to India, and quoted his conditions. His fees were very high. But in our eagerness to have

him in India, we agreed to all his conditions. Initially, we thought only of Vithoukhas, but later thought that we should use the occasion to call a few Indian Homeopaths as well, to get the benefit of their experiences. Our first meeting for the Convention was held in June 1985 when we decided to call Drs R P Patel, Kirpal Singh Bakshi and R S Pareek. A brochure containing details of the Convention was then prepared and we mailed it to as many addresses as we could get and did intensive and extensive publicity to secure adequate attendance at the Convention. With the help of Dr Anil Bhatia we wrote to a number of Principals of Homeopathic Colleges and also approached the students. Initially the response was very poor, mainly on account of the high fees for delegates. At this stage we had to approach people personally trying to explain who Vithoukhas is, what he is going to speak on, what are his teachings, and what he has achieved. Vithoukhas has given a modern version of Aurum, who may not get the impulse to jump from a window (as narrated in text books), but who, when angry or depressed would get into his car and press the accelerator hoping to dash against something, not caring what will happen. In this way he has brought out many new clinical pictures or remedies from his experiences.

**V P** Whom did your working team consist of?  
**J S** We had Dr Anil Bhatia and Dr K P Muzumdar as Advisers. Various problems had to be solved. We tried to secure sponsors for the whole session, to lighten our financial strain. We needed their help from time to time for many things which we younger people overlook. They were kind to help us. Mr Gunavante attended to correspondence and keeping of accounts. Mr Ganguly, erstwhile PRO in Phillips, was our Executive Secretary. We had a big problem with the Reserve Bank at last moment, on the question of meeting Vithoukhas' air fare and other expenses. We were able to convince them finally.

**V P** How much of Vithoukhas' teachings did the audience grasp?  
**J S** There are two aspects to this point. Firstly, it was like a shock for many of us that a single remedy is given and you wait for 2-3 months. Many of us are in the habit of repeating the doses. Secondly, his style of practice is a little different from the average style that we see in India - we find quicker prescribers in India than him. But on the whole, the delegates were exposed to classical Homeopathy. It has made a tremendous effect on my practice at least.

**V P** I can tell you that from my practice also.  
**J S** I am now finding more interest in practice, have more willingness to take cases in detail. I am amongst those who believed that frequent repetition does help in higher potencies. but after hearing Vithoukhas I have revised my dosage.  
**V P** Many of his ideas are very similar to Dr Dhawale's.  
**J S** Yes, we also found a lot of similarity between Vithoukhas and Dhawale; but the greatest contrast is the presentation. To be a good

teacher and practitioner at the same time is very rare. Many delegates spoke to me appreciatively about his teaching, and some have also written to that effect.

V P What are your future plans?

J S Our future plans are to call different Masters and to learn from them. We have Dr Paschero and Dr Quinsley in mind. There are only a few pockets of classical Homeopathy in the world, viz. Switzerland, England, Belgium, Mexico, Argentina and India. Vithoulkas is trying to spread them in America. I visualise the development of a Centre in India, say in Bombay, to which learners could come from India at least, if not from other countries. We had a discussion on these lines with Vithoulkas before his departure for Greece, and he has extended his support to the idea.

V P Any message you would like to give to our readers?

J S I don't think I want to give any message, except that we should meet frequently to learn from each other. Anything scientific I would lend my support and help.

Finally I will be failing in my duty if I don't express my thanks for the active help rendered in making the convention a success by the Committee Members, especially Drs. S K Mankad, Ashok Purswaney and Jawahar Shah and also the college students who worked as Volunteers.

#### Editor's Note:

It is for the first time in the history of Homoeopathic Journalism that a "PANORAMIC VIEW" of a Convention has been spread out before our readers.

The reporting of a convention so far was to publish some papers of renowned authors, irrespective of their importance and interest - all in a disjointed way.

We did not wish to repeat the old story. Hence we tried to integrate, and evolve from a "SEED TO A FLOWERING TREE", a living portrayal of the Convention. Our team of colleagues laboured all along from the first conception of idea till the birth of this issue, collecting the material, interpreting their meaning, processing the tripartite aspects of Homoeopathy. It was a labour of love, and it seems it has not gone in vain.

While we cannot hope to create audio-visual and video representation on paper, we wish to acquaint our readers with the varied dimensions of this Convention in a living way. What a few could learn we wish to share with the world at large. If that aim is achieved, we wish for nothing more.

And of course useful suggestions are always welcome!

## AETHUSA

George Vithoulkas

Unfortunately, no-where in our homeopathic literature do we find a clear description of the chronic conditions of the remedy *Aethusa*. The remedy has been considered mainly for acute conditions. Of course, Kent has beautifully described the acute picture of the remedy: aggressive gastric and intestinal conditions where "The child has the appearance as if it were dying, pale hippocratic face...". However, certain clues are presented in the Repertory and other sources, and by combining these clues with clinical cases, a picture of the chronic state of *Aethusa* has emerged.

In regard to the mental-emotional characteristics, we frequently find that the *Aethusa* individual remains separate from others - a man apart. He is withdrawn, but in a very singular way. Inside he experiences very deep, intense emotions, yet he does not communicate these emotions to other people. He may be moved to tears, but tears do not come. He may be friendly, but he appears aloof.

It seems that a certain point in the psychopathological development of *Aethusa*, the person decides to refrain from communicating with others. The emotional injury or disappointment which provoke this withdrawal may be surprisingly mild. We do not find in *Aethusa* a prolonged history of many bitter disappointments and griefs which can account for this introversion. Usually there is some past stress which does not seem very significant. The patient may say, "I didn't grow up in a happy family" or some other such vague statement, but nothing definite seems to have occurred to explain this dramatic withdrawal. This lack of definitive causation is a peculiarity of this remedy.

In other cases we find instead a slow-growing disillusionment, a sense that no one has fully understood or responded to the patient's emotions. Thus the patient may feel that communicating with other people simply is not worthwhile, not worth the effort. Some patients may experience a sense of alienation. They feel that no real outlet exists for their emotions, that no other person could truly understand the strong feelings they have inside. Consequently, in the interview they may say something such as, "I am different from other people".

Thus, the *Aethusa* person becomes a loner. He is unable to communicate; in fact, during the interview he may be quite communicative. He is neither insecure with others nor fearful to

him. Rather he appears to have adopted a fundamental conviction which opposes communication with other human beings.

Aethusa should not be confused with certain other closed personality types such as Ignatia and Natrum muriaticum. These latter types are highly refined, oversensitive people in whom hurts and griefs produce a type of emotional cramping or hardening. The Aethusa type is not hypersensitive, not so refined. He has intense feelings which are more robust, more primal and strong — like a child's emotions. The emotions are too vital to become cramped in Aethusa; embitterment is unlikely, and the fragile, hysterical elements of Ign and Nat.m are not found in this remedy.

Such intense emotions, however, must find expression, and the Aethusa person seems drawn to one singular outlet: animals. This person who does not want to communicate with other human beings may have extraordinary communication with animals. He may develop an exaggerated attachment to animals and communicates all of his pent-up emotions to his pets. From our earlier comparison of the primal emotions of Aethusa to those of a child we can understand this love for animals by recalling the love certain children develop for a pet. The Aethusa person may love animals more than he loves any human being. The patient actually may say, "I am not interested in the love of human beings, only the love of animals." He converses with animals as if they were human, and he derives great emotional satisfaction from this communication. In some cases he may even collect dozens of animals; he becomes an animal protector. If someone were to throw a rock at his pet, he could become livid and literally have an urge to kill the offender. The attachment can be so extreme that the patient may even consider bequeathing his estate to his animals.

It is interesting that Kent includes Aethusa in the Repertory in the rubric "delusions of animals." Such delusions suggest that even when the logical mind is no longer operative, there remains a deep subconscious connection with animals. In these advanced mental states or deliriums there is no fear of the animals seen in the hallucinations. After treatment with Aethusa these animal collectors will begin to give away their animals; their degree of attachment returns to a normal level. This change of behavior demonstrates the pathological nature of the attachment to animals. The Aethusa patient may, after treatment, feel as if his departure from his withdrawn state is like emerging from a dream.

There is an alternative path for the release of the emotional energy; the patient may become extremely involved with social work. There is something quite similar here to the tendency to care for animals. Through the social work he expresses love but without the need to directly communicate about his feelings. The patient may paradoxically state in the interview, "I have finished with people." However, at another point he says that he has moments when, "I want to embrace the whole world." He is capable of feeling great love.

Now it is easy to imagine that if insufficient outlets are found for this intense emotion, if the feelings remain held within the patient, the subconscious mind can become overloaded with the emotions. This overloading sets the stage for much of the pathology of Aethusa. We may often see, as the brimming subconscious mind overflows, the patient begins to talk to himself (Staphysagria). He may not even notice people around him as he voices his thoughts out loud.

Persons with a saturation of the subconscious mind such as is the case with Aethusa tend to manifest a host of symptoms at night and especially before falling asleep. The Aethusa person is aggravated by the dark. The darkness seems to permeate his being producing a heavy sensation in his chest. He fears suffocation in the dark and, as a consequence, is forced to turn on a light and open a window. He also fears death; this fear in Aethusa is especially peculiar and striking in that it tends to occur just at the moment that the patient is falling asleep, startling him to wakefulness. It seems that as the patient relinquishes rational control of his mind, the force of his loaded subconscious mind asserts itself in its entirety. Just as he begins to fall asleep subliminal, tumultuous emotions force themselves into his awareness threatening to overwhelm him, and he starts with a marked fear of death.

In the Repertory Aethusa is the only remedy listed under the rubric "Fear of sleep—fear to close his eyes lest he should never wake," a very impressive and highly characteristic fear of this remedy. In many cases, the Aethusa patient does not want to sleep. He is afraid to go to sleep, fearing that somehow he will die during his sleep. A corollary to this fear is a fear of surgery; the patient fears that he will not awaken from the anaesthesia—an expression of the combination of the fear of sleep. When he finally does drop off to sleep, he may even be prone to somnambulism.

There is another peculiar fear seen in Aethusa. As previously mentioned, the Aethusa person has very deep emotions, and although he does not express, he may feel a very strong attachment to his family. He may dread the thought of a family member dying. The emotions that he invests in his family may be so intense that he literally feels that he would not be able to cope with such an eventuality. He fears that such a grief will cause him to lose his emotional control, that he may go insane. However, despite such a passionate attachment to his relatives, direct emotional contact between himself and his family is non-existent.

In a similar fashion, the patient is unable to tolerate other situations which may stimulate his emotions. He may say, for instance, "I can not go into a doctor's office when there are many sick patients there. I can not bear to know of someone else's suffering." The Aethusa patient may appear sympathetic, but it is always in an aloof and abstract way.

When the emotions remain suppressed and without outlets, a great irritability may arise. Women may, with the approach of

menses, display a steady increases in irritability. Tremendous irritability can occur from two days before until two days after the onset of the menses. As the menstrual flow begins to taper off the whole system begins to relax. Some women may say that they experience great sexual desire as this relaxation occurs. As the month progresses the sexual desire diminishes until, with the approach of the next menstrual cycle, it is entirely absent. There may even be an aversion to sex. One woman said, "In the beginning I had a strong desire for sex, but my husband was not so interested, and so I developed an aversion to sex." Generally, however, there is a strong sexual desire, but, just as there is a withholding of other forms of communication, there can also be a suppression of sexual feelings. As a consequence, these patients may become quite agitated or perturbed when they hear a ribald or risqué' joke. They can not tolerate anything which excites their already intense inner emotional state.

We now turn to a review of systems, pointing out the important features of this remedy:

#### Face

The face has several very characteristic symptoms. There is on occasion a peculiar flushing of the face. The face becomes red and drawn giving it a rather wild look. The patient may during the interview complain of having noticed this wild, red face at times when looking in the mirror. Other cases may demonstrate the chronic analog to the "hippocratic" face which Kent describes. Here the face becomes deeply furrowed and makes the person appear very old, ancient. It is a disturbing face to behold, and it convinces one that the patient is seriously ill, perhaps approaching death.

Another prominent characteristic of this remedy is a herpetic-like or eczematous eruption on the nose. This eruption is frequently but not exclusively on the tip of the nose (Caust); it may be around the nostrils or near the septum.

#### Mouth

Salivation during sleep may be present.

#### Stomach / Abdomen

Colitis is a common chronic condition of *Aethusa*. There is often distention of the abdomen, especially when irritated or after over-eating. Sometimes these patients will be compelled to induce vomiting because of this uncomfortable sensation. There is a desire for cheese, farinaceous foods and salt. There may be an aversion to fat. Most characteristic, however, is a marked aversion to milk. Rarely there may be a craving for milk, but with either the desire or the aversion there is invariably an intolerance to milk. In some cases milk is not digested; it curdles in the stomach and induces vomiting of curds. In other cases reactions can range from general indigestion to abdominal cramping and diarrhea.

#### Genitalia

There can be a marked yellowish vaginal discharge. *Aethusa* should be added to the rubric, "Yellow leucorrhoea, stains linen."

#### Rectum

Diarrhea before menses can be seen. In summarizing the salient points of *Aethusa* we emphasize the following:

- 1) An isolated person — a loner.
- 2) An unwillingness to communicate or express deep emotions (often without any apparent justifying cause).
- 3) A strong attachment to animals.
- 4) The emotional energy may be directed into social work.
- 5) Fear of going to sleep. Starting with fright on falling asleep.
- 6) Skin eruption on the nose.
- 7) Aversion to or aggravation from milk.

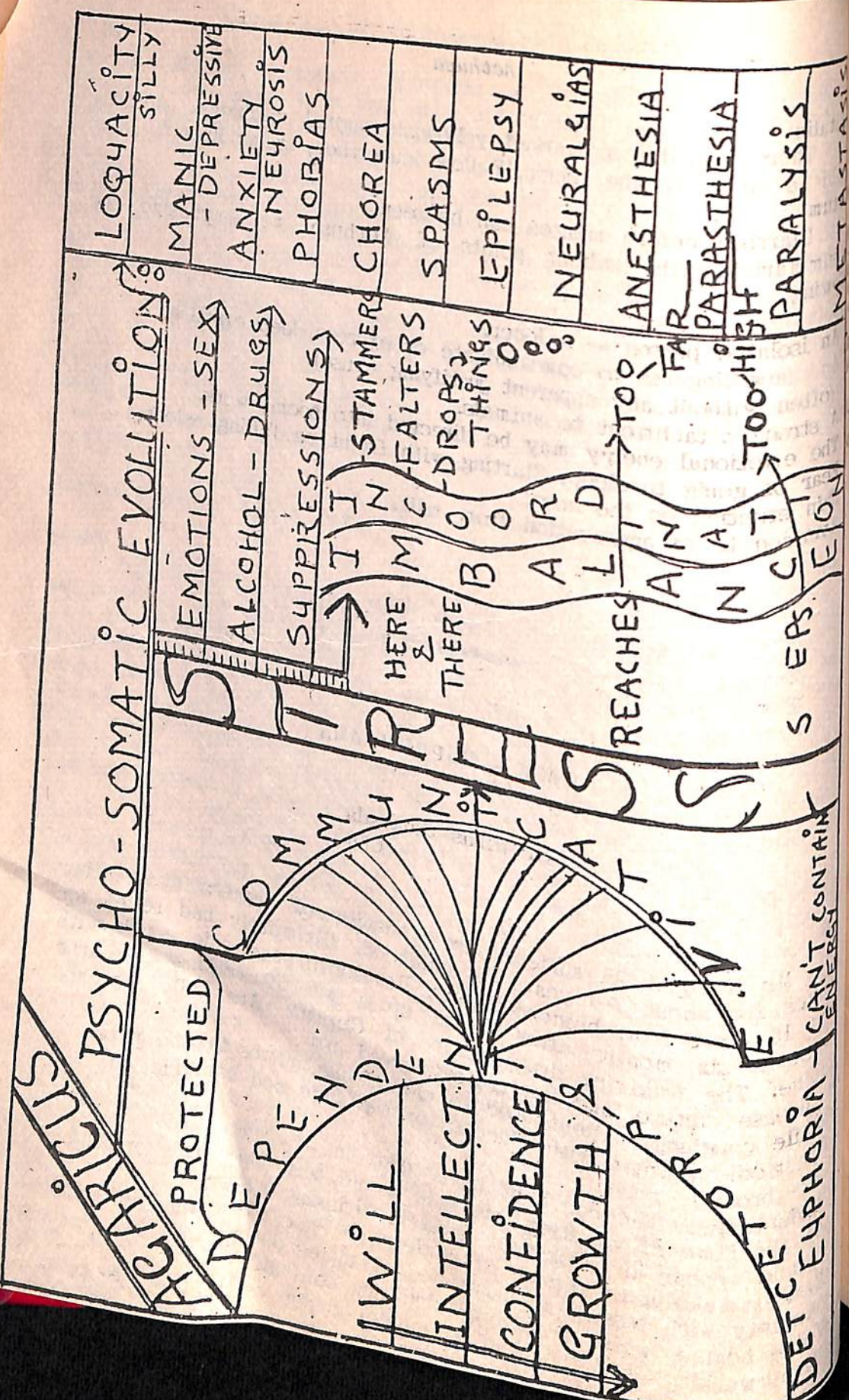
\*\*\*\*\*

#### CASE - CUPRUM ARS

Dr Ulhas Gariwala  
LCEH

Mr X aged 25 suffered from respiratory distress at weather changes for about 7-8 years in childhood. Ultimately had relief for about 15 years from bronchodilators. Developed spasmodic cough with hoarseness six months after taking up a job of working at Lathe machine. The following drug picture of *Cuprum Ars* fully matched the disease picture, and the remedy cured him.

1. While coughing, patient used to clench his thumbs in the palms.
  2. Spasmodic Asthma with blueness of the face and constriction of throat.
  3. Violent spasmodic cough at times ends in vomiting.
  4. At the time of vomiting, his face would turn blue; this episode would appear in paroxysms, amel by drinking water.
  5. Mental make-up: Expression of anxiety on face with fear of death.
  6. Anxiety with tossing about in bed at times during attacks.
  7. Voice hoarse, worse from breathing dry cold air.
- When working at Lathe, had to inhale copper vapour for nearly ten hours a day.



FEW INTERESTING SPECIMEN OF MATERIA MEDICA

Dr Sarla Sonawala  
BA DMB DF

(Author's note: George Vithoulkas exposure of remedies revealed some newer aspects of personality profiles, not recorded so far. Hence the portraits depicted here - represent interpretation of his talks, rounded up by standard knowledge of the remedies. Another difference is to be noted. The portraits of the remedies are presented in STRUCTURAL FORM, to mark the evolution of man, from mind to body, health to disease - an evolution in time and space.)

AGARICUS : PSYCHO - SOMATIC EVOLUTION:

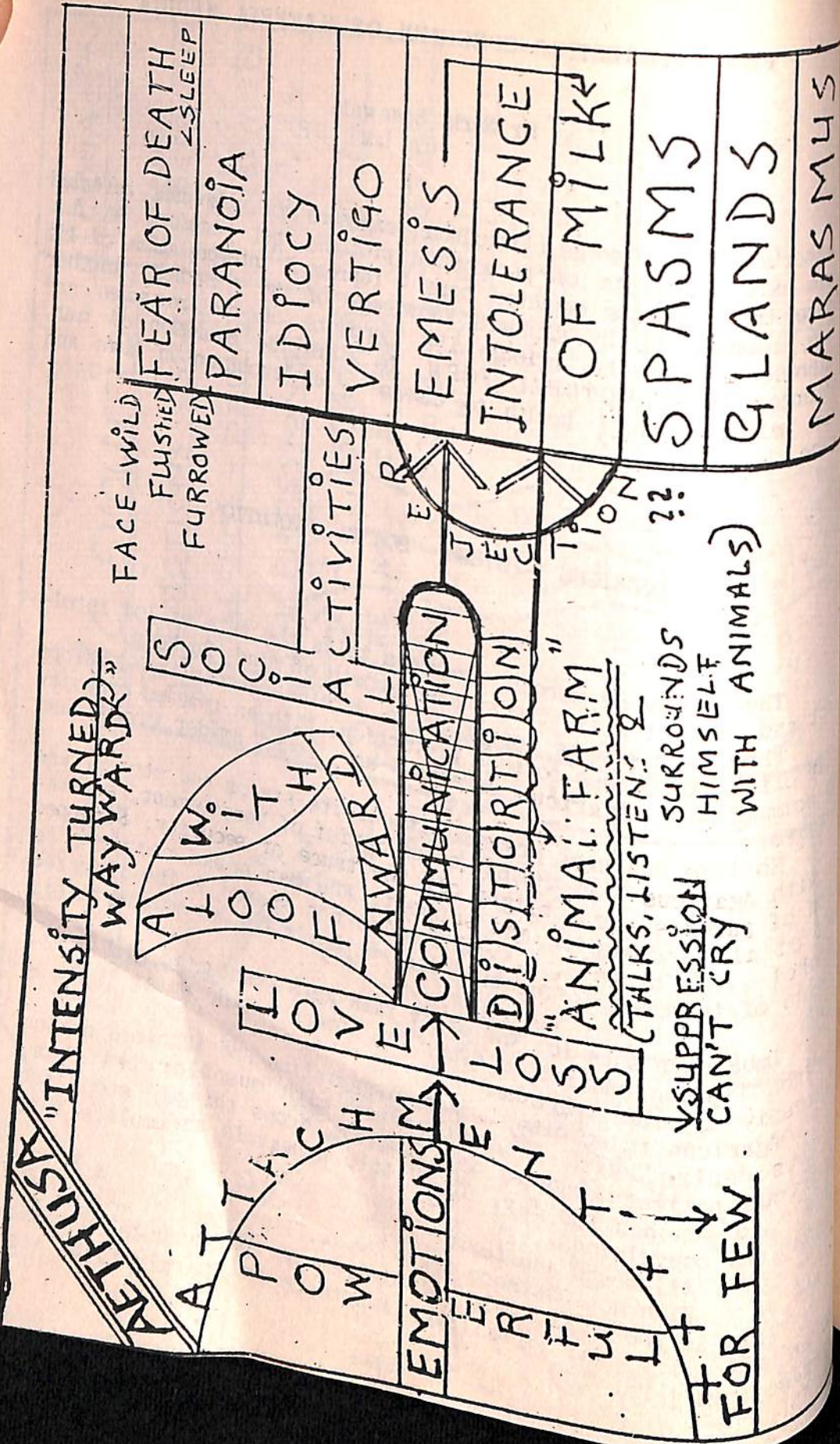
The remedy of morons, Agaricus tells the tale of low intellect and lack of will, the stunted growth of mind and body. From such meagre resources, a servile personality develops that clings to others to seek protection. With an immense capacity to communicate, Agaricus persons are found amidst crowds and bazaars.

No life can ever proceed without its stress and strain, and so with Agaricus ! An unhappy event, grief of bereavement, separation of parents - can blight off the truce of security. Stripped off of all protection and support, the man seeks recourse to alcohol ..... drugs ..... and females not spared ! The repeated rounds of these may offer transient euphoria but no solace to his soul.

Imbalance sets in. The silly talk gets punctuated with stammer and lipping. Anxieties creep in, fears crowd, until manic - depressive agonies overtake.

Agaricus is nothing if not exaggeration and inco-ordination at its centre. With face distorted with muscular twitches, Agaricus patient staggers and fumbles, drops things, steps too high, and reaches too far. The little upheavals accumulate into spasms and convulsions.

All sound and fury  
With no substance to it .....  
This is the woeful tale of this remedy. All turbulence comes to an end ....., and imbecility, impotence and paralysis be its last sojourn !



## AETHUSA : INTENSITY TURNED WAYWARD

Dr Sarla Sonawala  
BA DMS DF

In contrast to Agaricus, Aethusa is endowed with powerful emotions. An intense person, his attachments are deep and involve select few. And here lies the nucleus of the remedy and its vulnerability. Any blow to this emotional centre may initiate a chain of afflictions, of mind and body, and the blow may come as death of the loved one or rejection.

Instead of giving vent to grief, Aethusa swallows it within like Ignatia or its chronic counterpart Natrum. Nonetheless the disease expressions of each remedy may differ.

All communications stopped, Aethusa withdraws and retires from the world. Are vertigo and somnolence symbols of the same withdrawal? He carries the idea that he stands apart, unlikely to be understood by ordinary mortals.

Yet the power of his suppressed emotions is such that they smoulder within, their smoke may suffocate. Hence the need for vicarious ventilation!

Their flow deviated, the emotions turn to non-human species - the animals. Surrounding himself by hordes of animals, Aethusa person talks, listens, feeds and cares for them: an "Animal Farm" of George Orwell? If there be any social contact, that will be at level of impersonal social activities with no deeper, personal involvement.

Milk is the source of nourishment and hence survival. Aethusa abhors milk, rejects it by vomiting it out. Does the malady of milk-allergy symbolise rejection of life itself?

Fears and anxiety writ large on his face, paranoid delusions as well as convulsions further remove him away from the world he inhabits in.

"Fools rush in where angels fear to tread." - Is this the moral of Aethusa Cynapium alias "Fool's Parsley"?

\*\*\*\*\*

"Happiness is a perfume you cannot pour on others without getting a few drops on yourself"

Ralph Waldo Emerson.

HOMEOPATHY AND SCAR TISSUE ++

Dr D M Foubister  
B Sc

Homeopathy has grown from small beginnings to its present stature. Let's take to heart the Motto: "Just as we owe our present knowledge to the legacy we inherited from the masters of yore, we owe a duty to posterity to report our experiences in Journals and thus leave the world a better place than what we found it to be".

In this issue we invite you to take your share of the legacy given by Dr D M Foubister, Richard Hughe's Memorial Lecture by Dr D M Foubister, B Sc, M B, CH B, D C H, F F Hom. read to the faculty of Homeopathy on 28-3-1974 (BHJ. JAN 1975) and request you to contribute your experience for posterity.

\*\*\*\*\*

Delivering a lecture in memory of Dr Richard Hughes, Dr D M Foubister said that he had chosen this subject as his experience over many years had led him to regard it as of considerable importance and a therapeutic field which could be expanded.

He said: Shortly after the war, a girl of eight was admitted to the Royal London Homoeopathic Hospital. This child had been transferred from another hospital at the parents' request on account of the fairly extensive burn of the chest wall which had refused to heal. The burnt area was covered by granulation tissue and attempts to apply dressings had been abandoned because the patient was terrified of being approached. After a few doses of **Graphites** 200 the child lost her fear and made a rapid recovery. Since then, says Dr Foubister, he has prescribed **Graphites** successfully for granulation tissue, including granulating ulcers.

A woman of forty five consulted him on account of a cut on her forefinger. At the distal end of the wound there was a wart-like growth about a centimeter high. A dermatologist confirmed that this was a granuloma and said that only successful treatment was surgical excision. After a week's treatment with **Graphites:200** plussed one dose daily, the granuloma disintegrated and dropped off.

Kent said of **Graphites**: "hard painful cicatrices, old ulcers with proud flesh and burning, itching and stinging ulcers with indurated base". The action of **Graphites** is then not confined to

granulating scars. Kent also recommended **Graphites** in the treatment of threatened abscess or inflammation of the breast during lactation when this occurred at the site of an old scar.

Tyler gave two examples of the usefulness of **Graphites** in the treatment of scar tissue: "A girl with a stiff elbow after inflammation had the adhesions broken down, but she presented herself a year later. A month after **Graphites** CM the elbow was described by her as "the liberation of a little finger contracted and immobile after inflammation."

Dr Foubister points out that following Tyler's example, he has prescribed **Graphites** CM almost always successfully in the treatment of Keloid scars. He further reports that Dr Paschero claimed that **Carcinosin** 200 given preoperatively reduced the number of keloid scars after plastic surgery performance at the university of Buenos Aires.

Dr Dearbourn recommended **Calc Flour**. **Flouric acid**, **Nitric acid** and **Graphites** for **Keloids**.

**Thiosinaminum**: Derived from mustard seed and of the same chemical group as ureas, **Thiosinaminum** was introduced into medical practice as a remedy for scar tissue, administered in material doses by mouth or injection.

Clarke quoted the case of a woman of sixty nine who suffered from almost complete obstruction caused by a stricture two inches above the anus which would not admit the index finger. After treatment by bougies had failed, the patient was given **Thiosinaminum**, 2 grains twice daily, and the report "next year" was as follows: The patient was found much improved. Examination had shown that the cicatricial band had gone, the speculum could be introduced and the mucous membrane was normal in appearance, though not as distensible as a normal rectum should be.

Boericke says of **Thiosinaminum**: "A resolvent, externally and internally for dissolving scar tissue, tumors, enlarged glands, lupus, strictures, adhesions. Ectropion, opacities of cornea, cataract, ankylosis, fibroids, scleroderma. Noises in the ear. Suggested by Dr A S Hard for retarding old age. A remedy for tabes dorsalis, improving the lightning pains, and for gastric, bladder and rectal crises.

"Dose: Inject under skin, or into the lesion 10% solution in glycerin and water, 15 to 30 drops twice a week. Internally in capsules 1/2 grain daily. Obstinate arteriosclerotic ailments in doses of 1/2 grain, never more, three times a day. Vertigo and arthritis, 2x attenuation.

Clarke advised in The Prescriber: for the removal of cicatrices **Thiosinaminum** 6 - eight hrly. **Phytolacca** 1x - eight hrly; and for inflammation of cicatrices **Flouric acid** 6 grs. 2 - eight hrly; for Keloids **Silicia** 3, gr.5 - eight hrly; and for Dupuytren's contraction, recent cases, **Gelsemium** eight hrly; chronic cases **Thiosinaminum** 3x gr viii - night and morning.

In cases of blockage of the nasolachrymal duct when scar tissue is suspected, including cases where duct surgery has failed, Dr. Douglas Calcott gives **Thiosinaminum 3x t.d.s** for two weeks, repeating the course after a 2-week interval. He tells his patients not to expect results until three months after completing the course.

Foubister says he has found **Natrum mur** or **Silica** most often useful in the treatment of this condition, in 200th potency plussed daily for a week. Both are scar tissue remedies.

Foubister says, further, that in the absence of definite indications of **Thiosin**, he has prescribed it alone or in combination with a well proved remedy over a period of ten years, and has come to the conclusion that it is a homoeopathic remedy well worthy of further study. He treated four cases of carpal tunnel syndrome with **Graphites** combined with **Thiosinaminum**. Three of these cases developed the condition after badly united fractures, and two of them were women over the age of eighty. He sent one of them for surgical opinion as the pain was severe. Operation was advised, but after a course of **Thiosinaminum 30** with **Graphites 30**, thrice daily for four days and then twice daily for four days, the pain subsided quite dramatically and the operation was cancelled.

One of the most successful uses of **Thiosin** alone is in dealing with post-operative adhesions. **Thiosinaminum** gave operative adhesions following hysterectomy six years previously. The symptoms seemed clearly to call for **Colocynth**. However, he gave **Thiosinaminum 200** plussed for five days and followed up a week later with **Colocynth 3**, thrice daily for a week, then twice daily for a week. This was followed by complete relief of pain for two years, when there was a very slight recurrence which responded to a similar course of treatment.

A case of duodenal ulcer had responded to **Graphites** several times, but no further progress was made, even after higher potencies. X-ray demonstrated narrowing of pylorus and the radiographer noted that in his opinion his case was going on to pyloric obstruction. **Diphtherinum** (three doses of the 200 given on the history of diphtheria, (three doses of the 200 given on the history of a severe attack of diphtheria, (without recurrence) and normal X-ray picture. This led Foubister to observe that there is the possibility that **Diphtherinum** has a general effect on scar tissues, besides its influence on the nervous system. He adds: I wonder whether other nosodes prescribed long after all traces of infection have gone. It is perhaps worthy of note that Hahnemann's two main medicine for sycosis, **Thuja** and **Nitric acid** are prominent scar tissue remedies. **Sulphur** and **Mercury** are also capable of dealing with cicatrices.

Dr Tyler said: "In **Drosera** cases one notices not only diminution in the size of the tuberculous gland, but that old scars fade away, that discoloration goes, and when a gland breaks under **Drosera** it behaves in a very restrained way with a small opening, little discharge, and it leaves practically nothing to mark what has taken place". She has observed a number of cervical glands (tubercular) doing well under **Drosera** and that, rapidly after long treatment with other remedies had failed. There was a great deal of ugly scarring. He considers **Drosera** to be potential constitutional remedy when there is a history of tuberculosis or severe attack of whooping cough. Keeping in mind the likelihood of unseen scars, one might first Foubister cites a couple of cases which led him to look on **Hell** as a remedy for brain scars - one such example is that of a man who was cured by **Hell** in ascending potencies on a history of concussion twenty years previously, after failure of **Sil** and **Graph** in high potency. Foubister recalls that Dr Royal Hayes had published a paper in the *Homoeopathic Recorder* (Dec. 1984) giving a series of cases of after effects of head injury cured by **Hell**. He concludes that there can be little doubt, considering the pathological condition influenced by **Hell**, that this medicine has influence on scar tissues. The pathological sequelae of head injury are complex and varied, and scarring when present may be only a part of a much wider disturbance. In many cases of head injury here are partial indications for **Hell**, and another remedy, esp. **Nat mur**, and he has found such combination work extremely well. A man, 36, complained of migraine attacks after sinus operation seven years previously. The headaches were covered by **Hell** and **Nat mur**; his constitutional remedy was **Carcin**. He gave **Nat m** followed a week later by **Carcin 30**. He had no further attacks.

Condensed by Dr Damayanti Oza, DHMS

\*\*\*\*\*  
"The greatest pleasure in life is doing what people say you cannot do."  
Walter Bagehot.  
"The destiny of a man depends upon the principles he holds."

## THE CONVENTION - A STUDENT'S VIEW

Divya Chhabra  
II BHMS

The Living Materia Medica was begun for the students by George Vithoukas leaving the path open for us. In those closed walls of Tejpal Auditorium the description of the drugs he gave, made images of next door neighbours, co-passengers or just a lonely stranger on the roadside cross our minds. We thought, felt and understood like each of the human being as he spoke on them and finally understood the word merely mouthed before. "Every drug is a human being".

It made us in scare in disbelief and shocked surprise when he proceeded to explain the **Aconite** expression as a constitutional drug. In a few moments **Aconite** was transformed from an acute fever remedy to a person, giving his case calmly, never appearing as if anything was wrong and cracking up when faced with shock. **Aethusa** was brought out from its vicious cycle of bad feeding habits, vomiting, sleep to a constitution of a loner, a withdrawn personality, who complains that no-one understands him. In time he stops communicating with human and turns to animals for an outlet.

It was a novel experience to see the recording of actual cases on the screen and to visualise how Mr Vithoukas proceeds in each case. We, who in the first year of our studies were full of zeal, full of belief and full of immovable faith in the efficacy of homeopathy, later found ourselves full of apprehensions of not knowing that those who stopped coming for treatment were cured or just fed up. To dispell these doubts we needed someone like Mr Vithoukas to be able to explain why after this remedy that came up in a particular patient. To be able to explain the failures and successes, not just explain but to predict them and be reasonably sure that the predictions will be right.

Our minds were further enriched by Dr K S Bakshi's overwhelming knowledge and clarity when he spoke on the comparative Materia Medica of skin remedies. Dr Sankaran's **Penicillin's** clinical findings and Dr Parikh's "**Acid Sulphurosum MIC, TNT and Angulla**" had us scribbling away furiously in our note books.

We, as students may not have understood everything; all Mr Vithoukas said of Miasms may not have fitted into what we learned so far, it may have seen to our untrained minds that it seemed to ask leading questions quite early in the case but it gave us the enthusiasm to go ahead, to reason, to experiment and prove for ourselves either that he is right or wrong.

## ARNICA : FIRST ALPHABET OF HOMEOPATHY

Dr Sarla Sonawala  
BA DMS DF

Jack fell down  
And broke his crown  
Jill came tumbling after....

Had one of the two known Homeopathy, the story of Jack and Jill would have been happily different!

Kind nature has ordained that wherever falls are common, there should be a remedy to heal. **Arnica Montana** is such a perennial plant that grows on mountainous slopes and in peaty meadows. Known as "Fall-herb", the peasants dry and store it to use in emergencies. To avail of its medicinal virtues, Homeopathy turned it into an invaluable "First-aid" remedy.

For every mechanical injury - concussions and contusions, results of shock and sepsis, injuries with blunt instruments, blue-black spots of petechial haemorrhages, bruised soreness of strained muscles, **Arnica** has no peer.

Roly-Poly Ricky started jogging to reduce his bulk. At night, every muscle was sore and aching. Few pills of **Arnica 30** put him to sleep, and next day found him fit as a fiddle for another round of jogging.

As Diwali comes nearer, every housewife will get busy cleaning her house in its remotest corners. She may well remember **Arnica** to remove the fatigue of her aching limbs. Even after a restless night, the remedy can refresh her frayed nerves.

Who isn't a fan of "Dhishum - Dhishum" films? When your favourite hero gets hit and falls down unconscious, rush quickly with **Arnica** if you do not wish to make him a martyr. The remedy can stop internal haemorrhage of the brain, and even exceed itself by inadvertently preventing an aftermath of paralysis. It has been reputed to restore vision after trauma, also improve hearing impaired due to bomb-blasts in the second world war.

Have an appointment with your dentist? Please do swallow **Arnica** pills before and after the extraction of the tooth. Really **Arnica** is an infallible ally to every dentist!

With every purchase of a new pair of shoes, stock **Arnica** that knows well where the shoe pinches. The rugged roads of our elite city cannot be traversed without pocketful of this remedy.

Childbirth is a process of agony and ecstasy. Arnica can take away the former, leaving the latter intact, by rendering every uterine contraction easy and productive. A dose for the mother, and a dose for the newborn child - that is the formula for the shock and bruises of this struggle for survival. It can extend its services for the sore nipples after nursing the child. In retrospect, a threat of abortion after trauma in a pregnant woman will disappear if Arnica is employed judiciously. The foetus inside the 'womb turning somersault and hurting mother will stop its pranks and frolics under the action of the remedy.

A remedy for mother and infant, stuntman and sportman, tramp and tourist, each one of us who needs to survive under stress and strain of life and living - every household and work-place must have Arnica Montana in its First-aid box.

An excellent remedy for the bruised humanity, indeed...!

Editor's Note :

From my personal experience as a mother I can tell you that my two year old daughter has overcome her 100 falls from the bed, the swing, the table and finally the concrete compound, when a lemon-sized swelling which appeared in mins., disappeared like magic the next morning under Arnica. It is my constant companion and would not part company with it through my daughter's formative and naughty years.

**DR. SATYAVRATA SIDDHANTALANKAR'S HOMOEOPATHIC BOOKS.**

1. Homoeopathic Drug Pictures Rs. 75/- (Hindi)
  2. Rog Tatha Unki Homoeopathic Chikitsa Rs. 80/- (Hindi)
  3. Fundamentals of Homoeopathy Rs. 30/- (Hindi)
  4. From old age to youth Rs. 40/- (Hindi)
  5. Comparative chart of Biochemic Drugs & Biochemic Treatment Rs. 13/- (English)
  6. First aid specific to Homoeopathy Rs. 50/- (English)
  7. From old age to youth through Yoga Rs. 78/- (English)
  8. Homoeopathy Ka Kha-Ga(A-B-C) of Homoeopathy Rs. 54/- (Hindi)
- Available from Vijay Krishn Lakhnupal,  
w-77/A, Greater Kailash - I, New Delhi - 11 00 48.

THE HOMOEOPATHIC EDUCATION SOCIETY

- President : Shri M I Patel  
 Vice-President: Shri M B Jain  
 Hon Secretary : Shri B R Desai  
 Hon Treasurer : Shri C B Patel

Society News

1. Dr Anil R Bhatia principal, Smt Chandaben Mohanbhai Patel Homoeopathic Medical College and Superintendent Shree Mumbadevi Homoeopathic Hospital resigned with effect from 30-4-86.
2. Dr S S Kochhar has been appointed Principal of Smt Chandanben Mohanbhai Patel Homoeopathic Medical College and Superintendent Shree Mumbadevi Homoeopathic Hospital with effect from 2-6-1986.

Dr S S Kochhar is M A in Psychology and is D M S of Calcutta with a Gold Medal. He stood first in West Bengal in the year 1970. In M A examination he stood first in the entire faculty of Social Science. He was a recipient of U G C Research fellowship for his project."Application of Homoeopathy to Psychological Disorders"

- (i) He was Honorary Director of Central Homoeopathic Education and Research Institute, Nagpur.
- (ii) National Deputy President and State General Secretary of the Homoeopathic Medical Association of India.
- (iii) Founder Secretary Nagpur Rationalist Association and Vidarbha Psychologists' Association.
- (iv) Contributory lecturer in Psychology for M Sc in child Development L A D college.
- (v) A member on committee for Homoeopathy, Nagpur University.

Hospital News

1. Installation ceremony of the idol of Shree Mumbadevi Goddess was performed on Sunday, March 16, 1986. Shri Ishwarbhai Mehta Trustee of Shree Mumbadevi Charities and Homoeopathic Education Society performed the puja. The function was attended by the President of the Society Shri M I Patel, members of the Governing Council, Members of the Staff of the Homoeopathic Education Society, Committee members of the Juhu Jagruti Mandal, and some Office bearers of Shri Vile Parle Kelavani Mandal.
  2. Dr Daljitsingh, President World Eye Foundation examined over 700 patients in April '86 and performed 50 operations during his camp on 10th, 11th and 12th June 1986.
- Homoeopathic Education Society and the Juhu Jagruti Mandal function held at Shri Bhaidas

Auditorium on June 13, 1986. The President of India, Shri Zail Singh was to attend the function as the Chief guest. He, however, could not attend owing to unavoidable circumstances. Shri Ramkrishna Bajaj, eminent industrialist was the Chief guest. A purse of Rs 5 lacs and one and a citation were presented to him.

## College News

Results	Appeared	Passed	%
L C E H Part I	5	2	40%
L C E H Part II	38	35	92%
I B H M S	34	21	62%
II B H M S	82	73	89%

\*\*\*\*\*

## STOP PRESS!!

Dr Sarla Sonawala, the Vice-Principal of the college, resigned with effect from 30th June, 1986.

\*\*\*\*\*

Knowledge without practice accompanying it is superior to practice without knowledge. Practice with knowledge is superior to knowledge without practice accompanying it.

Yoga Vasishtha.

With best Compliments from :

CHARCOT HAHNEMANN

HOMOEOPATHIC

INSTITUTE OF HOMOEOPATHY

Modern Polyclinic  
Dina Bldg, A. Kranti Marg, Bombay. 00 036. Ph. 38 71 10

ALL INDIA NATURAL THERAPIES MEDICAL CONGRESS  
Multi Disciplinary Congress for all practitioners of Acupuncture, Bach Flower Remedies, Acupressure, Allopathy, Ayurvedic, Gem therapy, Biochemics, Colour therapy, Divine Healing, Magnet Homeopathy, Hypno-therapy, Kirlian Aura photo diagnosis, Radiesthesia Spiritual therapy, Medical Astrology, Nature therapy, Moxi Busting, healing, Tele therapy, Unani, Yoga, Music therapy, Hydro therapy.

SAT./SUN. 9TH-10TH AUGUST 1986, Bombay

Venue: Regal Room, Hotel Oberoi Towers, Nariman Point, Bombay-400021  
Time : 9 a.m. - 5 p.m.

## ORGANISERS

ALL INDIA SHAH BEHRAM BAUG SOCIETY (Scientific Education Research);  
COSMO MEDICO HEALERS RESEARCH ASSOCIATION

CONFERENCE TO PROMOTE THE THEME IN INDIA OF "GOOD HEALTH FOR ALL" THROUGH A MULTI DISCIPLINARY APPROACH.

CHAIR PERSONS, SPEAKERS AND PANELISTS TO INCLUDE RENOWNED PERSONALITIES. PARTICIPANTS- MINENT DOCTORS AND PRACTITIONERS OF THE HEALING SCIENCES from India and Abroad.

## FIRST MAIN SPEAKER:

WORLD RENOWNED ACUPUNCTURIST, PROF. DR. ANTON JAYASURIYA &amp; R.C.S. (M.B.B.S. (Cey.), D. Phys. Med. R.C.P. (Lond.), D.Litt., (Eng.), M.Ac.F. (Sri Lanka), Ph.D., F.Ac.F. (India), Fellow of the Royal Society of Medicine (England), Fellow of the British Acupuncture Association, Vice President of the British &amp; European Osteopathic Association, etc. W.H.O. Fellow in Acupuncture (China), Laureate United Nations Dag Hammarskjold Award for Medicine, Chairman, Medicina Alternativa etc. Chairman of Institute of Acupuncture, Homoeopuncture and Laser Therapy, Colombo South Government General Hospital.

SECOND MAIN SPEAKER : DR. A.K. BHATTACHARYA, D.M.S.  
President, World Teletherapy Association, Calcutta; on Teletherapy, Magnet Therapy, Tridosha and Homoeopathy.

## CONGRESS REGISTRATION FEE :

Before 15th July : Rs. 300/-  
Before 31st July : Rs. 350/-  
Before 9th August : Rs. 375/-Please contact : 1) Dr. Meher K. Master, c/o. N. Pundole, Sekhsaria Sadan, Ground floor, Flat No. 2, 20, Nepean Sea Road, Bombay-400 036  
Phone : 822 47 37 between 8-10.30 p.m. OR  
2) Mr. H.N. Mistry, 3-D, 3rd floor, Vijay Chambers, Tribhuvan Road, Opp. Dreamland Cinema, Bombay-400 004.  
Phone : 35 12 41 between 4 p.m. - 7 p.m.



FRESH DOCTORS !! STUDENTS !!

- IS ALLOPATHY ENTICING YOU AWAY FROM HOMOEOPATHY ?
- DO YOU THINK HOMOEOPATHY IS TOO Difficult TO PUT INTO PRACTICE ??

DON'T FALL INTO THIS TRAP !!

INSTEAD, CONTACT US

We have successfully conducted series of courses for young Doctors and students. In addition to the theoretical aspects, experienced Doctors will guide you as to how to put theory into practice successfully. You can also see these Doctors at work.

PROGRAMME for JULY/AUGUST/SEPTEMBER/OCTOBER

DISPENSER'S COURSE FOR COMPOUNDERS

(We have very interesting offers for Homoeopathic Doctors who want to employ compounders.)

PROGRAMME For NOVEMBER-DECEMBER 1986

STUDY OF HOMOEOPATHIC MATERIA MEDICA

WE ALSO HAVE KENT'S ENTIRE REPERTORY ON COMPUTER

For details :

Dr. Jawahar J. Shah,

BECK & KOLL Laboratories Pvt. Ltd.

Computerised Research & Development Centre

"ARUN" Building, Jn. of 6th & 7th Road, Santacruz (E), BOMBAY-400 055  
Tel. : 6 1 2 3 5 6 8

## DR. SUBODH MEHTA MEDICAL CENTRE

"Trailokya", 16th Road, Khar, Bombay 400 052

OUR CONTRIBUTION TO THE PROGRESS OF HOMOEOPATHY

1. Treating nearly 300 patients per day in our Homoeopathic O. P. D. at nominal charges.
2. Providing practical training to L. C. E. H. Doctors.
3. Conducting courses in Homoeopathy for Medicos of other systems of medicine (new batches every three months) in
  - (a) "Introduction to Homoeopathic Prescribing".
  - (b) "Homoeopathic Materia Medica".
  - (c) "How to Use the Repertory".
  - (d) "Clinical Training".
4. Study cum Research wing for widening the horizon of Homoeopathy in following sections :  
Asthma - Diabetes - Hypertension - Child Guidance -  
Proctology - Leucoderma.

\*  
CADAT, the fully computerised Repertory (based on Kent's Repertory),  
Universally matched to suit any computer system available.

Published By Homoeopathic Education Society, Vile Parle (West)

## INDIAN JOURNAL OF HOMOEOPATHIC MEDICINE

*Eczema*

## HOMOEOPATHY: LEARNING FROM SEMINARS

JULY - SEPTEMBER 1986

Now Available :

### MOST RELIABLE & TESTED

1. 50 Millesimal Potencies of Various Drugs - Prepared by Dr. R. P. Patel
2. Tautopathy Drugs - Prepared by Dr. R. P. Patel
3. Homoeopathic Dilution & Mother Tinctures (Hapco and B & T)

Books By Dr. R. P. Patel

- |   |         |
|---|---------|
| 1. My Experiments with 50 Millesimal Scale Potencies (5th Edition) :                          | Rs. Ps. |
| 2. The Art of Case Taking and Practical Repertorisation in Homoeopathy (4th Edition in Press) | 20.00   |
| 3. A Treatise on Homoeopathic Surgery (2nd Edition-Reprint)                                   | 50.00   |
| 4. Analysis & Evaluation of Symptoms (3rd Edition)  | 10.00   |
| 5. Tautopathy (5th Edition)   | 4.50    |
| 6. Homoeopathy, Its Principles & Doctrines (2nd Edition)                                      | 10.00   |
| 7. Research Report on 50 Millesimal Scale Potencies (in Press)                                | 5.00    |
| 8. Lipoid Flocculation (Colloidal) Test (2nd Edition)   | 25.00   |
| 9. Some of the Causes of Failures in Homoeopathic Practice (2nd Edition)                      | 4.00    |
| 10. Word Index to Kent's Repertory with rubrics (3rd Edition)                                 | 3.00    |
| (3rd Export Edn) U.S.A.   | 80.00   |
|   | \$10.00 |

Price for Complete set  
Including Hand-Book with Charts : Rs. 400/- (Indian Cassette)  
: Rs. 800/- (Foreign Cassette)  
Postage and Packing charges extra.  
Write for the list of lectures on Cassette tapes to :

Sole Distributors :  
**HAHNEMANN HOMOEOPATHIC PHARMACY**  
Hahnemann House, College Road,  
Kottayam, Kerala, S. India.

### SUBSCRIBERS!

Seize this, Positively the LAST chance - before the subscription rates go up from Nov. 1986.

Save Money and Benefit to the Full

Give GIFT Subscriptions which friends will value - Each issue a 40-page treasure, every quarter - Subscribe at OLD RATES, viz.

	General Subscribers	Bonafide Students
One year :	Rs. 25/-	Rs. 15/-
Three years :	60/-	45/-

### RATES EFFECTIVE FROM 30th Nov. 1986

	General Subscribers	College Students	Foreign
One year :	Rs. 40/-	Rs. 20/-	\$18 or £14
Three years :	100/-		\$45 or £35
Five years :	150/-		

SPECIAL GOODWILL CONCESSION - to those who have paid subscription of Rs. 25/- only for 1986:

Send Rs. 35/- more (to make up Rs. 60/-) and enroll for two more years 1987 & 1988,

Send your D.D. or M.O. before 30th November 1986.

### ENROLLMENT FROM

The Editors,  
Indian Journal of Homoeopathic Medicine,  
Irla Society Road,  
Vile Parle (W), Bombay-400 056.

Madam,  
Please enroll me as subscriber to your esteemed Journal for the the years \_\_\_\_\_ (or Money \_\_\_\_\_)  
I am sending herewith Demand Draft for Rs. \_\_\_\_\_

Order).  
(Please write legibly) :  
Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Date : \_\_\_\_\_  
Signature : \_\_\_\_\_

# INDIAN JOURNAL OF HOMOEOPATHIC MEDICINE

**EDITOR -IN-CHIEF**  
**ASSISTANT EDITOR**

:Dr (Mrs) Vishpala Parthasarathy LCEH  
:Dr (Miss) Archana C Maniar LCEH

**EDITORIAL BOARD**

**Planning & Designing**  
**Publicity & Advertising**  
**Research & Development**  
**Student Editor**  
**Members**

: Dr Sarla Sonawala BA DMS DF (Lond)  
: Dr Farokh J Master LCEH  
: Dr Anil R Bhatia B Sc DMS DF MBS  
: Dr Vijay Vaishnav  
: Dr R Kapadia, Mr G Wankadia,  
Miss Z Colabawala  
: Mr S M Gunavante  
: Mr R C Dalal B A  
: Dr K N Kasad MBBS MF Hom (Lond)  
: Homoeopathic Education Society

**Organising Secretary**  
**Co-ordinator**  
**Honorary Advisor**  
**Publisher**

NO 3

VOL.21

JULY - SEPT 1986

SR NO.

**C O N T E N T S**

1. EDITORIAL
2. ECZEMA AND ITS TREATMENT
3. CARDIAC ASTHMA- A CASE
4. ACONITE:AN EARTHQUAKE
5. ASARUM:IN AN ERA OF NOISE  
POLLUTION.
6. CONSTITUTIONAL PRESCRIPTION
7. **Student Section**  
MATERIA! OH, MEDICA!
8. **Layman Section**  
THE TWELVE TISSUE SALTS
9. B R DESAI - HOMAGE -

	PAGE
DR VISHPALA PARTHASARATHY	3
DR KIRPAL SINGH BAKSHI	7
DR RAJAN SANKARAN	19
DR SARLA SONAWALA	20
DR SARLA SONAWALA	23
DR GEORGE VITHOULKAS	25
GODREJ WANKADIA Z COLABAWALA	30
DR KAMAL K SHARMA	32
MR JAGDISH JOSHI	36
MR S V DAFTARI	39
MR M I PATEL	40
DR S SONAWALA	41
	43
	44
	45
	47
	47

10. PAREEK FOUNDATION FOR HOMOEOPATHIC RESEARCH
11. EDITOR INTERVIEWS DR BAKSHI
12. HOMOEOPATHIC EDUCATION SOCIETY
13. COMING EVENTS
14. READER'S PAGE

To,  
The Editor,  
**Indian Journal of Homoeopathic Medicine,**  
Irla Society Road,  
Vile Parle (W), Bombay-400 056

SUBSCRIPTIONS

The Journal is published quarterly. Subscriptions should be sent to the Indian Journal of Homoeopathic Medicine, Smt C M P Homoeopathic Medical College, Irla Society Road, Vile Parle (West), Bombay - 400 056.

Rates : Rs 25/- per year for India & Pakistan. Rs 60/- for 3 years. All other countries \$18 per year. Bonafide Homoeopathic students Rs 15/- per year (Enclose Xerox of I D Card).

GUIDELINES FOR AUTHORS

The Journal invites articles, book-reviews and letters to the editor. Only original manuscripts will be considered. The editor reserves the right to edit and re-write all manuscripts, and to reject without assigning any reason.

All manuscripts must be typed and double-spaced on white 8 x 12 inch paper with full one inch margins on all sides. On the first page give only the title, author's name recognised degrees, address and designation.

Side headings are to be used through-out. Only two types of headings to be used:

(i) Capitals

(ii) Small

and underlined with capital only for first letter. Within the article words with special emphasis to be underlined. Restrict these to few.

Illustrations, tables, drawings to be given separately, in black ink. In size: width 5 1/2" and in length maximum 7 1/2". with proper reference in the text.

Photographs should be on glossy paper in Black & White.

Reference: give alphabetically with abbreviations and in smaller type.

The length of article can vary; however, in general, it should not exceed 3,000 words. Authors are fully responsible for the accuracy of quotations, reference and data submitted.

Reprints of published articles should be requested when the article is submitted. The author will pay for all reprints based on current printing costs.

The opinions, statements and conclusions expressed by an author are his own and do not necessarily reflect those of the editor of the Indian Journal of Homoeopathic Medicine.

All articles & correspondence should be mailed to Mr. R C Dalal, and given in duplicate at the above address.

EDITORIAL

AWAKE - HOMOEOPATHY CALLS YOU !!

While Modern medicine has taken long strides in diagnostic techniques, its therapeutic measures are replete with unwelcome side effects. Even in those instances where they are strikingly effective, in reality they are only palliative, if not suppressive. They postpone the evil day, and rarely hold out hope of a long-term curative effect. Costly investigative procedures before starting treatment, are yet another millstone round the impoverished patient's neck. In this background, Homoeopathy is steadily gaining its well-deserved recognition from ailing humanity. In the face of these facts, a million-dollar question confronts every sincere practitioner of Homoeopathy. "What should each one of us do to achieve the highest therapeutic competence and thus raise Homoeopathy to its Well deserved eminence;?" - competence not only in treating common acute ailments; but also in treating the most formidable diseases of the vital organs of the body; even to the extent of preventing illness' from becoming emergencies, when panic-stricken patients are driven to costly and sometimes futile Hospitalisation.

Knowledge and skill have ruled the world since the beginning of time. This holds true for the Homoeopathic system of medicine too. But clinical competence does not grow in Ivory Towers. It thrives by constant use, close observation and exchange of experiences with other deep thinkers. With these facts in mind we are suggesting herebelow a **Five-Point-Action-Plan** for the earnest consideration of and implementation by all Homoeopathic Practitioners.

1. **STUDY-GROUPS:** Our first and foremost aim should be to guide young physicians fresh from College, in successfully treating acute cases and building up their self-confidence. Towards this end, every City - large or small - should form "Study-Groups", where keen Homoeopaths meet once a fortnight, or so. The discussions may be planned on the following lines:
  - a) **Pre-determined subjects:** where everyone comes prepared. The subject may be a disease, a remedy, or a group of remedies, based on actual cases.
  - b) **Selection of Remedy:** Cases successfully treated should be circulated in advance (without revealing the remedy), as an exercise for Members to develop the art of selecting the remedy.

There should be free discussion centered round the evaluation of symptoms, significance of the evolution of the mental state, characteristics and keynotes, and the value of repertorisation; Non-repertorial and Structural representation may also be demonstrated. Such discussions, in our experience, are highly educative.

**2. SEMINARS (Regional):** Periodic Seminars (at least two in a year) should be held at the State level. At these, eminent Homoeopaths should share their experiences. Such Seminars may concern themselves more with the treatment and management of serious acute illnesses, as well as complicated chronic diseases. They should primarily aim at promoting therapeutic skills in handling Emergencies (Heart, Kidney, Respiratory), and even more importantly, in providing constitutional treatment to prevent emergencies from developing. The public should be made aware of what Homoeopathy can do in this field, more than any other system.

To cite our own experience : We had occasion to treat 20 cases of Ischaemic Heart Disease, (hitherto the exclusive preserve of Allopathy) - of which 3 were advised By-pass Surgery, 3 had Post-By-Pass Angina, 5-6 months after surgery. The results were encouraging - 60% improved; and, so, though the number was small and inconclusive, an audiovisual presentation was given at the **ANTIM** congress in Bombay, Aug 86. We have no doubt that many of our Homoeopaths have achieved even more remarkable cures, preventing Hospitalisation or surgery, but the profession may be unaware of it.

What we want to stress is : **Share your experiences**, at interim periods. **Do Not Wait** till the "study" or "Research" is complete!

This way the profession at large can "POOL" their resources to achieve greater proficiency and build **STATISTICAL DATA** which can stand the scrutiny of our Allopathic Brethren. The proficiency of Homoeopaths should rise to such situations.

**3. CONVENTIONS (National) :** At the All-India level we should have at least one Convention in the year, at which eminent Homoeopaths, Indian and foreign, can share their clinical insights in the new understanding of remedies and their application in the treatment of serious ailments, deeper knowledge of the Chronic Miasms and the use of Nosodes, the usefulness of rare remedies, etc.

**4. ENRICHING HOMOEOPATHIC LITERATURE:** Acquisition of knowledge is an unending process. The stalwarts of old, from Boennin-ghausen, Dunham, Wells, Woesselhoft, H C Allen, Hering Kent, H A Roberts, Stuart Close, Elizabeth Hubbard, T. J. Tyler,

Dorothy Shephard, Douglass Borland, Margerie Blackie, and many others too numerous to mention, wrote articles, books, edited Homoeopathic Journals and took active part in discussions at the meetings of Homoeopathic Associations. The rich legacy of literature handed down by them is even today an unending source of inspiration and guidance. Modern medicos have coined a nice name for such give-and-take of ideas: "Continuing Medical Education - CME". Should we not continue this worthy tradition and repay the debt of gratitude we owe to the old masters? Our sincere appeal to our Homoeopathic brethren everywhere is to shake off their indifference to this vital task of contributing their own experiences to enrich our literature.

**Will to work:** Homoeopaths everywhere - please muster your "WILL TO WORK": spare only fifteen minutes a day to pen down your striking cures, under the following headings, and send them to us:

- Nature of complaint (diagnostic), with its duration, past treatment and its results;
- The peculiar, characteristic or key symptoms, with mentals, modalities and concomitants, if any, which led to the selection of the remedy; and the repertorial totality.
- Potency, repetition and duration of treatment.

**5. REPORT ALL ACTIVITIES IN JOURNALS:** Now comes the most important feature of the Action-plan. All the activities, discussions and exchange of experiences conducted under the first four Points should be reported in essential detail, in your local bulletin or Homoeopathic Journals, to ensure the widest possible dissemination of the ideas and debate thereon. We, the Editors of the Indian Journal of Homoeopathic Medicine, are acutely conscious of our duty to the Homoeopathic world. We request leaders of the Study-Groups, Seminars and Conventions to flood our mail with your detailed reports. Doctors who wish to report their notable experiences may either send us their letters in writing (in any language), or they may dictate such cases on a Tape-recorder and send us the Cassettes. We shall return the cassettes after transcription.

We shall analyse and classify all the reports and cases in a meaningful way and publish them in our Journal. It is our most sincere desire to publish "live" evidence of the efficacy of our science in all sorts of conditions. Newly observed clinical symptoms, suggested additions to the Repertory, and we will find space for them all in our Journal. Friends, this is the only way to develop a growing generation of proficient Homoeopaths. If each one of us co-operates in implementing this **ACTION-PLAN** in the coming year, 1987, even the modest dividends from these activities will be heart warming and will transcend

our fondest dreams. Therefore, colleagues, ARISE...AWAKE...and...  
REALISE THE FULL POTENTIALITIES OF HOMOEOPATHY... for yourself  
and your patients.

\* \* \* \* \*

FRIENDS OF HOMOEOPATHY, WAKE UP!

Dr J H Allen

"When we take into consideration the false cures and the suppressive measures used in the eager attempt to satisfy, or to show the results that approach in some degree the semblance of a cure, together with the lust for gold that has so lamentably taken hold of the physician of today, who should, above all men, be free from the power of its letters and bands, little wonder that we desire a reform.... If we would know the truth as taught by Hahnemann, we must get away from the influence of those teachers who have no faith, no experience and no knowledge of this law of cure. We must put ourselves under the influences of, and in personal contact with, men of large faith and of broad knowledge of this law, and who are enthusiastic in advancing the truth, who live out this truth in their practice and who will not yield to the temptation to resort to those uncertain methods, experiments and makeshifts of tradition or of modern medicine. With such a foundation, we are ready to build our superstructure and do justice and honour to the cause of Homoeopathy.

Friends of Homoeopathy, wake up! The time has come for your light to shine. There are a few leaders who are working with all their might for the truth they represent. We cannot all be leaders, but we can at least be supporters of those who are, lending a helping hand. False prophets are on every hand and we must "keep watch and ward," for as one has said, "eternal vigilance is the price of liberty." There is no Golden Age coming to us; we must make it ourselves... Let us keep our lamps burning at their full brightness, speaking the truth, living the truth and sealing it by our workmanship through the law, letting the voice of the healed ones echo an answer down through the ages, so that the coming generations may know that we were lights in this world of darkness and that we were known by our light." (Dr J H Allen, "Chronic Miasms", pp.270-2).

\* \* \* \* \*

## ECZEMA AND ITS TREATMENT

Dr Kirpal Singh Bakshi  
DMS

The word eczema is derived from the Greek word "Ekzein" meaning "to boil out". Eczema is a non-contagious condition affecting skin characterized by itching, inflammation, blistering, oozing and scaling. Eczema cases differ in local symptoms but allergy or hypersensitivity seems to play a major role as a causative factor in eczema. Eczema may be due to exogenous or endogenous allergy. In case, specific offending agents in diet, contact or surroundings can be identified, the patient should completely avoid using and remain away from them during the course of the treatment. In majority of the cases, the eczema is endogenic (genetic) in character. Basically two factors cause eczema. Firstly an allergen or a sensitive skin; and secondly exposure to an allergen or an irritant. It would not be wrong to say that there is no eczema but an eczematous patient. In Homoeopathy, Psora is considered to be the mother of all allergies and the patient should be treated internally without resorting to local treatment like medicated lotions, ointments etc. Eczema should always be considered a skin phase of the internal disorder affecting the vital force. Patient should be treated for the totality of symptoms as represented by him/her on the neuro-mental, physiological and pathological levels.

### LEADING REMEDIES

#### 1. SULPHUR

Sulphur is the first remedy to be thought of in skin affections. The eruptions of Sulphur are too numerous to mention but there are a few characterizing features in all, such as burning stinging, itching and the aggravation after washing or from the warmth of the bed (Alum Graph Merc Mezer Petrol Psor ).

The skin of the Sulphur patient is dry, scaly, unhealthy, every little injury suppurates (Graph Hep Petrol). There is voluptuous itching and scratching which gives temporary relief, "feels good to scratch". Scratching causes burning and soreness in folds of skin.

Eczema or any skin affection that has specially been treated by medicated soaps or ointments and washes, should be

treated with Sulphur to start with unless some other medicine is clearly indicated. Again when carefully selected remedies fail to produce a favourable effect, Sulphur frequently serves to rouse the reactive powers of the system, either cures the case by itself or throws out the suppressed symptoms and paves the way for another remedy. Symptoms that have been suppressed must return or a cure is not possible. Sulphur is strongly recommended from the time of Hahnemann when there is paucity of symptoms due to Psora.

Although Sulphur is more effective in dry eruptions, yet it will cure wet eruptions too in a Sulphur patient. A typical Sulphur patient is lean, stoop-shouldered, uncured (always relapsing) untidy, dirty and unwashed; who has burning of parts such as soles and vertex and red orifices. He has weak, empty, gone or faint feeling in the stomach about 11 A.M. Usually he drinks much, eats less; craves sweets and fats, Sulphur patient has nervous temperament and is quick-motoned and quick-tempered, yet he is basically lazy and tired and is always on look-out for a chair to drop into. He is a philosopher type but selfish.

Sulphur children are emaciated, big-bellied, restless, hot, kick off the clothes at night. They cannot bear to be washed or bathed. Although the Sulphur patient is oversensitive to odours, which nauseate him, but the filthy substances themselves he will eat and swallow - the Sulphur child will eat the discharges from the nose! Sulphur discharges are foul and excoriating.

Dry itching of the skin all over the body with or without eruptions, worse in the heat of the bed.

Sulphur 6 is very effective in dry pruritus in our experience. When characteristic symptoms of Sulphur are conspicuously present, a single very high potency of Sulphur will suffice to cure the case.

It should be noted that although Sulphur patient is a hot patient yet he is worse in wet or cold wet weather and is better in dry warm weather.

**A CASE:** A woman about 50 years old was suffering from weeping eczema on the lower legs for five years. Her eczema was suppressed (which she thought was permanently cured) with local ointments and soon after she developed dyspepsia which became so bad that she could finally take nothing but liquid diet. She had lost 20 Kg of weight and had become a skeleton in 2 years. One dose of Sulphur CM brought her eczema back in three weeks and it was cured with Graphites 1000 in infrequent doses. She recovered from dyspepsia completely in six months and regained her normal weight and strength.

## 2. PSORINUM

In chronic eczema when well selected remedies fail to relieve or permanently improve or when Sulphur seems indicated but fails to act, Psorinum is the next remedy to be thought of, provided the patient is chilly. Manytimes when Sulphur has been administered for sometime, the hot patient loses his heat and tends to swing to the other pole of chilliness and Psorinum follows Sulphur as complementary remedy. Psorinum is useful for complaints from suppressed itch or other skin diseases (Graph Sul). Psorinum should be specially thought of when suppressed itch or eczema results in allergic diseases like hay-fever (allergic rhinitis), asthma, urticaria, etc.

The skin of the Psorinum patient is unhealthy, dry, inactive, rarely sweats, looks dirty as if never washed; it is rough and coarse and cracked. The sebaceous glands are overactive and the skin looks greasy as if bathed in oil (Nat Mur Thuja). There is intense itching which is worse from washing, from warmth of bed and from woollens. The Psorinum patient runs away from the open air but "his skin needs it". "It is these contradictory symptoms as regards the patient and his parts, that make prescribing more easy: as with chilly Phos who wants ice for her suffering stomach, and icy cold drinks in plenty: or the typical Ars who needs "blankets upto his chin, and his head out of the window." We must comprehend the remedy as a whole, in its generals as well as particulars; then only we grasp the true picture of a drug. It is one thing to stamp the whole case as Psor and another thing to say that these are Psor symptoms. Scabs form from scratching and then comes the eruption (Alumina). Papules, pimples, crusts, boils, vesicles and eruptions ooze a horribly offensive watery moisture. After sometime the crusty formation and vesicles mingle and the skin becomes thickened and indurated.

Dry scabby eruptions disappear in summer and return in winter (Alum Ars Hepar Petrol Sul).

Hair dry lustreless, tangles easily; glues together-Plica Polonica (Borax Sars Tuber).

Scalp: dry, scaly or moist, foetid, suppurating eruptions oozing a sticky, offensive fluid (Graph Mezer).

Ears: humid scurfs and soreness behind ears; oozing an offensive viscid fluid (Graph).

Sleepless from intolerable itching or frightful dreams of robbers, danger, etc (Nat Mur). Psor cannot bear the limbs to touch each other at night: or the weight of arms on chest (Lach on abdomen).

Psor is an extremely psoric patient; nervous, restless, easily startled, despondent and gloomy. He is extremely chilly and is very sensitive to cold air or change of weather; wears a fur cap, overcoat or shawl even in hottest summer weather. All

of his excretions have a carrion-like odor. His body has filthy smell, even after bathing. He is offensive to sight and smell.

**Psor** child is pale and sickly; is good and plays all day but is restless, troublesome and screaming all night (opp **Lyco**).

#### Compare with Sulphur:-

**Psor** and **Sul** are closely allied drugs and many things are common in them. Both are dirty and unwashed patients and are worse after a bath and in the warmth of the bed. Both have offensive excretions. But **Sul** is hot, has burning sensations, red orifices and acrid discharges.

**Psor** is extremely chilly even in summer and his eruptions are worse in winter whereas **Sul** is worse in wet or cold wet weather. **Psor** is full of anxiety, depression and gloom and has an imaginary fear of financial loss. **Sul** has foolish happiness and is philosophical, argumentative and selfish. **Sul** has voluptuous itching with burning but feels good to scratch. **Psor** is given to despair with excessive itching.

### 3. GRAPHITES

**Graphites** has a peculiar tendency to develop the skin phase of internal disorders. The skin of **Graphites** patient is unhealthy and every injury suppurates. There are eruptions on the ears, between fingers and toes, in the bends of the joints and on various parts of the body from which oozes a watery transparent, sticky fluid. The skin unaffected by eczema is dry, rough and hard. There are cracks, fissures in ends of fingers, nipples, labial commissures; of anus; between the toes.

There is itching of the skin all over the body with or without eruptions; itching worse at night in warm bed. Erysipelas beginning in face and going from right to left. Itching over varicose veins. Old ulcers with proud flesh and indurated base and margins. Hard cicatrices remaining after mammary abscess, retarding the flow of milk; cancer of breast from old scars and repeated abscesses.

The typical **Graphites** patient is fat, fair, relaxed, chilly and costive. He is sad, fearsome, irresolute and very sensitive to music. He looks very much like **Calc C** patient but there is a vast difference between the two. **Calc C** has faulty bony development, has a big head and a large abdomen, sweats profusely, is cold in spots, has cold, damp feet, has sourness of digestive tract, and an abnormal craving for indigestible things like chalk, earth, charcoal etc. **Graphites** in spite of being chilly is equally sensitive to extreme heat, has hot hands and feet and burning on the vertex. **Graph** has more constipation and **Calc** more diarrhoea. **Calc** female has early and profuse menstruation and **Graph** has late and scanty menses.

**Sulphur** like **Graph** has dry skin and burning of palms,

### Eczema & its treatment

soles, vertex but **Sulphur** is a hot patient and is lean, lank, stoop-shouldered, unwashed, ragged philosopher. Itching of **Sul** is accompanied with intense burning. In eczema of eyelids **Sul** has red margins whereas in **Graph** the margins are pale. **Sul** craves sweets and fats; **Graph** is averse to sweets, salt, meat and fish.

**Graph** has deafness in various degrees with eczematous eruptions on and behind the ears and can hear better when in noise; when riding in a carriage or cart (**Ac Nit**).

The nails of **Graph** are brittle, crumbling, deformed (**Ant C**); painful, sore, as if ulcerated; thick and crippled and hypertrophied (**Sil** has atrophy of nails).

**Graph** has a peculiar sensation of cobwebs on forehead, tries hard to brush off.

**CASE:** A middle-aged man was treated for a wound with antibiotics local and internal. The wound healed up in about two months but the patient developed weeping eczema on the face. Eczema was treated with local ointments and "Cured". Soon after the patient started losing his sleep. Insomnia could not be cured by any means and the patient was kept on sleeping tablets for five years. Because of long loss of natural sleep and drugging, the patient had become a mental and physical wreck. He was referred to Neurologists, Cardiologists and Psychiatrists but of no avail. In that condition he came to us "to try" Homoeopathy. Kent says, "when eruptions and discharges have disappeared suddenly from any cause and grave phenomena have followed, **Graph** is one of the medicines to be studied". So **Graph** IM/one dose was given and the patient was guarded against getting normal sleep eczema reappearing. The patient started getting normal sleep within a week and after three weeks, the eczema reappeared on the face. With two more doses of **Graph** IM and CM at longer intervals, eczema was completely cured. Fifteen years have passed and the patient has never again suffered from either eczema or insomnia.

### 4. MEZERIUM

**Mezerium** like **Graph** tries to manifest the internal suffering of the body on the skin, throwing the physical evils to the surface. With the eruptions thrown out, the patient is in fairly good health but when the eruptions are suppressed, the patient develops so many internal diseases like catarrhal affections, bone diseases, nervous disorders, constipation, rheumatism etc.

**Mezer** develops vesicular eruptions upon the skin which form white, chalk like, thick, tough, leathery crusts beneath which is ulceration. These crusts are often elevated and pressure causes thick white pus, sometimes yellow white, to ooze

out. Vesicles appear around the ulcers, itch violently and burn like fire. There is shining, fiery red areola around the vesicles. Linen or charpoy sticks to the ulcers, they bleed when it is torn away.

The head is covered with thick, leather-like crusts, beneath which thick and white pus collects here and there; hair is glued and matted together; pus after a time is ichorous, becomes offensive and breeds vermin.

**Mezer** is useful for eczema and itching eruptions after vaccination. Child scratches face continually, which is covered with blood; eruptions are moist, itching worse at night.

The skin of the **Mezer** patient is in a constant state of irritation. There are nervous feelings, biting, coughing, itching; changing location after scratching. As soon as the patient gets warm in bed or goes into a warm room the itching begins. The part becomes cold after scratching.

There are eruptions on the parts with poor circulation as the legs and arms, ears, wrists, backs of hands etc.

The **Mezer** patient like **Psor** and **Graph** is chilly and his pains are aggravated by cold and better by heat, especially radiated heat, but his itching and restlessness are worse from heat.

It is to be noted that the action of **Mezer** is characterized by violence - violent pains, violent sensations of hunger, violent burning in mouth, violent pains in stomach and oesophagus, violent inclination to cough, violent fever etc. and all its violence is more violent by night.

It would be advantageous to quote Dr Carrol Dunham's classical case of an almost life-long deafness with **Mezer**:

**CASE:** A boy when three years of age had a severe attack of an eruptive disease of the whole scalp. The head was covered with thick leather-like crusts. When milder method of allopathic treatment failed, a tar-cap was placed upon the head and when firmly adherent to the scabs was violently torn off along with the scabs. The raw surface of the scalp was treated with a saturated solution of nitrate of silver. The eruption did not reappear but from that time the child became deaf. Fourteen years later the boy was brought to Dr Carrol Dunham for treatment. There were no symptoms, except a thickened membrana tympani, on which to base a prescription. Taking the history of the case into consideration, Dr Dunham saw close resemblance between the pathogenesis of **Mezer** and the old skin symptoms of the case of deafness. **Mezer** 30 was prescribed as if the scalp affection had been still in its original form and was the immediate object of prescription. In about three months time the boy's hearing was perfectly restored.

This case proves the validity of the advice of Dr Hahnemann that the history of a case is often of the utmost importance in determining the treatment. And secondly that the scalp disease was one phase of a psoric affection and that this affection because of suppression had transferred itself to the tissues of the ear. Is Psora not a thousand-headed monster?

### 5. PETROLEUM

The skin throws out isolated vesicles which have a tendency to form thick, yellow, moist crusts. These vesicles break early and ulcerate underneath and change into phagedenic ulcers. The ulcers eat and spread. In fact there are all types of eruptions - papular, pustular, vesicular, dry, mealy eruptions but most commonly moist. New eruptions are repeated at the site of old eruptions with an increasing hardness in the base of the old eruptions, building up rings about the margins. The induration cracks, bleeds and looks purple. The skin all over the body is painfully sensitive and tender, not found so much in any other remedy; all clothing is painful and slight injury festers and suppurates (**Graph Hep**).

It is perhaps the most useful remedy for the cracks about the ends of the fingers and on the back of the hands. The skin of hands is hard, rough, ragged and cracked; worse every winter. Nash says, "There is one very marked characteristic symptom that guides to this remedy, out of a large number having similar eruptions, and this is that eruption is worse during the winter. There is no other remedy that has this so prominently. The hands chap, crack and bleed and are all covered with eczema during the winter and get well in summer". He further says, "I have cured a case of eczema of the lower legs of twenty years standing, always worse in winter, with one prescription of the 200th. I have cured the chapped hands the same way. A case of obstinate chronic diarrhoea, and as soon as the fact that he had eczema of the hands in winter came to light, I cured him quickly of the whole trouble with **Petrol-200**". Sometimes intractable cases which defy straight prescribing come round with the help of concomitant symptoms. We treated a case of alopecia totalis (alopecia of the whole scalp) with **Petrol 1000** on the indication that the patient had a deep crack in the sole of one foot which healed up in summer and became fresh again in every winter. He cannot rest until he scratches the skin off when the part becomes raw, red and inflamed. Among bleeding eruptions, Petrol stands high.

**Petrol** develops cracks and fissures in the eyelids and in the corners of the eyes with great itching. There is great itching in the eustachian tubes, deep in the ear and also in the external canal of the ear. Because of the thickened mucous membranes of the eustachian tube, deafness results. (**Graph Mezer**).

There are herpes on the genitals extending to perenium and thighs; skin is rough and cracked and bleeding; dry or moist. Kent says "Petrol and Rhus are of wonderful use in eruptions on genitalia, male or female. But Petrol, produces small vesicles, Rhus large blebs." Sweat and moisture of external genitalia. "Both Petrol and Rhus are sensitive to change of weather but whereas Petrol like Rhodo and Phos is worse before thunderstorm, Rhus is particularly worse in damp weather."

There are painful, itching chilblains and chapped hands worse in cold weather. "Chilblains that itch burn and become purple. Parts frozen will, years after, itch, burn, sting and become red and hot. The patient can tell when it will thaw because of the itching in the chilblains. Petrol cures the itching and burning in frozen parts but not as prominently as Agaricus. Agaricus leads all other remedies, when the condition affects parts where the tissues are thin over the bones, as over the back of the toes".

Hands and feet burn: wants palms and soles out of bed. Offensive foot-sweat (Sil), offensive sweats all over especially in axilla. One need not be too sure of Sulphur because the soles burn or too sure of Silicia because the feet sweat. Kent shows Petrol to be remedy of single parts: sweating of single parts; coldness in parts; eruption in patches.

#### 6. SANICULA

Sanicula is similar to Petrol in as much as it has excoriation of skin about the anus, covering perenium and extending to genitals and again it has foot sweat like Petrol between the toes, making them sore; on soles as if he had stepped in cold water (Sil Psor). It has burning of the soles of feet too; must uncover or put them in a cool place (Lach Med Sang Sul).

In skin symptoms Petrol stands close comparison with Graph. Kent compares the two drugs thus:- "The eruptions on the surface and the state of induration, of Petrol are like Graphites but the oozing in Petrol is thin and watery and in Graphites it is gluey, honey-like, sticky, viscid. You have indurations and cracks of the fingers and rhagades in both remedies but the horn like warty growths lifting up the quick of the nails, you will find only in Graphites".

#### 7. SARSAPARILLA

Sarsaparilla has cutaneous affections similar to Petrol. It has dry itch, rhagades and cracks on hands and feet but these are worse in summer and after vaccination. Its skin is emaciated, shrivelled and lies in folds.

CASE: A lady who was suffering from chronic eczema of the feet

for more than ten years defied many prominent medicines but was finally cured with Sarsaparilla on the indication which was disclosed by the patient incidently and irrelevantly that her nipples had withered and completely retracted.

The following medicines can be compared with Petrol for skin affections worse in winter:-  
Psorinum:-

The skin of Psor patient is dry, inactive, dirty, offensive and oily. The Psor patient is extremely chilly even in summer but his itching is better in cold air. Both Psor and Petrol have excessive hunger and must rise at night and eat but in Psor eating relieves more the headache whereas in Petrol it relieves gastralgia (Graph).

#### 8. ALUMINA

Alumina has chapped, dry, tettery skin. There are itching eruptions worse in winter. There is intolerable itching of whole body when getting warm in bed (Sul); scratches until the skin bleeds, then becomes painful. In the beginning there are no eruptions but he scratches until the skin is off and then come the crusts. The patient has a tendency to parietic muscular states. "There is no desire for stool and no power to strain at stool, however soft" and one must strain at stool in order to urinate. As against the irritability and quarrelsomeness of Petrol, Alumina is implusive, hasty and hurried; suicidal on seeing knife or blood. Aggravation of symptoms at new and full moon is well marked in Alumina.

A middle aged woman suffering from chronic rash all over the body, was cured with Alumina (inspite of the fact that her rash was not particularly worse in winter) on the indication that she had acrid and profuse leucorrhoea which would run down her legs.

#### 9. MALANDRINUM

Malandrinum like Petrol has scabby skin with itching and rhagades of hands and feet in cold weather and from washing. When such like symptoms develop as an ill-effect of vaccination (Thuja, Mez, Sil.) Malandrinum is preferable to Petrol.

Petrol is one of the medicines for diarrhoea from suppressed eruptions. The peculiarity of Petrol diarrhoea is that it is worse during the day and it tends to become chronic.

#### 10. NATRIUM MUR

The skin of the Nat Mur patient is shiny, pale and waxy; looks as if greased (Plumb Psor Thuja). The eruptions are vesicular around the edges of the hair, the ears and back of the

neck. **Nat Mur** has scabby and squamous eruptions with itching. It has moist eczema oozing a watery fluid **without much itching**. An exfoliation takes place leaving a shining surface below. It throws out herpetic eruptions of little water blisters in hands of joints; hydroa labialis, fever blisters like pearls about the lips; the lips are dry, sore, cracked and ulcerated. **Nat Mur** cures "hang-nails" more promptly than any other drug.

Eczema: raw, red, inflamed, especially edges of hair worse from eating too much salt, at sea-shore or from ocean voyage.

There are warts on palms of hands. The hair falls out when touched in nursing women.

In chronic eczema or other skin affections of **Nat Mur** attention must be paid more to the constitutional symptoms. The patient is anaemic and cachectic, emaciated while living well. He has a marked disposition to weep, is sad without cause and consolation worsen her troubles. "These people hide their tears for fear of pity and consolation. If asked, how are you? **Nat Mur** will answer, "Better thank you," when he is not. Thin patient with a crack in the middle of lower lip, craving for salt, constipated hard, crumbling stool, mapped-tongue with red insular patches are a few important constitutional symptoms of **Nat Mur**.

We have to be careful to see that our prescriptions for skin affections are broad-based and do not cover the local symptom alone. Some of our remedies like **Sulph**, **Graph**, **Petrol**, **Nat Mur** etc. contain so many little skin symptoms that are commonly found in these affections, that if we do not look out and are not warned, we are likely to prescribe one of these remedies superficially, suppress some of the symptoms, changing the aspect of the case so that we cannot find a remedy for it and yet not-cure the case with the old remedy. There is a strong tendency to be routine and give a remedy without a sufficient number of generals, i.e. give it on particulars only. Remedies only partly related to the case will change the character of the sickness so that no one can cure the case - "The Homoeopathic failures are the worst failures on earth" Kent.

**CASE:** A compounder of a leading allopathic doctor was suffering from wet eczema on dorsum of both the hands. He was treated by eminent skin specialists but could not be cured. He was brought to us as a last resort if Homoeopathy could do anything for him. Eczematous eruptions were oozing thin honey like fluid and there was intense itching. He was given a dose of **Graph 200**. There was great aggravation for two days followed by steady improvement for three weeks. But progress stopped thereafter and **Graph** helped him no more even in higher potencies. We had noted in the past history of the case that the patient had been suffering

from hemicranial headache two years back and after a long allopathic treatment was finally "cured". But as the headache was relieved eczema erupted on the hands. One peculiarity of the headache he had suffered from was that it always started at sun rise and subsided with the sunset. We thought of **Nat Mur** and enquired if the gentleman had any special craving for salt. We were told that he was in the habit of taking extra salt with meals every day. **Nat Mur 30** thrice daily was prescribed for one week and the patient was warned about the possibility of his getting the old sun-headache back. It happened exactly like that. Headache with the same old modality returned on the third day. The patient could not tolerate the pain and took a strong dose of A.P.C. The headache was relieved but the patient stopped taking the rest of **Nat Mur** powders for fear of getting headache. It appears A.P.C. could not antidote **Nat Mur** and its action continued unabated till it removed the last vestige of eczema. We watched the case for two years. There was no relapse of eczema or headache. This case proves how true Kent was when he said, "The only cure known to man is from above down, from within out and in the reverse order of coming".

Many people take salt in large quantities but suffer from salt-inanition for it does not enter into their life and floating in excess in the blood stream produces its own poisoning. We do not with a potentized dose of **Nat Mur**, supply the salt that the body needs, but turn into order the internal physical man and the tissues appropriate the right quantity of salt and thrive in good health. **Nat Mur** in potencies removes abnormal craving for sugar or **Calc** for lime. This hunger of **Nat Mur** for salt is very real; the patient is not assimilating enough to satisfy his tissues needs, till he gets the stimulus of the right drug.

A patient suffering from chronic malaria for many years always suppressed it with quinine. He consulted us if Homoeopathy could permanently eradicate the tendency for getting malarial fever. On the basis of constitutional symptoms of the patient and also to antidote the ill-effects of quinine, we gave him a dose of **Nat Mur 50 M** and asked him to wait. After two weeks the patient got the fever paroxysm with chill and rigor. We watched the case by putting the patient on placebo. The fever ran the course of certain intermittent, coming every time at 10-11 A.M. Fever abated on the fourth turn never to return again. After a month or so the patient came and asked us if the treatment he was given for malaria was effective to cure eczema because his chronic dry, scaly eczema he had on the bends of elbows and knees had disappeared during this period. We explained to him that **Nat Mur** proved to be his constitutional remedy and covered him as a whole, and skin being part of his

constitution had cleared up automatically by the same medicine.

DR M L Tyler quotes a similar case:-

"One remembers a malarial sailor during the war, with a dreadful condition of the face; from black heads and boils and abscesses, which cleared up astonishingly on **Nat Mur** and went out rehumanized". This shows what great curative power **Nat Mur** has in diseases that supervene on malaria and quinine".

### 11. SEPIA

It has a tendency to produce herpetic eruptions on the flexor surface, about the genitals, lips and mouth. "Eruptions that pile up in great crusts on the elbows; thick crusts form upon the joints; eruptions between the fingers; moist eruptions that pour out a watery fluid, or thick, yellow, purulent fluid". **Sepia** cures scaly bleeding eruptions with induration. Scabs come off leaving a yellow, green ichorous base. **The hardness and purple colour are a peculiarity of Sepia - as purple as in Lachesis.**

There is itching of skin; of various parts of external genitalia; is not better by scratching and is apt to change to burning (**Sulph.**)

Herpes circinatus in isolated spots on upper part of body is a specific symptom of **Sepia** (In intersecting rings over whole body: **Tellurium**).

It is one of the leading remedies for eczema of infants especially when it affects the scalp. The eruptions are vesicular and pustular.

**Sepia** is complementary to **Nat Mur**. It has an excitable condition of the general nervous system that is often marked in **Nat Mur** as for instance being disturbed by a noise, the slam of a door etc.

**Sepia** differs from **Nat Mur** mainly because of being a very chilly remedy. **Sepia** is better from warmth, **Nat Mur** is better from cold. Both the remedies are sad and weeping but **Sepia** loses affections even for those loved best and becomes indifferent, and **Nat Mur** is extremely emotional and is apt to misplace her affections. **Sepia** faints easily from exertion or extreme cold and heat, **Sepia** has a gnawing sensation with a desire to eat frequently, **Nat Mur** is always better by foregoing his regular meals. **Nat Mur** patient is anaemic and cachectic and emaciated. **Sepia** is draggy, relaxed and plethoric and has yellow saddle across upper part of cheeks and nose and sallow spot on the face. **Sepia** has an excessive and foetid sweat, **Nat Mur** has oily and greasy skin, especially on hairy parts.

**CASE:** Once we were confronted with one of the worst ever cases seen in our forty years of practice. A little girl of three years with moist, weeping eczema of the whole scalp, oozing

## CARDIAC ASTHMA - PENICILLIN

Dr Rajan Sankaran  
L C E H

Mrs TVK aged 56 after being given some injection for fever, bad throat, etc. developed extreme symptoms of breathlessness, sinking, weak feeling; felt as if floating in air; talking causes palpitation; pulse beat very fast. Gets these symptoms "If I miss out even one tablet of Deltacortil forte, Manaphlline and Librium." Collapse, sinking and dehydrated feeling - comes in spells; feels exhausted, unable to do anything. Gasps for breath while talking.

Dr Rajan Sankaran found a match for these symptoms in the provings of Penicillin: Asthmatic dyspnoea, asthenia, dragging condition, general predisposition to allergy and Bronchial asthma (O A Julian's Materia Medica of New Homeo Remedies). Dr Rajan quoted Goodman and Gilman (Pharmacological Basis of Therapeutics) viz., "Acute anaphylactic or anaphylactoid reactions induced by various penicillin preparations constitute the most important immediate danger connected with their use. The most dramatic effect is sudden, severe hypotension and death. In other instances broncho-constriction with severe asthma, or abdominal pain, nausea and vomiting, or extreme weakness and fall in blood pressure or diarrhoea and purpuric skin eruptions - these have characterised the anaphylactic episodes." Compare description of Anaphylaxis given in Harrison's Principles of Internal Medicine. Cecil's Textbook of Medicine compares anaphylaxis from drug allergy with manifestations following bee stings.

With best Compliments from :

C H A R C O T

H A H N E M A N N

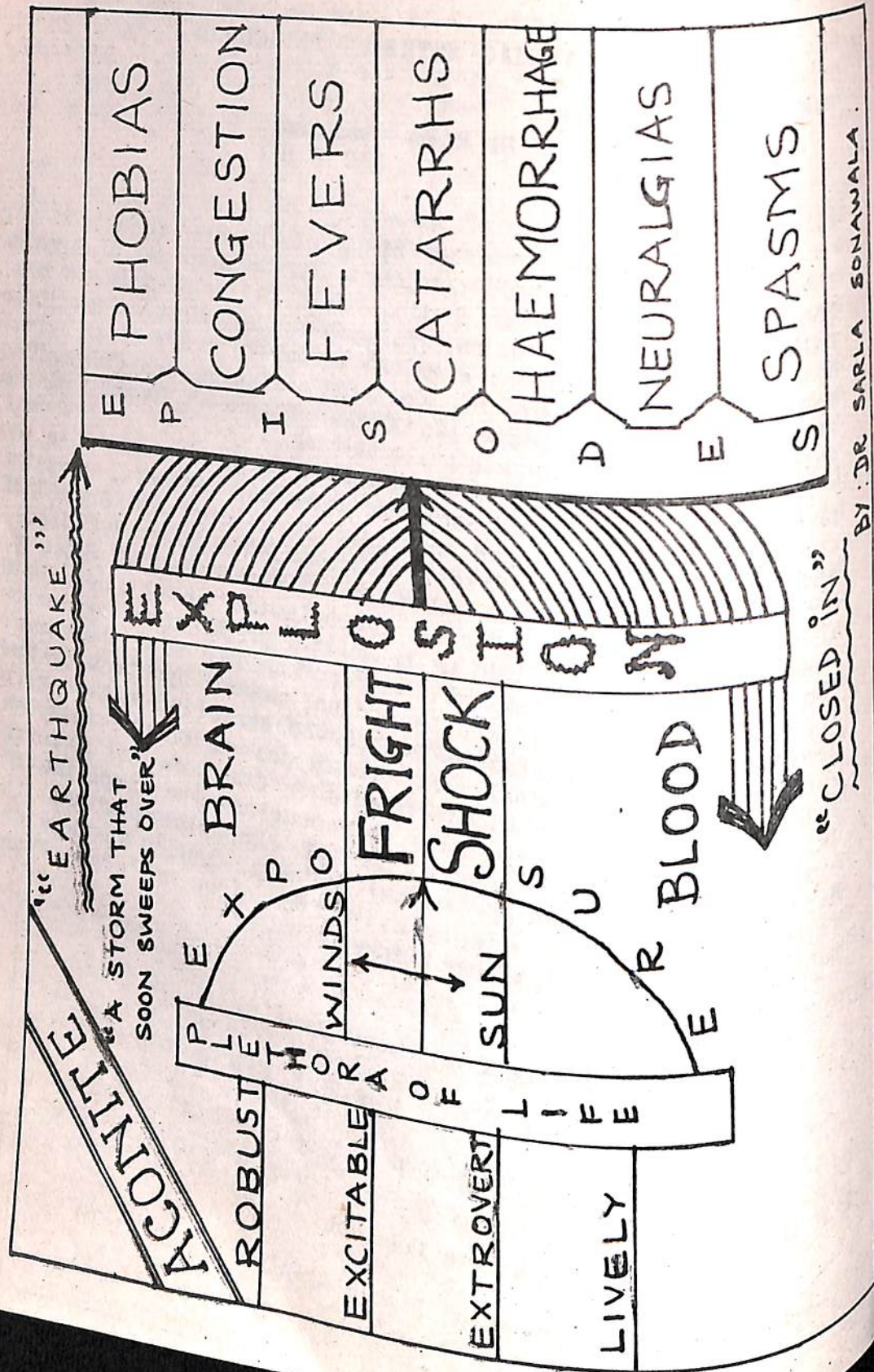
I N S T I T U T E

H O M O E O P A T H I C

N E U R O L O G Y

O F  
Modern Polyclinic

Dina Bldg, A. Kranti Marg, Bombay 400 036. Ph. 38 71 10



BY DR SARLA SONAWALA

FEW INTERESTING SPECIMEN OF MATERIA MEDICA

Dr Sarla Sonawala  
BA DMS(Hons) DF(Lond)

(Author's note: George Vithoukas exposure of remedies revealed some newer aspects of personality profiles, not recorded so far. Hence the portraits depicted here - represent interpretation of his talks, rounded up by standard knowledge of the remedies. Another difference is to be noted. The portraits of the remedies are presented in STRUCTURAL FORM, to mark the evolution of man, from mind to body, health to disease - an evolution in time and space.)

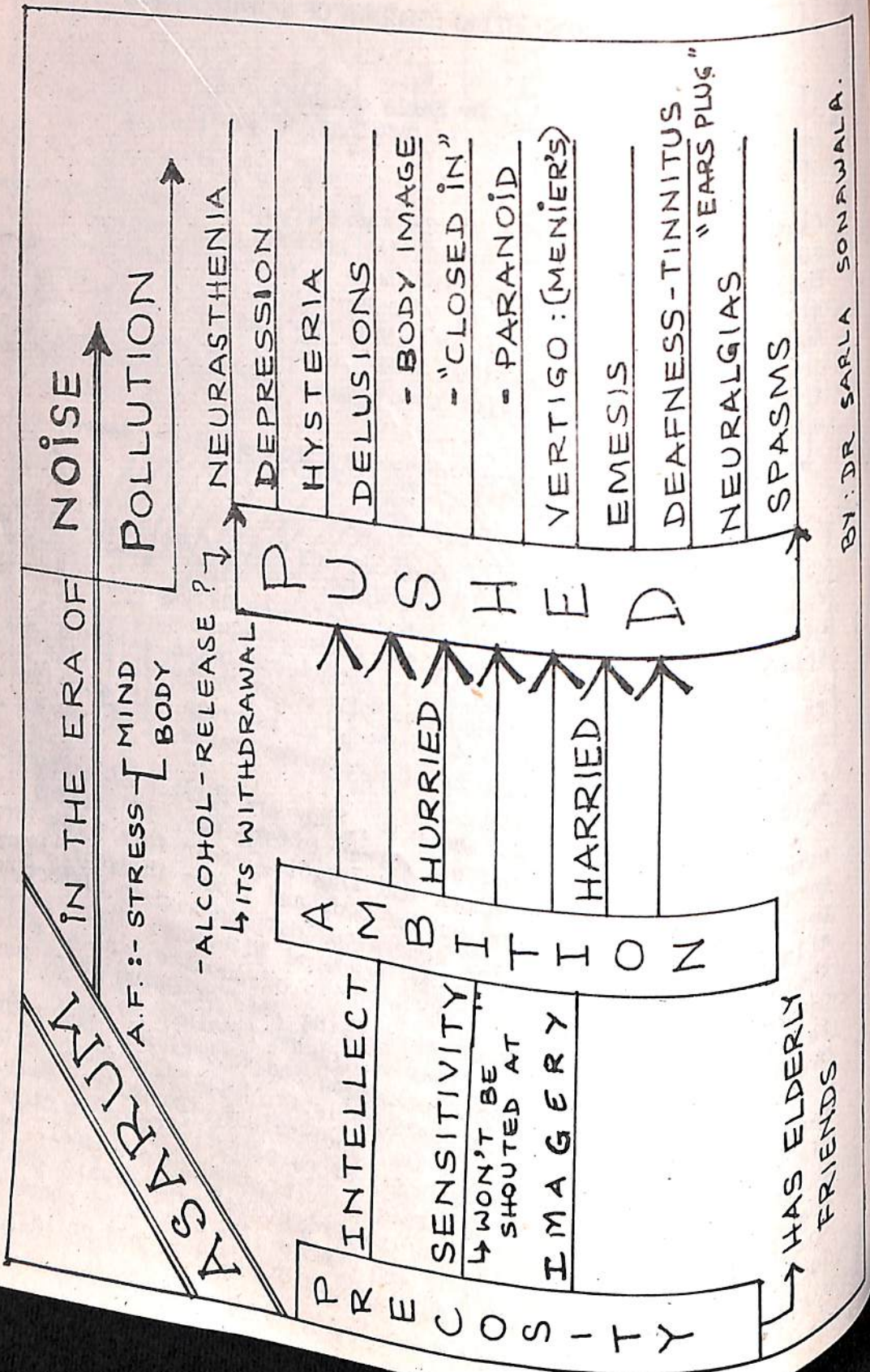
ACONITE : AN " EARTHQUAKE "

Aconite Napellus, a vigorous and vociferous remedy, is for robust individuals who are sanguine and zestful with "plethora of life;" while enjoying good health as a rule, they succumb rapidly to violent invasions and their ravages.

Its candidates, too, are intellectuals in a robust way. full of power, plans and new projects! Their decisions are sudden and swift, their execution is accurate. If there be a pinch of malice thrown in their perseverance, it serves as a spice, and not as habit.

Hypersensitive to the core, they are capable of ecstasy - even clairvoyance, but not in an effete way. If exposed to emotional upheavals - shock and fright - their fear turns into panic. The patient jumps out of bed, and tosses in agony. Every ailment, however trivial, generates fear and anxiety distorting the countenance, and life is rendered miserable. There is an element of "earthquake" in phobias of Aconite, unlike mild fainting of Gelsemium or paralysing fear of Opium which may overtake the remedy when "fear of fright" remains.

The fear is mostly unreasoning and intangible, though the fear of imminent death is characteristic, to predict the hour of his death. Overpowered with fear and anxiety, the patient cannot go out especially amidst crowds, cross street, afraid of closed spaces like elevator, or train passing through a tunnel. The woman may stop menstruating if frightened, and fears death during pregnancy. The remedy can remove ill-effects of shock of birth in a newborn as well as enuresis of a frightened child.



Having dark hair and eyes and a rigid muscular fibre, **Aconite** persons are readily affected by atmospheric changes like dry, cold winds, a draught of cold air while perspiring, as much as scorching heat of the sun.

Its violent action sets volcanic explosion in brain and blood-stream. The congestive, catarrhal rise of temperature with pounding pulse, palpitation and panting for breath - often psychogenic in nature - accompanied by the trio of anxiety, fear and restless agony, are the pointers to the remedy. The pains are furious, intolerable and drive the patient crazy. For the barking cough of croup, **Aconite** makes the first remedy. Pneumonia and pleurisy can be aborted if the remedy is given in the first flush of fever.

Every acute illness is the exacerbation of an underlying, chronic miasm, and the acute episodes of **Aconite** brook no exception, hence its prevailing reputation in acute emergencies.

Nevertheless, the remedy with such a wide range and psychogenic versatility cannot keep away from the chronic miasmatic stigma, overt or covert. As this is so, **Aconite** achieves its high efficacy in chronic ill-effects of acute ailments. The innumerable phobias after remote fright can find a faithful healer in **Aconite**, if the remedy is given in higher and highest potencies.

A leap beyond its horizons - Is that the highest aim of **Aconite** ?

**ASARUM : IN ERA OF NOISE - POLLUTION**

**Asarum Europoeum** represents a pure "riot" of nerves, of a mind that has been pushed beyond its limits, to succumb to its own survival.

The evolution of its mind begins since childhood. Highly intelligent, sensitive and imaginative, the child shows a promise of versatile talent. Precocious and mature for his age, he prefers the company of elderly persons.

Every child, it seems, is the image - an extended ego - of its parental hopes and ambitions. The parents at home, the teachers at school, even peers at games, expect high acclaim for his intellectual prowess. As he grows, the prizes and awards mark his every achievement. He harnesses himself for still higher accomplishments, as if he competes with time itself. Eternally in hurry, with no time to idle about, he carries the cross of work yet to be done. No command to take from, no

interference tolerated, he defies the authority or establishment.

What he seeks may be beyond his resources; and still further..... till he frets and fumes. In due course gradually, imperceptibly, his mind can take no more, and gets disintegrated.

Tense and taciturn, he begins to display distorted sensitivities, even from mere imagination. Every emotion sends shivers; his exalted fancies play tricks with his mind and body. He imagines himself as a spirit hovering in the air with light limbs and a weightless body. While reading, his eyes seem to be pressed out of their sockets, and the face on its left side, twitches with a nervous tic. The stomach twists with horrible pressure of digging, especially after a Saturday night. No appetite, distaste for the tobacco, he craves alcohol, perhaps to seek release? But nothing seems to relieve his distraught mind; even his attempts at withdrawal augment his ailments. It is said that **Asarum** is a popular remedy for alcohol - vodka addicts in Russia!

If wine comes, can woman be far behind? For **Asarum** patient, yes! He develops aversion to coition with increasing impotence - of body as well as mind. Even a child wipes off the cheek that has been kissed.

The worst-afflicted organ is ear. The ears are so sensitive that even scratching of linen or crackling of paper is unbearable, arresting momentarily all his thoughts and actions. A distant tornado, as if, explodes in his ears which feel "plugged"! **Asarum** is a remedy of choice in senile deafness accompanied by tinnitus.

Finally all excitability ends in depression, neurasthenia; and lassitude. Every exertion, even to rise in the morning, seems a great effort. With stupid feeling in head, he has no desire to do anything. The mind becomes dull, and the thoughts vanish. He sits alone, simply yawns and often faints. Even to walk requires constant attention, else he staggers.

Such is the evolution from par excellence to imbecility when former is pushed too far! **Asarum** indeed offers a great promise in the modern age of competitive clamour and noise-pollution.

\* \* \* \* \*

" Nothing in the world is single ;  
All things by a law divine  
In one spirit meet and mingle."  
-Shelley

## THE CONSTITUTIONAL PRESCRIPTION

George Vithoulkas

As an introduction to the definition of a constitutional remedy, let me discuss two kinds of prescribing: 1) prescribing upon a layer and 2) prescribing for a layer.

First, prescribing upon a layer: You no doubt have noticed in the course of your clinical experience that you have seen certain patients for whom you have prescribed several times, noting that after each prescription an amelioration follows, but it is a superficial effect - it is not deep, not profound. It doesn't seem to effect the whole individual even though you may have chosen the remedy on the basis of the totality of the symptoms. To give an example: A man comes to you suffering from repeated attacks of sciatica. You prescribe **Rhus tox**, the indicated remedy, and his sciatica is relieved, but there remain several less troubling constitutional symptoms which have not been effected by your effective prescription. This kind of result is that of "prescribing upon a layer", meaning that underneath the symptoms for which you gave the initial remedy there is another layer which is, in effect, the ground (layer) upon which various different health disturbances occur. One time it is sciatica, the next a common cold; the third time it's a bronchitis, the fourth a pneumonia perhaps. These conditions can be acute or semi-chronic. You treat him once, and he continues to visit you regularly because his sciatica is better, but you fail to observe the deep change in his health that you've noted in other cases.

What is the meaning of this phenomenon? We must understand what is occurring at every moment for each patient. In this type of prescribing - upon a layer - we've not touched the actual layer of chronic health disturbance with our remedy. How do we interpret such results with regard to our ability to prescribe?

Either of two possible interpretations exist: we may have prescribed correctly or incorrectly. It may have happened that upon a given layer of chronic symptomatology a sciatica develops, and this more recent condition slightly alters the chronic symptom profile. We then prescribe **Rhus tox** for the new symptom pattern. The background (former) symptomatology remains after our prescription, possibility for a relapse of the sciatica remains also. This picture develops in a constitutional **Sulphur** individual because he was exposed to a damp environment or because he injured himself

lifting a heavy weight. To prescribe Rhus tox for this new development is correct. It must be given. Without any further disturbance the person will return to his previous state, and Sulphur will be needed.

There is, however, another possibility; which is that the new symptoms appearing in the individual when studied properly in conjunction with the rest of the symptomatology will yield a Sulphur picture. But because we fail to examine the case in detail, we mistakenly give Rhus tox - to an individual whose constitutional state is Sulphur and whose more acute symptomatology is also Sulphur. Because there are some suggestions of Rhus tox e.g. the pains are better from walking and rather worse on rising, we give Rhus tox ignoring the full nature of the case.

Prescribing of this sort will have a noticeable effect, that being a degree of symptom improvement, but with a significant difference from the preceding case: now the person will develop a shifting pattern of minor symptomatology. The bulk of the hip pain is gone, but now instead of having pain on the right hip, the patient complains of stiffness of the left. What's happened in this situation? Most probably your prescription was mistaken. In such cases we may take them around and around from one prescription to another to another without really benefiting the patient.

I'll give another example of how you can be justified to prescribe upon a layer: You've a case which is Nat m constitutional (underneath), and this patient suffers a great grief and develops a picture of Ignatia. On coming to you for the first time she gives you Ign symptomatology, but underneath you see some of the Nat m symptomatology. In this instance Ign has been imprinted upon the Nat m constitution. Therefore, the first prescription you must give is Ignatia; you should not give Nat m at this time hoping for a better result because you see the Nat m constitutional hints. You must prescribe in accordance with the sequence of symptoms and patterns developed by the organism; thus, giving first Ignatia and then Nat m.

Again, another person comes who is also a constitutional Nat m. She has suffered a grief and has developed additional symptoms as a consequence, but these symptoms are more akin to Nat m than to Ign. This patient, in contrast to the other, remains a Nat m case. If you were to give Ign in this case, you would provoke some changes, but you'd witness no real relief. Whereas in the previous case the Ign would act; the patient would report that she was feeling much better, and underneath she'd remain a Nat m. As long as she remains in the underlying Nat m state you can expect her to relapse back to the Ign state with the next grief.

These phenomena are unexplainable, but they definitely occur. There can be many layers underneath the initial presentation. Not only one, two or three, but

purposes of this discussion I am equating one layer with one required remedy. We are not discussing "miasmatic layers" at present. These foundations, if you will, of underlying layers in a person renders individuals susceptible to developing the Ignatia states or Staph states, etc. we just referred to. They are the fertile ground upon which more acute stress reactions develop. These underlying layers are also responsible for some of the unique recurrent symptom pattern we see manifesting in response to certain stimuli; that is, when one organism is stimulated by the influenza virus, a Gels state is always produced; another person when stimulated by the same virus, produces only a Bry picture.

An additional remark; If, in your prescribing, you bring order to an organism, you'll find that every time he's stimulated by a particular nosological agent he'll bring forth a particular pattern, much as above. A Calc case will bring forth only a Nat m image, or a Rhus tox constitution will manifest Bry during acutes. As you continue to treat them correctly you see increasing order in their lives.

Now let's discuss those cases which perpetually frustrate your efforts to find a deep-acting remedy. What factor predisposes to the inability to find a deeper remedy, presuming one's level of knowledge is adequate? The constitution of such people is usually composed of many layers, and the uppermost layer is often hidden amidst a confusing array of symptoms. These individuals are undermined by deep miasmatic disturbances. They are the most unfortunate of our cases, the most difficult ones. These cases seem to require one remedy after another in relatively close succession, and without very satisfying results.

There is another group of patients, the lucky ones, who are quite clear miasmatically-speaking and who possess at the most one, two or three layers. Their remedy will be clear from the beginning. When treated correctly, the change in their level of health will be tremendous. These variations in the constitutional strength of our patients are largely responsible for the disappointments we suffer from our therapeutic failures and for the excessive elation we enjoy with success. The success derives from the individuals' possibilities, and the reasons for failure are sometimes beyond our control.

We have now to consider the constitutional remedy. What is it? When we say, "this is a Phos case, or a Sul case" what do we mean? In order to identify a remedy as a constitutional remedy certain criteria must be met. One criterion is that the remedy should cover the totality of symptomatology that has been expressed throughout the individual's lifetime. Of course, in some cases this information is lost, but even should it be available, the satisfaction of this criterion is not sufficient of itself.

A more significant and necessary condition that must be met

remedy's action, a profound change in his health. The constitutional remedy will produce a very deep and profound beneficial effect upon the patient.

Another criterion is that when the patient relapses, he will relapse back into the same symptomatic pattern; he'll require the same remedy.

A fourth condition is that the effect of the remedy will persist for a very long time. By "long time" I mean from one to ten years. An effective constitutional remedy will not easily be counteracted. It will not be counteracted with but one cup of coffee, though of course coffee is not allowed. Sometimes patients will say, "I had such a marvellous effect from the remedy until I had one cup of coffee (or Mocha ice cream), then I relapsed". In such an event, the remedy was not the constitutional remedy. The effect of a constitutional remedy isn't reversed so easily. I've seen cases where a series of antibiotics was taken, and the organism withstood the exposure. The effect of the constitutional remedy will be described as, "I feel like a different person!" - a deep effect. The suffering will disappear to a great degree.

Sometimes the initial criterion I mentioned is overlooked. Rather than delving into the totality of the case, only one or two keynotes form the basis of a prescription. Perhaps by luck the constitutional remedy is found, but that doesn't justify such a practice. The practice should be to probe deeply into each case seeking as much information as possible in order to be certain of your prescription.

You can, of course, prescribe on keynotes at times, but if you make it a habit, your knowledge will soon begin to deteriorate. If, on the other hand, you work hard to confirm your diagnosis after certain earlier impressions have struck you, your successes as well as your knowledge will increase. It is very easy to go astray while taking a case; focusing on only two or three points rather than the totality can lead you to an entirely different remedy. Consequently, prescribing with a knowledge of the totality of the case is a prerequisite for prescribing constitutionally.

There's a tricky point I should mention to help you avoid making a mistake: You've prescribed for a case with deep pathology. Your prescription was correct, many deeply beneficial results ensued, yet despite this fact you notice that some pathology persists. Some of the gross pathological changes fail to reverse themselves. An example: You prescribe correctly for a multiple sclerosis case. Many deep changes are occurring, but a certain level of paralysis persists. The energy is better, psychologically the patient is much improved, but the right leg paralysis remains unaffected. Therefore, you try to push the case a bit further with another remedy, perhaps more. This is wrong. Most probably you'll only provoke a relapse of the case. You must understand in such a case that the extent of demyelination

irreplaceable. My experience is that unless we treat multiple sclerosis early (during the first year or so of its development), such incomplete results are to be expected. Some degree of disability will remain. This is the same with other pathological processes. You must accept such limitations of the organism or you'll make mistakes. Should you push more remedies and provoke a relapse, it'll be very difficult to bring these cases back - even with the original remedy. Quite often, nothing beneficial will follow its readministration, and you will lose the case. This is why we must understand disease pathology to be effective homeopaths. We must grasp that the curability of certain cases is necessarily limited.

We can see other cases, too, when mechanical obstructions to cure must be removed before we will see a complete amelioration; e.g., surgery for a herniated disc, etc.

\* \* \* \* \*

Contd. from pg. 18:

yellow pus and fluid was brought to us. Nearly half a dozen remedies were tried in one month but there was no improvement. The condition was so bad that it looked as if the whole scalp was boiling out. The girl had long silken hair which adorned her beautiful face and neck. The allopathic family physician strongly advised the hair to be removed. The Sikh parents of the girl were religiously and sentimentally against the removal of hair; they thought it was sacriligious. So they implored all the more that the child be cured without cutting the hair. One day the mother pointed out that the girl was suffering from leucorrhoea too. Combining these two symptoms, "yellow moist eczema of the scalp" and "leucorrhoea in little girls" *Sepia* 200 one dose was given. After an initial aggravation for a day, the whole case cleared up in one week. *Sepia* cured the child and saved her hair too. We have time and again cured skin affections of various types in women suffering from uterine disease, especially prolapsus uteri.

\* \* \* \* \*

## MATERIA ! OH, MEDICA: !

Godrej Wankadia  
Zenobia Colabawalla.

Mug - Mug - Mug up !! Constitution, Mentals, A/F, Modalities, Physical Generals, Particulars, Concomitants.... so on and so forth. These are said to hold the key to the vast treasure of the Materia Medica. To thoroughly master these aspects of each remedy, along with comparisons and differentiations from other allied remedies, is indeed an uphill task. As a result, most students dread this subject.

So we decided to interview some fellow-students. They voiced their problems regarding the study of the Materia Medica, and have offered suggestions for the same.

When a drug is taught in rigid compartments like A/F., Mentals, Generals, etc., we fail to perceive the personality represented by the drug. The evolution of the drug, its acute and chronic phases, its various miasmatic phases are not properly emphasized to facilitate easy grasp. The result is that when a patient presents his complaints in our O P D., the co-relation of our theoretical knowledge of Materia Medica with the practical case before us, becomes difficult.

It is humanly impossible to memorise the myriad symptoms. Probably our task - not mere symptoms written on slides, but Audiovisual aids - could be simplified with the help of pictures, cartoons, and at times, even photographs of the patients. At the end of a drug-study, the lecturer could narrate some experiences with the drug, giving the characteristic symptoms which led to its selection. Narration of successes and failures, giving reasons in each case, as also limitations of the drug in certain conditions, again with reasons, would help towards better understanding of the remedies.

To facilitate the study of the Materia Medica, there should be greater student-teacher interaction, by way of group discussions and seminars. Interest in studying Materia Medica could be stimulated by brief Case Reports being put up on the Notice Board, calling for solutions. Full dress discussions of such cases at weekly meetings will add zest to the study. This type of "live" clinical experiences with various drugs, will make it easy for students to identify the remedy more and more easily, as time passes.

During the past few years, the one point which has impressed us most is the importance of strictly adhering to principles, as they alone stand us in good stead in the long run. A very competent Homoeopath, for whom we have great respect, has told us that in the matter of selecting a remedy for a case, adherence to a technique is more important than the ability to rattle off a prescription based on a few mugged-up characteristics or keynotes. The former method will rarely fail us, while the latter method will land us in trouble more often than not. The systematic procedure also builds up our knowledge of drugs, sometimes even their contradictory aspects. There-fore, while discussing cases, the students should be compelled to use the Repertory invariably.

One more thing. We continue to follow the Materia Medica based on the provings of Hahnemann, Kent, et al, provings carried out when the Homoeopathic science was still in its infancy. Could we not reprove the drugs for studying the pathological effects on blood, hormonal system, urine, metabolism, etc. in the light of our modern knowledge of medicine? Such provings may give us a deeper understanding of the efficacy of drugs. Could we not take an enthusiastic plunge into the field of Research? Could we not bury the difference amongst ourselves and strive together for a better understanding of the subject?

If all this be done, then our Materia Medica will undoubtedly come alive and remain imprinted on our minds for ever.

\* \* \* \* \*

## DR. SATYAVRATA SIDDHANTALANKAR'S HOMOEOPATHIC BOOKS.

- |  |                    |
|--|--------------------|
| 1. Homoeopathic Drug   | Rs.75/- (Hindi)    |
| 2. Rog Tatha Unki Homoeopathic Chikitsa                      | Rs.80/- (Hindi)    |
| 3. Fundamentals of Homoeopathy                               | Rs.30/- (Hindi)    |
| 4. From old age to youth                                     | Rs.40/- (Hindi)    |
| 5. Comparative chart of Biochemic Drugs                      | Rs.13/- (English)  |
| 6. First aid specifics to homoeopathic & Biochemic Treatment | Rs. 50/- (English) |
| 7. From old age to youth through Yoga                        | Rs.78/- (English)  |
| 8. Homoeopathy Ka Kha-Ga (A-B-C of Homoeopathy)              | Rs.54/- (Hindi)    |

Available from Vijay Krishna Lakhnani,  
W-77/A, Greater Kailash - I, New Delhi-11 00 48.

## THE TWELVE TISSUE - SALTS

Dr Kamal Kumar Sharma  
MRSH (Lon) MBH (UK)

## Their Place And Function In The Human Economy:

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| 1. CALC FLUOR<br>(Calcium Fluoride)   | 7. KALI SULPH<br>(Potassium Sulphate) |
| 2. CALC PHOS<br>(Calcium Phosphate)   | 8. MAG PHOS<br>(Magnesium Phosphate)  |
| 3. CALC SULPH<br>(Calcium Sulphate)   | 9. NAT MUR<br>(Sodium Chloride)       |
| 4. FERR PHOS<br>(Phosphate of Iron)   | 10. NAT PHOS<br>(Sodium Phosphate)    |
| 5. KALI MUR<br>(Potassium Chloride)   | 11. NAT SULPH<br>(Sodium Sulphate)    |
| 6. KALI PHOS<br>(Potassium Phosphate) | 12. SILICA<br>(Silicic Oxide)         |

In order to obtain the most satisfactory results from Dr Schuessler's Biochemic System of Medicine, one should first of all become acquainted with the tissue-salts individually. A knowledge of the properties and the field of action of each of these remedies will be found invaluable when the symptoms of any given case are being considered. In the following brief review, an attempt has been made to bring out the dominant characteristics of each of the tissue-salts and thus to make quicker and easier, the right choice of remedy.

## 1. CALC FLUOR (Calcium Fluoride)

Calc Flour gives to the tissues the quality of elasticity. It is a constituent of elastic tissues and is found in the walls of the blood vessels, in muscular tissue, in connective tissue, in the surface of bones and in the enamel of teeth. A deficiency of Calc Flour results in a loss of elasticity and consequent relaxed condition. Its main function is the preservation of the contractile power of elastic tissue. Whenever symptoms are traceable to a relaxed condition this tissue-salt is indicated e.g. piles, sluggish circulation, a tendency to cracks in the skin, notably in the palms of the hands and between the toes, etc. Calc Flour is also useful in

the treatment of diseases affecting the surface of the bones and joints and when the teeth become loose in their sockets and decay rapidly. The elasticity of muscular tissues and supporting membranes becomes impaired when this tissue-salt is deficient, resulting in muscular weakness, bearing-down pains, etc. The symptoms are generally worse in humid conditions and are relieved by massage and warmth.

## 2. CALC PHOS (Calcium Phosphate)

Calc Phos is the tissue-salt concerned with nutrition. It will assist the action of a more directly indicated tissue-salt and thus produce more rapid results. It promotes healthy cellular activity and restores tone to weakened organs and tissues. This tissue-salt is concerned with the formation of bone and teeth and becomes an important remedy for children. It aids growth and normal development and should be given in cases of backwardness: more particularly where there is bone weakness or rearing tooth troubles. Calc Phos is the biochemic remedy of rickets. It assists digestion and assimilation and favours the building up of sturdy, robust constitution. This is the remedy for the period of convalescence, its restorative power will speed up recovery and replenish the body's reserves of strength. Calc Phos is the tissue salt for blood poverty and conditions associated with imperfect circulation; in the anaemic states often seen in young girls, this remedy should be given. Calc Phos pains can be severe and "fixing" and they tend to be worse at night. There may be a creeping sensation of the skin, also numbness and coldness of the limbs. Calc Phos has always been prized as a restorative.

## 3. CALC SULPH (Calcium Sulphate)

Calc Sulph is a blood purifier and healer. It is found in the liver where it helps in the removal of waste products from the blood-stream and it has a cleansing & purifying influence throughout the system. Calc Sulph cleans out the accumulation of non-functional, organic matter in the tissues and 'causes' infiltrated parts to discharge their contents readily, throwing-off decaying organic matter, so that it may not lie dormant or slowly decay and thus injure the surrounding tissue.

Calc Sulph is indicated in conditions arising from impurities in the blood stream. It supplements the action of Kali Mur in the treatment of catarrh, acne, etc., and it should always be given when "pimples" occur in adolescence. It checks the weakening drain of suppuration too long continued, e.g. abscesses and wounds which will not heal readily and tend to become septic. If taken in the early stage, it will prevent a sore throat from developing and the same way, it will often cut

getting wet and are better in a warm, dry atmosphere.

#### 4. FERR PHOS (Phosphate of Iron)

**Ferr Phos** is the pre-eminent biochemic First-Aid. It is the Oxygen carrier. It enters into the composition of haemoglobin, the red colouring matter of the blood. It takes up Oxygen from the air inhaled by the lungs and carries it in the blood-stream to all parts of the body, thus helping the vital force that sustains life. It gives strength and toughness to the circular walls of the blood vessels, especially the arteries. Freely circulating, oxygen-rich blood is essential to health and life and for this reason, **Ferr Phos** should always be considered, as a supplementary remedy, no matter what other treatment may be indicated by the symptoms.

Congestion, inflammatory pain, high temperature, quickened pulse, all call for oxygen, and it is **Ferr Phos** that is the medium through which oxygen is taken up by the blood-stream and carried to the affected area. This tissue-salt can be given with advantage in the early stage of most acute disorders, and it should be administered at frequent intervals until the inflammatory symptoms subside. It is also indicated where there is a lack of red blood-corpuscles, as in anaemia, and as a first-aid remedy for haemorrhages. It would be difficult to find a case of illness where **Ferr Phos** could not be used to advantage irrespective of any other treatment that may be given. It is an excellent remedy for ailments associated with advancing years and it is one of the most frequently needed remedies in the treatment of children's ailments. Bleeding from wounds, cuts and abrasions can be controlled with a little powdered **Ferr Phos** applied direct to the injured parts. A few tablets may be crushed for this purpose or the tablets may be dissolved and used as a lotion (see directions, external applications). **Ferr Phos** should also be thought of as a first-aid in case of muscular strains, sprain, etc.

#### 5. KALI MUR (Potassium Chloride)

**Kali Mur** is the remedy for sluggish conditions. A deficiency of this tissue-salt causes fibrin to become non-functional, and to be thrown off in the form of thick, white discharges, giving rise to catarrhs and similar symptoms affecting the skin and mucous membranes. Its action is complementary to that of **Calc sulph** as both remedies are concerned with cleansing and purifying the blood. In conditions calling for **Kali Mur** the blood tends to thicken and to form clots. In alternation with **Ferr Phos** it is frequently needed for the treatment of children's ailments.

**Kali Mur** is the remedy for thick, white discharges. Other

stools (lack of bile). Torpidity of the liver is another indication. In alternation with **Ferr Phos** it is needed in the treatment of most inflammatory diseases, particularly those affecting the respiration - coughs, colds, sore throats, tonsillitis, bronchitis.; also for children's ailments such as measles and chicken pox and where there are soft swellings, e.g. mumps, croup, etc; **Kali Mur** is concerned with the production of saliva and is, therefore, important in the early stages of digestion. The symptoms may be worse after eating fatty or rich foods and there may be lack of appetite. Menstrual irregularities require a course of **Kali Mur**. This tissue-salt is useful as a first-aid for the treatment of burns.

#### 6. KALI PHOS (Potassium Phosphate)

**Kali Phos** is a nerve nutrient. It is the remedy for ailments of a truly nervous character. School children often need this tissue-salt; it helps to maintain a happy, contented disposition and sharpens the mental faculties. Early symptoms may be very slight, scarcely noticeable in fact, except to a mother's watchful eye. There may be fretfulness, ill-humour, bashfulness, timidity, laziness and similar indications; indeed any display of what is sometimes described as "tantrums" may be regarded as a **Kali Phos** symptom.

**Kali Phos** is the remedy for nervous headaches, nervous dyspepsia, sleeplessness, depression, languid weariness, lowered vitality, grumpiness and many other conditions which may be summed up in the modern colloquial phrase, "lack of pep". But do not regard **Kali Phos** as merely a pick-me-up; this tissue-salt is an important constituent of nervous tissue and consequently has a wide and powerful influence on the bodily functions. It covers those ailments comprehended by the term "nerves". **Kali Phos** is also indicated in the treatment of irritating skin ailments, such as shingles, to correct the underlying nervous condition. It is helpful for the breathing in nervous asthma. The symptoms are usually worse from mental and physical exertion and from cold. They are ameliorated by rest, warmth and sometimes by eating.

#### 7. KALI SULPH (Potassium Sulphate)

**Kali Sulph** works in conjunction with **Ferr Phos** as an oxygen-carrier. It assists in the exchange of oxygen from the blood-stream to the tissue-cells, thereby completing the respiratory process initiated by **Ferr Phos**. It has a beneficial effect on respiration and is indicated in those cases where there is a feeling of "stiffness" or desire for cool air. It is also the anti-friction salt ensuring the smooth working of all parts, thus acting in the manner of a lubricant.

**Kali Sulph** is indicated where there is a sticky, yellowish

TO DEAR BALLUBHAI

Jagdish Joshi

You had reached the soaring summit  
When my path had opened like a dream  
Quietly you came down to hold my hand  
With tender warmth that touched my heart

Your white dress radiated light of love  
Silence beamed at bottom of words  
Endlessly I wonder why do I write  
As you are mine in endearing kind

You possessed grace of a tall pinnacle  
As well tender flow of river quiet  
Amidst the wail of wild desire  
Above the mirage of its mindlessness

You created lovely lake of calm repose  
To sail across the destined path....

Translated from Gujarati by Dr Sarla Sonawala

\*\*\*\*\*

Late Shri B R Desai - Quiet And Serene

Mr S V Daftari

I met Late Shri B.R.Desai in 1953 immediately after his appointment as Principal of the Gokalibai High School, when I accompanied Prof Shri Vasant Upadhyoy to congratulate him. I was so much impressed with the way Shri Desai discussed the problems of the school and of education in general that I met him again and again and soon an intimate friendship developed.  
Late Shri B.R.Desai, tall, handsome and healthy, grey

Late Shri B R Desai:- Quiet & serene

37

forgotten by those who met him even once. He was a person of literary inclinations.

One could rarely find a dazzling blaze of outward glory in his life. His innate nature was to avoid any outward show. But his multifarious activities displayed his intense ability for quiet constructive work.

A person not intimately connected with Shri Desai, could well be baffled by the apparent paradoxes in his nature. He was a man of rare eloquence but few words, tender at heart but hard and harsh in meeting facts headlong, progressive in outlook but orthodox in faith, steadfast in his own views but lenient towards others' failings, exceedingly warm hearted but surprisingly aloof, serious of demeanor but witty in essence; and yet these seeming contradictions did not make of him a man of extremes, but rather a balanced person.

Shri Desai was born on September 18, 1908, in a family where education played a pivotal role. He was the youngest son in the family; his three brothers and one sister had also attained positions equally useful to society - a Headmaster, a chief Librarian, a Doctor and a Matron.

He came to inherit a deep love for education as a legacy from his father, Late Shri Ratanji Desai, who was a very progressive Headmaster. The old patriarch entertained high ideals of service and sacrifice and like many a freedom fighter of that era, he too courted arrest and was imprisoned during the Civil Disobedience Movement.

Ballubhai, as he was affectionately called, was so generously endowed with the faculties of clear and analytical thinking and a rare knack of taking the right decisions quickly and instinctively, that even the elders in the family consulted him in family and social matters.

During his student days, the call for Satyagraha proved too irresistible for him not to answer. He faced prison sentences twice, when his ability to put forth his case with lucidity and convincing logic, came to his aid. He was acquitted in the famous Salt Satyagraha of 1930. Again the Quit India Movement in 1942 could not restrain him and at 33, he plunged into it with indefatigable zeal. His nationalistic ideology invited the wrath of the Government and Management of the Sheth Anandilal Podar High School, where he had just started his career as a teacher, and they suspended him from service. But the affection and devotion shown by the students who revolted and demanded "We want B R Desai!" brought his qualities to the Management's realisation, and led to his reinstatement.

In Shri Desai's successful life, his wife Smt Manglaben played a great role. Though fragile in health, she never bothered her husband with her problems, but always tried to help

School. For full 17 years they were together, with Manglaben conducting a number of cultural activities, contributing to the success of the school.

Manglaben had lost her mother at the tender age of 4. Her father late Shri Shankarbai took his four daughters to the Gandhi Ashram at Sabarmati and served the cause of education under its guidance. Manglaben, along with the other children was brought up at the Ashram under the care of Mahatma Gandhi and Kasturba, till she was 13. And this inculcated in her the rare qualities of obedience, self-discipline, patriotism and devotion.

Shri Desai, himself a reformer married Manglaben. Shri Desai an Anavil Brahmin marrying a girl from a patidar family, broke the caste and family tradition.

Thus the tradition of his father and the legacy of Mahatma Gandhi brought in by Manglaben, made Shri Desai a perfect man who had loftiness of mind, delicacy of speech and simplicity of life. His deep knowledge of matters concerning education, as also his deep study of grant-in-aid codes, and other rules and regulations governing educational institutions, became an asset which went a long way to help these insititutions rise to a high standard.

The Smt G P P High School was in a bad state in the year 1953. The affairs were such that no Principal would hold on for more than a couple of years. At this juncture the management of the Vile Parle Kelavani Mandal requested Shri Rambhai, Principal of the Podar High School, to find an able man who could control the situation. Shri Desai started his career as Principal of the G P P High School and got connected with Shree Vile Parle Kelavani Mandal. He soon brought the situation under control and set the matters straight, with the result that the School progressed by leaps and bounds and became one of the top ranking schools in Bombay.

The S S C Board once directed that all students appearing for S S C, should be given forms for appearing at the Examination. This took away all powers and control from the heads of the Schools and it was likely to make the students indisciplined. Shri Desai fought out the case successfully at the Bombay High Court and the new restrictions on the Schools removed.

On his retirement 1973 form the G P P High School, a function was arranged to felicitate him. At this function many top level educationist addressed the gathering, Miss Panandikar, the Director of Education for the Maharashtra State, brought to light the rare qualities of Shri Desai showing how he had rose to this position steadily from an ordinary teacher.

In 1956 Shri Desai attended an Asian Educational Conference at Manila as a delegate appointed by the all India

Education Association.

At this time looking to his ability, good health and experience, Shri Vile Parle Kelavani Mandal created for him the post of Administrator. He worked at this post and the number of institutions under the Kelavani Mandal rose from a couple to nineteen in his span of 25 years, each a landmark in the educational field.

He rendered yeoman service to the teaching fraternity after joining the Head Master's Association, later called the Bombay Association of Heads of Secondary Schools. He continued to guide them till the last though he was not holding any post.

It would not be an exaggeration to say that there was no office in the Educational field which was not held by him and adorned, no committee connected with the teachers and headmasters associations and federation which he did not serve with credit and glory. Shri B R Desai devoted all his life to the cause of education and to the betterment of the lot of the teaching fraternity. His devotion to duty and his proficiency in his job made him a successful teacher, administrator and a leader in his own right. His remarkable grasp of important points, his eloquence and legal acumen always helped him tide over knotty problems.

As a mark of respect for his excellent work and in remembrance of his excellent services, a lecture series called B R Desai Foundation Lecture Series was established and is being continued.

Shri Desai leaves behind his wife, one son Rasendu who is working as an officer in the Central Bank, daughter Rekha and three grand-children. Both his son and daughter had intercaste marriage.

His third child and the most talented daughter Darshini died at a tender age of about 10 years; she had attained high proficiency in the art of dancing. In her memory an Inter School dancing competition is being arranged every year since 1961, and a rotating trophy is being given to the school showing the best performance in dancing.

It was in the morning of June 28, 1986 that the good Lord, having possibly either some administrative problems or with a view to educate his staff, whisked away Shri Desai from us. We pray to the Almighty that his soul may rest in peace and that his family members may have the strength to bear the irreparable loss, with fortitude.

Late Shri B R Desai

Mohan Patel  
F I E

In the passing away of Shri B R Desai, the Homoeopathic Education Society has lost a pillar and a source of strength. He served the Society for almost 15 years as its Hon Secretary and saw its progress from a very small diploma college institution to the present day one; which fulfills the educational needs of Homoeopathic education upto the degree level. Besides, over the years, many other facilities have been added on the campus, including a 100 bedded Shree Mumbadevi Homoeopathic Hospital, Dr Edal Behram Girl's Hostel, the Juhu Jagruti Auditorium, etc. There are plans to start a Juhu Jagruti Homoeopathic Research Centre, a Polyclinic, etc. All this has been possible due to the untiring efforts that Shri Desai put in during his term and the advice and guidance that he provided to the institution.

He was a life-long educationist, serving first as a teacher at the Podar School, Santacruz and then for 22 years as Principal of Smt G P P High School, Vile Parle. After retirement he offered honorary services to Shri Vile Parle Kelavani Mandal and worked as its Administrator.

He was held in high esteem by his colleagues in the profession and rendered his services to the cause of education as the President of the Maharashtra Head - Masters Association. In grateful thanks, his colleagues have instituted the famous B R Desai Foundation Lectures.

He was a man of simple habits, straight thinking and always acted without fear or favour. He would never compromise on principles.

Extremely efficient at his work, he knew the legislation connected with education inside out. In fact, his advice was sought many a time, by the Education Department of Maharashtra. He embodied in his person the enunciation of the Bhagwat Gita अज्ञानं कर्मसु कौशलम् ! He was really skillful at work.

B R Desai's demise is a personal loss to me; for in him I have lost a sincere friend, whose advice and guidance I always valued. He was a source of inspiration and strength in times of crisis.

# This is HOECHST in India!



Hoechst began operations in India in 1956 and has since emerged as a responsible corporate structure whose four pillars are its result oriented professionalism, its pursuit of excellence, its obsession with research, its high quality products. These, indeed, are the major objectives which Hoechst holds as its commitment to the country and its people.



Hoechst is pledged to follow Government policies. It proposes to invest, diversify and expand its operations to meet the needs of India. Hoechst believes that today's record is but tomorrow's standard. And tomorrow will be more challenging and surprising still. Specially, because Hoechst India Limited is already standing today at the gateway to tomorrow.

## Some outstanding features of Hoechst India Limited

### Basic Drugs

Hoechst manufactures Basic Drugs of outstanding therapeutic value such as furosemide (Lasix), anti-diabetics (Daonil and Rastinon), a plasma volume expander (Haemacel), to name a few.

### Pharmaceuticals

Hoechst formulates and markets an assortment of research based, efficacious, ethical medicines which are established brand leaders.

### Veterinary Products

Hoechst manufactures and markets a range of effective Veterinary specialities including the popular Foot and Mouth Disease Vaccine. A new addition is Panacur, the well known anthelmintic.

### Agrochemicals

Hoechst formulates and markets a group of versatile, highly successful Agrochemicals like Thiodan (Endosulfan), Arelon (Isoproturon) and Decis (Pyrethroid). After-sales service and technical education and advice to users are among the best in the country.

### Diagnostics

The future of medicine is diagnostic treatment. In this new area Hoechst and Behring market a wide range of Diagnostics which

saves cost of treatment and lives through earlier detection and correct diagnosis.

### Industrial Division

Hoechst markets chemical raw materials, intermediates, dyes/pigments, synthetic fibres, silicones and a host of other industrial products produced by Hoechst AG Germany and its associated companies to various sectors ranging from soft drink manufacture to the electronic industry and space technology.

### Quality Control and Assurance

Hoechst ensures High Quality Control standards conforming to the rigorous standards of Hoechst AG, Germany.

### Basic Research

Hoechst is one of the only three pharmaceutical companies to undertake Basic Research at an annual average cost of Rs. 3 crores. Several exciting new compounds with potential therapeutic value have reached the final stage.

### Exports

Hoechst is the leading exporter of pharmaceuticals in India. It has won several prestigious export awards. 1985 exports totalled nearly Rs. 23 crores.

Hoechst looks to the future with confidence and a sense of commitment.  
**HOECHST INDIA LIMITED** **Hoechst**  
Ahmedabad ■ Bombay ■ Calcutta ■ Delhi ■ Hyderabad ■ Lucknow ■ Madras ■ Patna

We've been growing in the  
midst of the most enviable brotherhood



The future has already begun.  
**Patel Extrusion Group**

Patel Vanika, Western Express Highway, Goregaon (East), Bombay 400 063  
• Collapsible Tubes • Rigid Containers • Aerosol Cans • Aluminium Sections/Profiles • Colour Cartons

1957-1982

## B R DESAI: A THORNBIRD OF LEGEND

Dr Sarla Sonawala

A bird of legend sings once in lifetime  
Sweeter than any other creature on earth  
From the moment it leaves its nest  
It searches for a thorn tree  
And rests not until finds one  
Singing among its savage branches  
It impales itself upon a sharpest spike  
And dying it rises above its own agony  
To outcord lark and nightingale  
One superlative song existence its price  
But the whole world stills to listen  
And Gods in heaven smile

(Adapted from "The Thornbirds")

B R Desai was such a thornbird, and his work was one superlative song! Neither amidst crowds, nor in limelight, he carefully kept away from the mirage of name and fame that lure thousands of mortals.

Tall and erect, with a sharp nose and a sweet smile, white hair at the top and whiter shoes below, his dark frame always clad in spotlessly white attire - the people of elite suburbs are fondly familiar with this graceful figure of a man known as B R Desai....!

Erect as he looked, he was, in true sense, a no-nonsense, one-piece person - with no joints of compromises born out of personal gains. One never heard him talk of his awards and achievements, or grumble with any dissatisfaction. Greed never touched him, envy kept away from him as he was bigger than both - "tall" in true sense!

B R Desai had a third eye to perceive indiscipline and laxity whenever and wherever existed. Endowed with an inborn faculty of analytic insight, he could straighten any problem in its minutest details. Hence his advice was sought often. Though youngest in the family, his brothers and sisters looked upon him as their mentor.

Steadfast and persistent, he could follow through and produce real end - results. His bilious irritability was an aid rather than encumbrance, his obstinacy was an added strength. Lest somewhat miser with money - born out of care and responsibility, he could be entirely trusted with vast public funds. An aristocratic miser as well as a benevolent dictator, *Lycopodium* - a Homoeopathic remedy was his forte! Had he chosen the profession of law, he would have turned out a brilliant barrister with full command of law and its loopholes!

Proudly a private person, he politely turned away from sympathy and verbose familiarity of personal talks - as much from hot sun that increased his biliousness. Emotionally intense and inward, my Homoeopathic eye discerned a *Natrum* sensitivity and touchiness underneath.

Tall and handsome with a ready smile to greet, innate sense of order and beauty - no scattered files but a neat bunch of red flowers on his table - his insistence on correct British English and a flair for literature - ah, he could be the most eligible candidate for *Phosphorus* - again a Homoeopathic remedy of mighty intellect and golden sensitivity!

Once upon a time-years before, I was in search of someone who could teach Shakespeare to my young growing daughter - now the editor of this Journal, Vishwajit Parthasarathy - so that her sensitivities could get enriched with subtle nuances of art and literature. In my far and wide search, I missed one source so near to us through my ignorance of that side of Sri B R Desai.

A man of elite eloquence but one who cared to listen, tender at heart but hardcore disciplinarian, intensely warm but proudly aloof, a stickler for rules yet tolerant of human frailties, serious in demeanour but witty in essence - B R Desai was a curious mixture of many Homoeopathic remedy - profiles - none contrary to the other.

Of course, an "English gentleman" to the core, B R Desai was a hard nut to crack. But once cracked, it was pure honey and no worms in it....!

\* \* \* \* \*

The ETERNAL LIFE is not the future life ;it is life in harmony with the true order of things -life on God. We must learn to look upon time as a movement of eternity, as an undulation in the ocean of being. To live, so as to keep this consciousness of ours in perpetual relation with the eternal, is to be wise; to live, is to personify and embody the eternal, is to be religious.

### PAREEK FOUNDATION FOR HOMOEOPATHIC RESEARCH

DR R S Pareek of Agra, chose the seminar as the podium to announce the establishment of the above Foundation in 1986. It was his long time ambition to contribute to the development of Scientific aspect of Applied Homoeopathy and thus in a way repay the debt he owed to the Science which gave him everything. His sole idea is to encourage the younger Homoeopaths to classical Hahnemanian Homoeopathy, of which today there is a dearth. By instituting the prestigious awards, Dr Pareek believes there is sure to develop a healthy competition and the result could be better teachers, better clinicians, better writers and better research workers in the field of Homoeopathy.

The foundation has instituted three Awards from 1987:

Dr Kirpal Singh Bakshi was the recipient of the first of those Awards of Rs 10,000/- (given at the Homoeopathic convention in Feb 1986) as a teacher of *Materia Medica*.

- INTERNATIONAL HAHNEMANN AWARD of Rs. 10,000/- and one Memento for the best Homoeopathic physician, which incorporates a Teacher, Practitioner who has rendered yeoman service to the cause of promoting Homoeopathy.
- INTERNATIONAL KENT AWARD of Rs 5,000/- and one Memento to the best writer of an original Homoeopathic text book.
- INTERNATIONAL HERING AWARD of Rs 5,000/- and one Memento to the best Research worker in Homoeopathy in the field of New provings and re-provings.

**CRITERIA FOR SELECTION OF AWARDEES:** An All India panel of experts will judge the work in different fields of Homoeopathy. Every year a National Scientific Convention on Homoeopathy will be held, at which the work done in the preceding year will be presented by the aspirants to the Awards. The panel of experts will judge and decide upon those selected for the Awards. The proceedings of the convention will be published in a Special Paper.

### AIMS & OBJECTS OF THE TRUST:

- To Promote Scientific status of Homoeopathy - via 3 Prestigious awards.
- Others: To hold Medical Seminars, honour Scientists and Research scholars; grant of aid to institutions for induction of new courses of studies in science, technology, medicine and especially Homoeopathy. To sponsor deserving students especially

for higher studies in Indian and foreign universities; to set up well-equipped laboratories and research centres; to extend financial aid to Hospitals, Welfare centres orphanages and widows' homes, to give medical relief to the poor and needy. To support other social objects like provision of drinking water etc. and to grant relief to those affected by natural calamities like flood, etc.

\* \* \* \* \*

### EDITOR INTERVIEWS DR BAKSHI

In an interview with the Editor, after the Pareek Foundation Award was presented to him on the occasion of the "Homoeopathic Convention - The Living Materia Medica", Dr Kirpal Singh Bakshi told of his conversion to Homoeopathy - which, like Hanhmemann, was from quinine to Homoeopathy. His wife developed malaria during her pregnancy, in which condition quinine (then the standard "cure" for malaria) would have acted as an abortifacient. The alternative was Homoeopathy, which cured the malaria. This was turning point which converted him to Homoeopathy. He gave up a lucrative, though uninteresting job, to study Homoeopathy. At the age of 32, despite family responsibilities, he joined the Calcutta Homoeopathic College and spent all his savings.

Now he has been practising for 36 odd years, and is known as the "Embodiment of Materia Medica."

As for the Award presented to him, Dr Bakshi felt that he had done nothing original and wondered how he is deserving of it. (What a humility!) He said that the amount of the Award will be used for starting a Charitable Dispensary after adding an equal amount.

\* \* \* \* \*

Contd. from pg. 35

discharge from the skin or mucous membrane, as in certain forms of catarrh. Eruptions on the skin and scalp, with scaling, call for this remedy and it helps to maintain the hair in a healthy state. Other symptoms include chilliness and shifting, fleeting pains. It is useful in the treatment of intestinal disorders and in inflammatory conditions to promote perspiration. The symptoms are generally worse in the evening, or in a closed, stuffy atmosphere, and are better in the fresh air.

### THE HOMOEOPATHIC EDUCATION SOCIETY

#### I Society News:

- 1. Acting Honorary Secretary:** Dr. D. T. Dave, a member of the Governing Council of the Society, was appointed acting Honorary Secretary in place of Shri B R Desai who expired on 28.6.1986.
- 2. Condolence Meeting:** was held on Saturday July 5th 1986 at 10 a.m. to mourn the sad demise of Shri B R Desai Honorary Secretary. President Shri M I Patel was in the chair. High tributes were paid by President Shri M I Patel, Dr D T Dave, principal Dr S S Kochhar, Dr A R Bhatia, Dr Sarla Sonawala and others.
- 3. Flag hoisting:** Function held on 15-8-1986. The members of the Governing Council of the Homoeopathic Education Society, the teachers and the students of the college, the Hospital and Hostel staff attended. Shri M I Patel, President hoisted the flag.

**II Hospital News:** A free diagnostic Eye Camp on June 30 and 31 1986. About 800 patients were examined by Dr Daljit Singh.

#### III College News

- 1. Admission for 1986:** 95 seats are filled up. The last student admitted on merit has 83.3% marks. The remaining seats are being filled up shortly.
- 2. New Appointments of Teaching Staff:**
  - a. Dr A S Dharap M S Assistant Professor Anatomy from 7-8-86
  - b. Dr C C Desai M B B S, D M S, M F HOM (LON) from 30-7-86
  - c. Dr N L Vaidya M D S Dental Surgeon from 15-7-86
- 3. Resignation:** Dr (Miss) R C Mehta, M B B S from 31-7-86
- 4. a) Academic Achievement:**

The University of Nagpur has conferred Ph D degree in Psychology (Faculty of Social Sciences) on Dr S S Kochhar, our Principal, for his thesis "Defense Mechanisms and Personality Dimensions" - work in clinical Psychology.

#### b) Conference Abroad:

- i) Dr F J Master presents a paper, in the September 86, 41st International Homoeopathic Conference in Brazil.
- ii) Dr R M Shah, our E N T Surgeon to attend the International Conference on "Controversies in Otolaryngology and Otonuro Surgery," in Sardinia, Italy.

**5. 130th Foundation Day of the University of Bombay:** celebrated by the college staff and students on 18.7.1986 by arranging an Extempore Elocution Competition. Miss Jyotsna Mishra I BHMS (Sr batch) student was the winner.

**6. Farewell function:** for Dr A R Bhatia, Ex-Principal, was held in the College on Monday July 14, 1986. Shri M I Patel, Homoeopathic Education Society presided.

## 7. Gymkhana Activities:

(a) The outgoing Gymkhana Committee of the College 1985-86 arranged a blood collection camp on July 24, 1986 in which our students took active part. 70 bottles of blood were collected and were donated to Dr R N Cooper Municipal General Hospital, Vile parle(W), Bombay 400 056.

(b) **Gymkhana Committee Elections:** held on 26th August 1986 with great zeal and enthusiasm among the students. The elected General Secretary- Miss Ruby John.

(c) **Teachers Day Eve:** celebrated by the Staff and students at the college on 4.9.1986. The teachers were felicitated and introduced to the batch of students; the Juniors were welcomed.

On behalf of the outgoing Committee (1985-86), the Vice President Dr G J Panchal, handed over the charge to the new committee for 1986-87, to Dr B M Jani the new Vice President. Dr S S Kochhar, the president of Gymkhana, administered the oath of office & Secrecy to the new committee.

A personality contest was held in which the Juniors participated. The packed hall enjoyed the pinching questions and the witty answers. Mr Sheel Sheth was declared the Freshy King and Miss Kavita Karmani the Freshy Queen. Our compliments to them.

\* \* \* \* \*

## WANTED FOR OUR 100 - BEDDED HOSPITAL

## 3 REGISTRARS

**Qualifications :** 4 year Diploma or Degree in Homoeopathy Homoeopathy recognised by the Central Council of Homoeopathy (with good academic record in H S C)

**Experience :** Minimum 1 years experience as House Physician - Surgeon in a recognised hospital.

**Salary Period.** 1300/- (fixed) with food and quarters. 2 years (renewable after completion of 1 year)

The candidates should apply to the undersigned before 30th October 1986. Candidates shall come for interviews at their own expenses.

Dr S S KOCHHAR  
Principal - Superintendent  
Smt C M P Homoeopathic Medical College  
& Shree Mumbadevi Homoeopathic Hospital

## COMING EVENTS

1. BRAZIL - A Seminar is being currently organised (Sept 8-12 1986) in HOMOEOPATHICA INTERNATIONAL RIO DE JANEIRO, XLI CONGRESSO DALIGA MEDICA. A number of Homoeopathic Physicians from India are attending this Seminar.

2. **October 5th and 6th, 1986 - Bombay:** A Seminar, "Two Days with Dr S P Dey" is being organised by the Homoeopathic Covention Committee ("Trailokya, 16th Road, Khar, Bombay, 52) at West End Hotel, (Near Bombay Hospital), Bombay 400 020. A legendary figure in West Bengal Homoeopathic Conferences, Dr Dey is the author of a number of instructive books on Homoeopathy, and is a master in the use of Nosodes. Fees Rs 250/-.

3. **October 24 - 26th, 1986 - Bombay :** A symposium, organised by the Institute of clinical Research (Dr M L Dhawale, Maneesha, 285/A, 5th Rd, Chembur Bombay - 400 071) at the IMA Hall, 16, Keshavrao Khadye Marg, Mahalaxmi, Bombay 400 034. Fees Rs. 300/- (students Rs 150/-). Case-material given to be worked out in Advance.

4. **November 22nd and 23rd, 1986 - Bangalore:** National Seminar on Homoeopathy organised by Indian Homoeopathic Medical League (contact: Dr B S Manjunath, Durga Homoeo Pharmacy, Balaji Complex, 125, Sultanpet, Bangalore, 560 053). Speakers include Dr Jugal Kishore, Dr B N Chakraborty, Dr R S Pareek, Dr R N Kapoor, etc. Delegates Fee: Rs 200/- (includes food and also lodging on first-come-first-served basis). Souvenir on Acute Prescribing.

5. **January 11th to 19th, 1987 - Pondicherry:** (Details given on pg in this Journal.

6. **George Vithoulkas-** in Bombay in January, 1987 - Details in the next issue.

## READERS' PAGE

A number of letters received from readers, as well as the compliments orally expressed to us, show that the last two issues of the Journal have been much appreciated by them. We thank them for this appreciation. We are also glad to report that our subscribers have almost doubled in the last few months. Advertisements are also increasing. We feel encouraged to assure our readers, that the Journal will rise in their estimation more and more.

SMT. CHANDABEN MOHANBHAI PATEL  
 HOMOEOPATHIC MEDICAL COLLEGE  
 Irla Society Road, Vile Parle(W), Bombay 400 056.

Applications are invited in prescribed form for the following posts.

**Professors (5)**  
 FT-3 Organon & Homoeopathic Philosophy, Materia Medica and Case taking & Repertorisation.  
 PT-1 Materia Medica.  
 CT-1 Medicine.

**Asst. Professors (5)**  
 FT-3 Surgical Therapeutics, Materia Medica and Pharmacy.  
 PT/CT-2 Medicine and Obst. & Gynaec.

**Lecturers (3)**  
 FT-2 Organon Philosophy, Case Taking & Repertorisation.  
 PT-1 Pathology.

**Jr. Lecturers (10)**  
 FT-10 Organon & Homoeopathic Philosophy, Materia Medica, Surgery, Pathology, Preventive and Social Medicine, Anatomy, Physiology, Pharmacy.

**SCALE OF PAY:**

**Professor: Full Time** - 1500-60-1800-100-2000-125/2-2500 plus D.A., C.L.A., and H.R.A. Starting T.E. Rs.3095/-.

**Part Time** - 750-1250  
**Contributory Teacher** - Rs.200/- to Rs.750/- depending upon the number of lectures per week.

**Asst. Professor: Full Time** - 1200-50-1300-60-1900 plus D.A., C.L.A., H.R.A. Starting T.E. Rs.2795/-.

**Part Time** - 600-950  
**Contributory Teacher** - Rs.200 to Rs.600 depending upon the number of lectures per week.

**Lecturers: Full Time** - 700-40-1100-50-1300-50-1600 plus D.A., C.L.A. and H.R.A. - Starting T.E. Rs.1899/-.

**Part Time** - 350-800  
**Contributory Teacher** - Rs.200 to 350 depending upon the number of lectures per week.

**Jr. Lecturers: Full Time** - 395-75-500-20-700-Ext-20-800 plus D.A., C.L.A. and H.R.A. Starting T.E. Rs.1205/-.

**QUALIFICATIONS:** As prescribed by the Central Council of Homoeopathy Regulations, 1983.

The prescribed application forms can be had from the college office.  
 The last date of receipt of application is 20-10-1986.

Dr S S Kochhar.  
 Principal.

Mother Tinctures & Dilutions

Nature has so many wonderful ways to say 'I love you'!  
 One of them is Homoeopathy -  
 a very scientific way to discover your Health.

Arnica Hair Oil  
 with Jabordndi



Arnica Shampoo  
 with extra conditioners

Homoeo Dental Creme  
 with Kreosotum & Hekilo Iava

\* Sunny is the Registered Trade Mark of

**Bakson Homoeo Pharmacy Pvt. Ltd.**

121, Okhla Industrial Area, New Delhi 110 020. Phone: 634175, 671981

We believe in the goodness of nature

WITH  
BEST  
COMPLIMENTS  
FROM

PHIROZE M. DASTOOR & CO  
ESTD 1904

\* OPHTHALMIC OPTICIANS \*  
\* CONTACT LENS CONSULTANTS \*

379, DR.D.N.ROAD, OPP. FLORA FOUNTAIN, FORT,  
BOMBAY 400 001, PHONES: 2048271,2047041

GURU ARJUN NIVAS, 53,S.V.ROAD, SANTA CRUZ (WEST),  
BOMBAY 400 054, PHONE: 6147028

TAHER MANSION, SHOP NO.2, NEPEAN SEA ROAD,  
BOMBAY 400 026, PHONE: 8224459,8125493

D/15,EMPIRE MAHAL, DR.AMBEDKAR ROAD,  
KHODADAD CIRCLE, DADAR (T.T.)  
BOMBAY 400014

## DIRECTORY OF HOMOEOPATHIC PHYSICIANS

The need for a comprehensive Directory of Homoeopathic Physicians is felt from time to time by Homoeopathic Journals like ours, by Patients who shift from one place to another, and even more pressingly by those Doctors in each Town, City or State who are keen on organising Study-Groups, Seminars or Conventions. The larger the number of Physicians who participate in Study-Groups, Seminars, etc. the more they add to their proficiency and success.

We request your co-operation by helping us to build up such a Directory. Just let us know the particulars (in the format given below) of every Homoeopathic Practitioner you know or have heard of. DO PLEASE HELP US TO HELP THE FORWARD-MARCH OF HOMOEOPATHY. ALL HOMOEOPATHIC COLLEGES: Send us XEROX copies (at our cost) of Name and Addresses of all past students.

Full Name:(Start with Surname): \_\_\_\_\_

Age : \_\_\_\_\_ Sex: M/F. \_\_\_\_\_ Qualifications. \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

% of Homoeopathic Practice \_\_\_\_\_

Full Name:(Start with Surname): \_\_\_\_\_

Age : \_\_\_\_\_ Sex: M/F. \_\_\_\_\_ Qualifications. \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

% of Homoeopathic Practice \_\_\_\_\_



**FRESH DOCTORS !! STUDENTS !!**

- IS ALLOPATHY ENTICING YOU AWAY FROM HOMOEOPATHY ?
- DO YOU THINK HOMOEOPATHY IS TOO Difficult TO PUT INTO PRACTICE ??

**DON'T FALL INTO THIS TRAP !!**

**INSTEAD, CONTACT US**

We have successfully conducted series of courses for young Doctors and students. In addition to the theoretical aspects, experienced Doctors will guide you as to how to put theory into practice successfully. You can also see these Doctors at work.

**PROGRAMME for JULY/AUGUST/SEPTEMBER/OCTOBER**

**DISPENSER'S COURSE FOR COMPOUNDERS**

(We have very interesting offers for Homoeopathic Doctors who want to employ compounders.)

**PROGRAMME For NOVEMBER-DECEMBER 1986**

**STUDY OF HOMOEOPATHIC MATERIA MEDICA**

**WE ALSO HAVE KENT'S ENTIRE REPERTORY ON COMPUTER**

For details :

Dr. Jawahar J. Shah,

**BECK & KOLL Laboratories Pvt. Ltd.**

**Computerised Research & Development Centre**

"ARUN" Building, Jn. of 6th & 7th Road, Santacruz (E), BOMBAY-400 055  
Tel. : 6 1 2 3 5 6 8

**DR. SUBODH MEHTA MEDICAL CENTRE**

"Trailokya", 16th Road, Khar, Bombay 400 052

**OUR CONTRIBUTION TO THE PROGRESS OF HOMOEOPATHY**

1. Treating nearly 300 patients per day in our Homoeopathic O. P. D. at nominal charges.
2. Providing practical training to L. C. E. H. Doctors.
3. Conducting courses in Homoeopathy for Medicos of other systems of medicine (new batches every three months) in
  - (a) "Introduction to Homoeopathic Prescribing".
  - (b) "Homoeopathic Materia Medica".
  - (c) "How to Use the Repertory".
  - (d) "Clinical Training".
4. Study cum Research wing for widening the horizon of Homoeopathy in following sections :  
Asthma - Diabetes - Hypertension - Child Guidance -  
Proctology - Leucoderma.

\*  
CADAT, the fully computerised Repertory (based on Kent's Repertory),  
Universally matched to suit any computer system available.  
\*  
Published By Homoeopathic Education Society, Vile Parle (West), Bombay-400 056

**CLASSIFIEDS**

Here is a facility which enables you to convey your message in a few words at minimum cost to the Homoeopathic world !

**Advertise your message in Classifieds in IJHM:**

- WANTED:** Locums, Assistants, Consulting rooms, etc.  
**CHANGE OF ADDRESS and/or TIMINGS:** Dispensary furniture, instruments, medical supplies, medical books/magazines, etc etc.  
**BUY or SELL:** Only for Medicos. (And such other needs).  
**MATRIMONIAL:** Only for Medicos. (And such other needs).  
**RATE:** Rs 40/- for a maximum of 15 words, with Rs 3/- for every additional word.

Advt matter must be accompanied by Cheque on Bombay Bank Account or a D. D. and should reach us one month before publication of each issue, i e on or before 1st of March, 1st of June, 1st of Sept or 1st of Dec.

**MAIL TO:** CLASSIFIEDS  
INDIAN JOURNAL OF HOMOEOPATHIC MEDICINE  
Irla Society Road, Vile Parle (W)  
Bombay 400-056  
India

**NOTICE:**

In 1987: Two issues will be devoted to

1. FIFTY MILLESIMAL POTENCY and
2. HOMOEOPATHY AND HEART DISEASE

Please send us your experiences by the end of February 1987.

INDIAN JOURNAL OF HOMOEOPATHIC MEDICINE  
Irla Society Road, Vile Parle (W)  
Bombay 400 056

EDITOR-IN-CHIEF :Dr (Mrs) Vishpala Parthasarathy LCEH  
ASSISTANT EDITOR :Dr (Miss) Archana C Maniar LCEH

EDITORIAL BOARD

Planning & Designing :Dr Sarla Sonawala BA DMS DF (Lond)  
Publicity & Advertising :Dr Farokh J Master LCEH  
Research & Development :Dr Anil R Bhatia B Sc DMS DF MBS  
Student Editor :Dr Vijay Vaishnav  
Members :Dr R Kapadia, Mr G Wankadia,  
Miss Z Colabawala  
Organising Secretary :Mr S M Gunavante  
Co-ordinator :Mr R C Dalal B A  
Honorary Advisor :Dr K N Kasad MBBS MF Hom (Lond)  
Publisher :Homoeopathic Education Society

\* \* \* \* \*

DR. SATYAVRATA SIDDHANTALANKAR'S  
HOMOEOPATHIC BOOKS.

- |  |                |
|--|----------------|
| 1. Homoeopathic Drug   | Rupees         |
| 2. Rog Tatha Unki Homoeopathic Chikitsa                      | 75/- (Hindi)   |
| 3. Fundamentals of Homoeopathy                               | 80/- (Hindi)   |
| 4. From old age to youth                                     | 30/- (Hindi)   |
| 5. Comparative chart of Biochemic Drugs                      | 40/- (Hindi)   |
| 6. First aid specifics to homoeopathic & Biochemic Treatment | 13/- (English) |
| 7. From old age to youth through Yoga                        | 50/- (English) |
| 8. Homoeopathy Ka Kha-Ga (A-B-C of Homoeopathy)              | 78/- (English) |
|  | 54/- (Hindi)   |

Available from VIJAY KRISHN LAKHANPAL  
W-77/A, Greater Kaillash - I, New Delhi-11 00 48.

(ADVT.)

INDIAN JOURNAL OF HOMOEOPATHIC MEDICINE

Published By: HOMOEOPATHIC EDUCATION SOCIETY.  
Irla Society Road, Vile Parle (W), Bombay 400 056 INDIA.

VOL 21

OCTOBER - DECEMBER 1986

NO 4

SR No.

C O N T E N T S

PAGE

- |  |                    |    |
|--|--------------------|----|
| 1. EDITORIAL   | DR V PARTHASARATHY | 7  |
| 2. THE CASE AGAINST IMMUNISATION(Excerpts)                                 | DR R MOSKOWITZ     | 10 |
| 3. FACTS ABOUT AIDS  |                    | 15 |
| 4. HOMOEOPROPHYLAXIS - TESTIMONY FROM MASTERS                              |                    | 18 |
| 5. VIRAL DISEASES IN HOMOEOPATHY   | DR R S PAREEK      | 21 |
| 6. REPORT ON BRAZIL CONGRESS OF LIGA BOTHROPS LANCEOLATUS - CLINICAL STUDY | DR FAROKH MASTER   | 27 |
| 7. Reprint - Old Masters: AGARICUS MUSCARIS                                | -DO-               | 31 |
| 8. -do- REPERTORIAL PICTURE  | DR D M GIBSON      | 34 |
| 9. -do- CASES  | MR S M GUNAVANTE   | 37 |
| 10. Layman Section   |                    | 40 |
| 11. BLACK EYE OF BOXER   | DR SARLA SONAWALA  | 42 |
| 12. 12 TISSUE SALTS  | DR KAMAL K SHARMA  | 43 |
| 13. Student Section  |                    | 46 |
| 14. CROSSWORD  | DR RUPAL KAPADIA   | 46 |
| 15. Book Reviews of:   |                    | 50 |
| 16. i) CATHARINE COULTER   | DR SARLA SONAWALA  | 51 |
| 17. ii) DR ANTON JAISURYA  | MR S M GUNAVANTE   | 53 |
| 18. READER'S PAGE  |                    | 55 |
| COMING EVENTS  |                    | 56 |
| HOMOEOPATHIC EDUCATION SOCIETY NEWS  |                    | 57 |
| INDEX FOR 1986   |                    |    |

HAPPY NEW YEAR

ENJOY READING THIS

60 PAGE BUMPER ISSUE

## SUBSCRIPTIONS

The Journal is published quarterly. Subscriptions should be sent to the Indian Journal of Homoeopathic Medicine, Smt C M P Homoeopathic Medical College, Irla Society Road, Vile Parle (West), Bombay - 400 056.

## Rates:

	<u>1 year</u>	<u>3 years</u>	<u>5 years</u>
INDIA:			
Students	Rs 40	Rs 100	Rs 150
Foreign (by air)	Rs 20 (Enclose XEROX of I D Card)		
	\$ 18 £ 14	\$ 45 £ 35	

## GUIDELINES FOR AUTHORS

The Journal invites articles, book-reviews and letters to the Editor. Only original manuscripts will be considered. The Editor reserves the right to edit and re-write all manuscripts, and to reject any without assigning any reason.

All manuscripts must be typed and double-spaced on white 8 x 12 inch paper with full one inch margins on all sides. On the first page give only the title, author's name, recognised degrees, address and designation.

Side headings are to be used throughout. Only two types of headings to be used:

- (i) Capitals
  - (ii) Small and underlined with capital only for first letter.
- Within the article words with special emphasis to be underlined. Restrict these to a few.

Illustrations, tables, drawings to be given separately, in black ink. In size: width 5" and in length maximum 7 1/2" with proper reference in the text. Photographs should be on glossy paper in Black & White. Reference: give alphabetically with abbreviations and in smaller type.

The length of article can vary; however, in general, it should not exceed 3,000 words. Authors are fully responsible for the accuracy of quotations, reference and data submitted. Reprints of published articles should be requested when the article is submitted. The author will pay for all reprints based on current printing costs.

The opinions, statements and conclusions expressed by an author are his own and do not necessarily reflect those of the Editor of the Indian Journal of Homoeopathic Medicine.

All articles and correspondence should be mailed to Mr R C Dalal, and given in duplicate at the above address.

\* \* \* \* \*

## EDITORIAL

## THE AIDS TERROR - A LESSON TO LEARN

Yesterday the sensation was bacteria; today it is virus; tomorrow yet something new. But Hahnemann's doctrine remains the same and will continue to be so till natural laws prevail. And what is the AIDS menace, if not an integral part of Miasma?

AIDS - Acquired Immune Deficiency Syndrome - has created terror all over the world, and the medical world as well. Since time immemorial scourges like the Plague, Cholera, Typhus, Diphtheria, Small-pox and such others have ravaged human populations. Cancer and recently AIDS number One

U S Public Health Service has given AIDS number One priority, to direct research towards its solution, prevention and cure. The disease has invaded other countries too and has also stretched its menace to India. When the whole medical world is engaged in eradicating this hydra-headed disease, we Homoeopaths should closely examine the issues involved to draw the right lessons, for the benefit of all who care to heed them.

"Kill the germs and cure the patient" is the Allopathic dictum which governs all their research activities. Homoeopathy regards this dictum as the actual reverse of the factual situation. In the Homoeopathic view "Soil precedes the germs". Heredity and environment (including nutrition, hygiene, physical and mental (emotional) stress, and more specifically the insult and trauma arising from the abuse of drugs, inoculations and avoidable surgery combine to provide the fertile "Soil" in which alone the "seeds" of microbes can thrive.

Hahnemann goes a step further - ahead of his times - to recognise the Vital Force or Principle that animates the material body and retains all parts of the organism in harmonious operation. Conversely, it is this self-acting Vital Principle everywhere present in the organism, that is primarily deranged, when overcome by the dynamic influence of a morbid agent inimical to life. If the term "Vital force" be replaced by "Immune System," one cannot help admiring Hahnemann's far-sightedness, long before modern medicine ever recognised the immune mechanism.

Is Immune Deficiency limited to AIDS alone? Is it not compromised and deranged in every other chronic ailment? As long as medical science aims at destroying the germs by

antibiotics or by creating antibodies against specific antigens by employing artificial vaccines and inoculations, all attempts at strengthening immunity will prove futile. Rather, the abuse of drugs may weaken the resources of resistance against disease. This issue of inoculations has been thoroughly examined by Dr Richard Moskowitz, excerpts from whose monogram on this subject have been given in the next article.

Susceptibility, which is a synonym for immunity, is the power of the organism to react to the stimuli - toxic or remedial. As far as the therapy seeks to preserve this susceptibility, health is restored. To use "remedial" agents blatantly in such a manner, form or quantity as to impair or destroy the power of the organism to react to stimuli, is to align ourselves with the forces of death and disintegration. This is the gist of Dr Stuart Close's remarks on conserving susceptibility.

AIDS is no exception to the law, and hence may be the inevitable outcome of suppressive measures like antibiotics, steroids and chemo-therapy. Even the vaccines confer only spurious immunity at higher cost of impairing natural susceptibility of the organism.

The successful treatment of any disease - more specifically AIDS - consists in conserving and utilising the natural resources of the living organism. This can be achieved by adjusting both the remedy as well as the dose, to the need of the organism so that the susceptibility is satisfied, and equilibrium or health restored. Thus the quantity of action necessary to effect any change in nature is "the most similar remedy and the minimum dose" as a catalytic agent.

Modern medicine totally violates this law, and contaminates the entire organism by setting up a morbid condition instead of a healthy one. This process repeated time and again leads to "blanket" suppression of the immune system, and finally to AIDS - if superimposed by sexual misadventures - and other chronic ailments that end with death.

In its stead, Homoeopathic similimum - minimum and potentised - seeks to satisfy the morbid susceptibility upto its need and thus confers a true immunity that promotes health and harmony.

#### CONCLUSION:

AIDS, like other chronic diseases, is the culmination of a series of suppressive drugs which, unwittingly, though, outrageously destroy the immune system. That primarily provides fertile soil-yet latent - for the dreaded virus; and homosexuality and other factors merely trigger off the explosion.

1. The best means of prevention should be: Scrupulous avoidance of perverse sexual relations, especially homosexuality.
2. Avoidance of all suppressive medications right from the childhood.
3. Treatment of AIDS Related Complex (ARC) Symptoms, with homoeopathic remedies - acute as well as constitutional ones. The Nosodes figure prominently in the course of treatment along with the constitutional remedies. At the Brazil Congress of LIGA in Sept. '86, Dr Francise Trotte Filho of Brazil, suggested **Sulphur, Vanadium, Phytolacca, Silicea, Psorinum, Hepar Sulph, China, Medorrhinum** and **Syphilitum** as possible remedies for AIDS.

We appeal to our Homoeopathic brethren to apply Homoeopathic treatment - prophylactic and curative - in their practice and report results of successes as well as failures, to enable us to make assessment of the efficacy of our science. As this is the only way to build up public opinion in favour of Homoeopathy, it becomes a duty we owe to our Science as well as the suffering mankind.

#### References for further reading:

1. "Immunology and Homoeopathy", a chapter in Dr S P Dey's book "Essentials of Principles and Practice of Homoeopathy."
2. Dr J Crompton Burnett's "Vaccinosis and Thuja".
3. Dr Stuart Close, Genius of Homoeopathy - Chapter on "Susceptibility, Reaction and Immunity."
4. Dr Richard Moskowitz "The Case against Immunisation."

\* \* \* \* \*

#### SPOT THE REMEDY!

**Case 1 :** Male Child, lean and active. Right leg lame from Polio. H/o Dentition diarrhoea. Several bleeding warts on nape of neck, since last four months. Wants to be warmly covered even during moderate climate. Likes salted biscuits more than sweet, which he does not even touch.

Mr S M Gunavante  
Answer on pg. 33

THE CASE AGAINST IMMUNISATION\*  
Excerpts from the original article by

Dr Richard Moskowitz - MD

In his well documented and detailed article, "The Case against Immunisation", Dr Moskowitz examines the issue under a number of heads. We can only give important excerpts from that article (which is reproduced in full in the "Hahnemannian Gleanings" of November, 1985). The points sharply brought out by Dr Moskowitz are:

1. The customary assumption that the decline in the incidence and severity of the natural infections is **attributable** to the vaccines remains unproven, and continues to be seriously questioned by eminent authorities in the field.... This is true not only of whooping cough, diphtheria and tetanus, but also of T B, Cholera, Typhoid and other common scourges of a bygone era, which began to disappear toward the end of the nineteenth century, perhaps partly in response to improvements in public health and sanitation, but in any case long before antibiotics, vaccines or any specific medical measures designed to eradicate them.

2. The disturbing possibility is that the vaccines act in some other way than by producing a genuine immunity. This is suggested by the fact that the diseases in question have continued to break out even in highly immunised populations, and that in such cases the observed differences in incidence and severity between immunised and non-immunised persons have tended to be far less dramatic than expected.

3. The peak incidence of these essentially childhood infections is now occurring in adolescents and young adults, the groups which tolerate the diseases much less well. Result: the risk of pneumonia and liver abnormalities has actually increased substantially.

4. The simplest way to explain these discrepancies would be to postulate that the vaccines confer only partial or temporary immunity, as the bacteria or bacterial proteins that have been

\* Excerpts taken from the Journal of American Institute of Homoeopathy, March, 1983.

killed or denatured by heat can still elicit an antibody response but no longer initiate the full-blown disease. This artificial immunity "wears off" quite easily, and even requires additional "booster" doses at intervals throughout life. The basic fallacy inherent in this is painfully evident from the fact that there is no way to know how long this partial or temporary immunity will last in any given individual.

The vaccines do not act merely by producing pale or mild copies of the original disease; they also commonly produce a variety of symptoms of their own. In some cases these illnesses may be considerably more serious than the original diseases, involving deeper structures, more vital organs, and with less of a tendency to resolve spontaneously. The most unfortunate aspect is that they are almost always more difficult to recognise. Dr Moskowitz cites cases of "atypical" mumps and measles, which were difficult to diagnose and much more severe than the regular kind - and this in supposedly immune school-children. These instances make it very difficult for us to believe that vaccines produce a normal, healthy immunity that lasts for some time but then wears off, leaving the patient miraculously unharmed and unaffected by the experience.

6. It is exactly opposite of truth to claim that a vaccine makes us "immune" or "**protects**" us against an acute disease; in fact, it only drives the disease deeper into the interior and causes us to harbour it **chronically**, with the result that our responses to it become progressively weaker, and show less and less tendency to heal or resolve spontaneously.

Let us consider in detail the process of falling ill with and recovering from a typical acute disease, such as measles, in contrast with what we can observe following the administration of the measles vaccine. Measles is primarily a virus of the respiratory tract contracted by contact with infected droplets in the air. On inhalation, the virus undergoes a long period of silent multiplication in tonsils, adenoids and tissues of the nasopharynx; later in the lymph nodes of the spleen, the liver, days later, it passes into the blood and the "visceral" organs of the thymus, the bone marrow and the "incubation" period, of 10 to 14 days, the patient usually feels quite well. By the time the first immune system. Throughout this "incubation" period, of 10 to 14 days, the patient usually feels quite well. By the time the first symptoms appear, circulating antibodies are already detectable in the blood, and the height of the symptomatology coincides with the peak of the antibody response. The "illness" is simply eliminated by sneezing and coughing, ie via the same route through which it entered in the first place. Thus, the process of

**mounting** an acute illness like the measles, no less than recovering from it, involves a general mobilisation of the entire immune system, including inflammation of the previously sensitised tissues at the portal of entry, activation of leukocytes and macrophages, liberation of the serum complement system, and a host of other mechanisms, of which the production of circulating antibodies is only one, and by no means the most important.

Such illnesses are in fact the decisive experience in the normal physiologic maturation of the immune system in the life of a healthy child. Not only will the child who recovers from the measles never again be susceptible to it; such an experience also cannot fail to prepare the individual to respond even more promptly and effectively to **any** infections he may acquire in the future. The ability to mount a vigorous acute response to organisms of this type must therefore be reckoned among the most fundamental requirements of general health and well-being.

7. In contrast, when an artificially attenuated virus such as measles is injected directly into the blood, by-passing the normal portal of entry, at most a brief inflammatory reaction may be noted at the injection site, or in the regional lymph nodes; but there is no "incubation period" of the local contact at the normal portal of entry, and consequently very little possibility of eliminating the virus via the same route.

The virus has been artificially attenuated, so that it will no longer initiate a generalised inflammatory response, or indeed any of the non-specific defence mechanisms that help us to respond to infection generally. By placing the virus directly into the blood, and giving it free and immediate access to the major immune organs and tissues, without any obvious way of getting rid of it, we have merely facilitated the production of antibodies in the blood, without any generalised inflammatory response, or any noticeable improvement in the general health of the organism.

The price that we pay for these antibodies is the persistence of virus elements in the blood for prolonged periods of time, perhaps permanently, which in turn presupposes systematic weakening of our ability to mount an effective response not only to measles, but also to other acute infections as well.

Far from producing a genuine immunity, then, the vaccines may act by actually interfering with or **suppressing** the immune response as a whole, in much the same way that radiation, chemotherapy and corticosteroids and other anti-inflammatory drugs do.

8. Artificial immunisation focuses on **antibody production**,

which is but a single aspect of the immune process, and disarticulates it and allows it to stand for the whole, in much the same way a chemical suppression of an elevated blood pressure is accepted as a valid substitute for a genuine **cure** of the patient whose blood pressure has risen. Worst of all, by making it difficult or impossible to mount a vigorous, acute response to infection, artificial immunisation substitutes for it a much weaker, **chronic** response, with little or no tendency to heal spontaneously.

9. It has long been known that live viruses are capable of surviving or remaining latent within the host cells for years without continually provoking acute disease. Latent viruses of this type have already been implicated in three distinct types of chronic disease, viz., (i) **recurrent or episodic** acute diseases, such as herpes, shingles, warts, etc.; (ii) "slow-virus" diseases, i.e. subacute or chronic, progressive, often fatal conditions, such as Kuru, Creutzfeldt-Jakob disease, Subacute Sclerosing Panencephalitis (SSPE), and possibly Guillain-Barre syndrome; and (iii) tumours, both benign and malignant. In any case, the latent virus survives as a clearly "foreign" element within the cell, which means that the immune system must continue to try to make antibodies against it, in so far as it can still respond to it at all. Because the virus is now permanently incorporated within the genetic material of the cell, these antibodies will now have to be directed against the cell itself. This situation cannot fail to provoke **auto-immune** phenomena. Since routine vaccination introduces live viruses and other highly antigenic material into the blood, it is difficult to escape the conclusion that a significant harvest of auto-immune diseases must automatically result.

10. Sir Macfarlane Burnett has observed that the components of the immune-system all function as if they were collectively designed to help the organism to discriminate "self" from "non-self", as exemplified by the rejection of transplanted tissues. Therefore, latent viruses, auto-immune phenomena and cancer would all seem to represent different aspects of the same basic dilemma, which the immune system can neither escape nor resolve. All of them presuppose a certain degree of **chronic immune failure**, a state in which it becomes difficult or impossible for the body either to recognise its own cells as unambiguously its own, or to eliminate its parasites as unequivocally foreign.

With the virus succeeding in attaining a state of latency within the cell, the antibody response would wane, both because circulating antibodies cannot normally cross the cell membrane,

and because they are also powerful immuno-suppressive agents in their own right. The effect will thereafter be mainly to keep the virus **within** the cell, and prevent any acute inflammatory response, until under accumulated stress, this precarious balance breaks down, antibodies begin to be produced in large quantities against the cells themselves, and frank auto-immune phenomena of necrosis and tissue destruction supervene. Latent viruses, in this sense, are like biological "time bombs," set to explode at an indeterminate time in the future.

11. Tumour formation could thus be understood as simply a more advanced stage of chronic immune failure. Eventually, under stress of this magnitude, the auto-immune mechanism could easily break down to the point that the chronically infected and genetically transformed cells, no longer clearly "self" or "non-self", begin to free themselves from the normal restraints of "histocompatibility" within the architecture of their surrounding cells, and begin to multiply autonomously at their expense. A tumour could then be "benign" if strictly localised and "malignant" if it begins to spread to other cell types, tissues and organs.

12. By artificial immunisation we thus appear to be trading off our acute epidemic diseases of the past century (wild-type) for the weaker and far less curable chronic diseases of the present. In doing so, we have also opened up limitless evolutionary possibilities for the future of ongoing **in vivo** genetic recombination within the cells of the race.

Therefore, the greatest favour we could do for our children would be to expose them all to the infections when they are young, which would not only protect them against more serious forms of these diseases when they grow older, but would assist their immunological maturation with minimal risk.

\* \* \* \* \*

### SPOT THE REMEDY!

Case 2 : Bottle fed baby, one year old. Eruptions on face; itching till it bleeds. Hard knotty stools. Bites shoe-strings, mud, etc. Does not like to be covered.

Mr S M Gunavante

Answer on pg.33

## FACTS ABOUT AIDS\*

**What is AIDS ?** AIDS is a serious condition characterised by a defect in natural immunity against disease. People with AIDS are vulnerable to serious illnesses, which would not be a threat to anyone whose immune system is functioning normally. Such illnesses are referred to as "opportunistic" infections or diseases. A few major "opportunistic" complications are:

- (1) Bacterial: Mycobacterium avium - intracellular infections.
- (2) Fungal : Candidiasis of mouth and esophagus.
- (3) Protozoal: Pneumocystis carinii - Toxoplasma gondii - Diarrhoea due to Cryptosporidia species.
- (4) Viral: Cytomegalovirus infections; Herpes simplex; Localised Herpes Zoster. Varicella Zoster.

**What causes AIDS ?** The virus that causes AIDS is called human T-lymphotropic virus, type III (HTLV-III); or AIDS related virus (ARV). Infection may not be immediate. Most infected persons remain in good health; others may develop illness varying in severity from mild to extremely serious.

**What are its symptoms ?** Tiredness, fever, loss of appetite and weight, diarrhoea, night sweats, and swollen glands (lymphnodes) - usually in the neck, armpits or groin. Anyone with these symptoms which continue for more than two weeks should see a doctor.

**Who gets Aids ?** (i) Sexually active homosexual and bisexual men with multiple partners. (ii) Present or past abusers of intravenous drugs, who use unsterilised needles. (iii) Persons with haemophilia or other coagulation disorders. (iv) Heterosexual contacts of someone with AIDS or at risk for AIDS. (v) Persons who have had transfusions with blood or blood products. (vi) Infants and children who have developed AIDS may have been exposed to HTLV-III before or during birth, or shortly thereafter.

**How contagious is AIDS ?** -Casual contact with AIDS patients, or those "at risk", does not place others at risk. Although AIDS virus has been found in saliva and tears, no cases of transmission

\* Published by US Department of Health and Human Services.

from exposure to these has been found. However, care should be taken when handling blood and tissue samples of patients at risk.

**Incubation period:** The time between infection and the onset of symptoms seems to range from about 6 months to 5 years and possibly longer.  
NOT EVERYONE EXPOSED TO THE VIRUS DEVELOPS AIDS.

**How is AIDS diagnosed?** The presence of opportunistic diseases plus a positive test for antibodies to HTLV-III can be a positive diagnosis. There is no single TEST for diagnosing AIDS. Presence of HTLV-III antibodies means that the person has been infected with the AIDS virus; it does not tell whether he is still infected. ELISA (Enzyme linked Immunosorbent Assay Test, which indicates the presence of antibodies. More refined than ELISA (which may send false alarms) is the Immunofluorescence Test, which identifies AIDS antibodies.

**What are some of the diseases affecting AIDS patients?** About 85% of the AIDS patients studied have had one or both of two rare diseases: **Pneumocystis carinii** pneumonia (PCP), a parasitic infection of the lungs; and a type of cancer known as **Kaposi's Sarcoma** (KS). KS usually occurs anywhere on the surface of the skin or in the mouth. In early stages, it may look like a bruise or blue-violet or brownish spot. The spot or spots persist, and may grow larger. KS may spread to, or appear in, other organs of the body. PCP has symptoms similar to any other form of severe pneumonia especially cough, fever, and difficulty in breathing. Other opportunistic infections include unusually severe infections with yeast, cytomegalovirus, herpesvirus, and parasites such as **Toxoplasma** or **Cryptosporidia**. Milder infections with these organisms do not suggest immune deficiency.

**Is there a danger from donating Blood?** No. Blood collection centres use sterile equipment and disposable needles.

**What is AIDS related Complex?** Most people develop a seemingly peaceful coexistence with the virus. They have no symptoms at all or very minimal symptoms, but they have persistent infection and are probably persistently infectious to others. Another group suffers a mild version of immune-system depression, with symptoms that include malaise, weight loss, chills, fevers and swollen lymph nodes, persistent night sweats, diarrhoea.

This syndrome, called AIDS-RELATED COMPLEX, or ARC, (or Pre-AIDS) sometimes but not always develops into full-blown AIDS. Oral candidiasis or leukoplakic changes of tongue suggest overt AIDS in a year or so.

**Can AIDS be prevented?** Yes, There is no vaccine for AIDS itself. However, individuals can reduce their risk of contracting AIDS by following existing recommendations, viz. (i) Do not have sexual contact with persons known or suspected of having AIDS. (ii) Do not have sex with multiple partners, or with persons who have had multiple partners. (iii) Persons who are at increased risk for having AIDS should not donate blood. (iv) Don't abuse Intravenous drugs; if you use them, don't share needles or syringes (boiling is no guarantee of sterility). (v) Don't use inhalent nitrites (poppers). Their role as a cofactor for KS is being investigated.

**The nature of AIDS Virus:** The discovery of this virus came much sooner than anyone could have expected. The virus launches a direct attack on helper T cells (or T lymphocytes as they are also known), invading them in much the same way that the hepatitis virus homes in on cells in the liver. Once ensconced in the T cell, the AIDS virus prevents this vital cell from doing its job as the "initiator of all the immune system response". It turns the T cell from being a lymphocyte on to being an AIDS-virus factory. The factory is extraordinarily efficient. The virus has a unique genetic component that allows it to reproduce itself a thousand times as fast as any other kind of virus. It helps explain why AIDS is such a devastating disease and why it can spread so fast. It is a peculiar feature of this disease that as it progresses, the helper T cells disappear and so does the virus. By then, however, the patient is invariably beyond recovery.

**How is AIDS treated?** Currently there are no antiviral drugs available of proven merit. **Pneumocystis carinii** pneumonia can be treated with antibiotics. Interferon has been used with some success in restoring the immune system of an AIDS patient.

**Incidence:** For each of the 12,000 cases of AIDS reported till August, 1986 in the U S, there were at least five to ten cases additional 500,000 to 1 million Americans are symptomless carriers of the virus. What will happen to this group is a subject of speculation. The guess is that 5% to 10% of those having antibodies will develop AIDS within five years. For those with ARC, the odds of developing AIDS within three years may approach 20%.

## HOMOEOPROPHYLAXIS - TESTIMONY FROM MASTERS

Dr Eugene Underhill, M D in Homoeopathic Recorder Aug 1950:

1. Reactions to these inoculations and immunisations range all the way from nothing observable to death itself. Meanwhile, all that is required of the public is faith and co-operation. When a child has never been well since vaccination or inoculation, homoeopathic treatment offers the best hope of restoring health. Consult the remedies against VACCINATION in Kent's Repertory. Often the remedy will be found outside of this rather narrow list. All of the nosodes should be considered; the serpent poisons and the leading polychrests: **Arsenicum, Kali phos, Lachesis, Phosphorus, Silicea, Sulphur, Thuja** are especially related to the chronic effects following artificial immunisation. To shorten illness, avoid complications and prevent sequelae the homoeopathic remedy excels every other form of therapy. There is no necessity or excuse for a homoeopathic physician to employ chemotherapy, antibiotics or any other kind of routine medication.

Dr H C Allen in Keynotes and Characteristics:

2. **Variolinum** - As a preventive or protection against smallpox, it is far superior to crude vaccination and absolutely safe from the sequelae, especially septic and tubercular infection. The efficacy of the potency is the stumbling block to the materialist. But is it more difficult to comprehend the infectious nature of variola, measles or pertussis? Those who have not used it, like those who have not experimentally tested the law of similars, are not competent witnesses. PUT IT TO THE TEST AND PUBLISH THE FAILURES TO THE WORLD.

Dr T Douglas Ross in Homoeopathic Recorder Sept, 1950:

3. Dr H C Allen's challenge to test **Variolinum** and publish the failures to the world has always inspired me, and Dr Bonnell's experiences with **Variolinum** and **Vaccinum** in prophylaxis and treatment during a bad smallpox epidemic in Oklahoma gives us the strength of actual facts. You will remember he had to appear in Court for not vaccinating with cowpox, but his proof of the power of these homoeopathic remedies both in prevention and cure, was so sound that he emerged with colours flying. He started off by convincing his lawyer who asked for the powders!

All the cases treated homoeopathically lived, whereas 20% of those treated by other methods died. Allen also states that Dr Fellger gave **Variolinum** to hundreds of exposed people and none of them were ever attacked by smallpox. Not even the unvaccinated members of the family whose father had the confluent disease.

4. **POLIO ABORTED WITH REMEDIES** - Dr Wilbur K Bond, MD in Homoeopathic Recorder, April 1953

There are of course good remedies, but **Lathyrus** has just been my champion remedy most of the time. I did have one case that came in with very high, burning fever and responded very nicely to **Belladonna**, and no further remedy was needed. I am still waiting for the **Curare** case when we get a bulbar type of polio.

**Case 1:** M S aged 6 High fever (104), vomiting, pain in cervical spine and occiput, bloodshot eyes, and incoherent talking. **Lathyrus Sat** IM had been given two weeks prior as a preventive. Case aborted the next day. His little brother had the same experience at the same time. Three other children not affected. All had received **Lathyrus** two weeks prior as a preventive. Mind you, this all took place in one of the worst epidemics the country has seen last August in Richmond, Indiana.

**Case 2:** A child of Mrs E, one afternoon, received **Lathyr** as a preventive because he complained of a stiff neck, high fever, leg cramps, and a headache in the presence of a severe epidemic. he went home and promptly proceeded to grow worse. Alarmed as they were, the neighbourhood doctor was called in and the child was immediately hospitalized. Spinal fluid showed Polio. Again, befuddled by the mysterious working powers of the potency, they were compelled to discharge the patient within a couple of days. He walked out of the hospital well. Now the younger brother had fever, but nothing developed. The interesting contrast is that on the same street, there was another severe case of Polio who had not had the services of a homoeopath. I heard indirectly from the mother of my case that this other case had to stay in the hospital for six weeks and then came out a partial cripple. A man and his wife on the same street were non-protected: they both died.

I have always used **Lathyrus** as a preventive in hundreds of families, and during bad epidemics too; and as yet, I have yet to see my first case of Polio progress to a dangerous stage. I have had 100% recovery and that many aborted cases.

5. Dr A W Holcombe said: A Homoeopathic doctor at Menticello had polio and became paralysed. He could not move, or get out of bed. I sent his wife **Lathyrus** 30th five powders to take night and morning. Always give an odd number of doses. In two weeks he could move his limbs a little bit in bed. Sent him five powders of **Lathyrus** 200th. That got him out of bed. A little later I gave him 1000th and, later, the 10,000th. The last time I heard he was out doing his work just as well as he ever did. It is wonderful what **Lathyrus** will do in the case of polio. **Gelsemium** is good in polio, if it covers the condition.

Dr S P Koppikar, in his Editorial Note in Homoeopathic Heritage, Nov 1986:

6. **Cholera and Camphor:** In 1936, when I spent a few months learning homoeopathy from my uncle, Dr D N Koppikar, I had the good fortune to see how high potencies of homoeopathy cured cases of cholera. When the disease spread to surrounding villages, my uncle who had stocked "Rubini's Spirit of Camphor" from Kankanady, spread the word to all to come and take the magic preventive. He dissolved one ounce (about 30 ml) of the tincture in nearly 4 or 5 litres of water, distributed about one ounce of this to each house. It was to be small quantity daily for 3 or 4 days. This mass prophylaxis stopped the spread of the dread disease.

\* \* \* \* \*

### SPOT THE REMEDY!

**Case 3:** Mr S age 34. Pain umbilical region which comes gradually and decreases also gradually. Pain comes at the same hour of the night (about 2 a.m.), and he is better lying on abdomen. This was going on for six months and no medicine gave relief.

Mr S M Guvante

Answer on pg. 33

## MANAGEMENT OF VIRAL DISEASES IN HOMOEOPATHY\*

Dr R S Pareek

Professor Samuel A Jones delivered a prophetic warning as long ago as 1872, in "The American Homoeopathic Observer," which is now coming true, at least in the field of Allergology, Cellular immunology and Virology. He wrote: "Let us guard our Homoeopathic Heritage most jealously. The provings on healthy human beings, the Similimum as the remedy, the single remedy, the reduced dose, individualisation, may be and will be snatched from us one by one and christened with new attractive Scientific terminology to hide the theft". That indeed is happening today.

The field of virology as it stands today, offers the maximum Therapeutic potentialities for a Homoeopath. Today, 25% of all acute cases attribute their causation to different kinds of viruses.

**A PEEP INTO THE HISTORY:** Ayurveda - The ancient Indian system of medicine, known as 'Science of life' has many references about the effect of infinitesimally small micro organisms producing a number of symptom syndromes. These diseases have been known clinically for Centuries. Small Pox has been recognised as a deadly infection since pre-Christian times and Hippocrates was perfectly familiar with the swollen neck in mumps. It was only in 1884, when **Louis Pasteur** was tempted to believe that in Rabies the cause of the disease was a micro organism.

**VIRUS AND THE HAHNEMANNIAN DOCTRINE:** Yesterday the sensation was Bacteria. Today it is Virus. Tomorrow it may be a still new name and cause. But in the Hahnemannian doctrine, the basic principle of disease causation is the same today as it was yesterday and will so remain till natural laws exist on Earth. Virus is the minutest perceivable cause of disease in the laboratory, but the Hahnemannian doctrine is much beyond this.

\* Paper read at XL International Homoeopathic Congress, Lyon, France, May 1985.

We do not discard the disease causing capacity of virus; we should assess scientifically and with clear and unprejudiced mind, the place of virus in the Hahnemannian doctrine and modern medicine. We have to be very clear with the basic idea that there could never be a viral invasion till a fertile soil is prepared for it in the body. The Hahnemannian philosophy goes in directly for the formation of this fertile soil within us. Hahnemann has often talked about Micro-organisms and their infective nature, but his natural doctrine was always very clear regarding the disease causing capacity of these infective Micro-organisms. Life is a continuous process of self adjustment of endogenous and exogenous forces. Vital force is weakened somewhat, thereby allowing for the invasion of corresponding outer infective agents.

The **Miasmatic** states of Hahnemann are the predisposing conditions. The miasms for chronic diseases are of such nature that they change the Life Force to make it susceptible to infection with virus, bacteria and other exogenous factors. **Psora** is the sense of an original sensitization which results in various phenomena of hypersensitivity. The viral invasion is secondary to the miasmatic disposition derived from mental and emotional configuration. Miasms are much wider in the field of disease activity.

The theory of virology of infection is thus a very small part of the much greater Hahnemannian Miasmatic Doctrine.

#### VIRUS AND MALIGNANT DISEASES: Their Homoeopathic Interpretation:

Today besides speaking upon the Management of commonly met viral affections, I would like to lay stress upon the Management of Malignant diseases which have a proved or suspected viral etiology. Despite innumerable hours of intense research, by the best brains in the world, Malignant diseases are being found to be a rather insurmountable barrier. This endless pit has gobbled millions of men and billions of dollars, without even a glimpse of its cure. Before dealing with the subject of viral-induced Malignancies it would be wise to review what a modern day scientist knows of the association between viruses and Malignant diseases. About 150 of the 600 known animal viruses are believed to be Oncogenic. Such viruses are known as **Oncorna Viruses**. These are divided into 2 general groups: RNA VIRUS and DNA VIRUS depending upon the nature of genome they contain. Impressive progress has been made in recent years in understanding the molecular mechanism of the **Oncorna** replication and its role in Cell transformation with **Onco-**

**properties.** This knowledge, it is believed, can be effectively used for studies of viral etiology of human cancer and would help in the ultimate annihilation of various human and animal malignancies.

However, after all this supposedly scientific jargon, every researcher who has seen the experimental results, agrees with the fact that the Oncostimulatory effect of the Oncorna Virus on the target cell, depends upon whether the cell is permissive or nonpermissive to viral Onco Induction. This is nothing but reverting back to the principles of Hahnemann that all pathology ultimately depends upon the abnormality in the individual-a weakening of the vital force, thereby allowing for effects of an Invading Organism; in this case a virus.

#### CLINICAL CASES

**Case I :** Patient 'X' a 17 year old girl was brought to my chamber by her father with complaints of tremors and poor mental development. She was studying in 6th std. Tremors had started 2 years back. She also complained of forgetfulness which was gradually increasing in severity. The general physical examination was normal. Neurological examination revealed cog - wheel rigidity and intellectual impairment. A positive history of exanthema in childhood made me suspect **Sub Acute Sclerosing Pan Encephalitis**. CSF Examination was absolutely normal, but an EEG done at the university hospital exhibited distinctive bursts of triphasic slow waves. This clinched the diagnosis.

Not being bothered with the clinical name of the disease, we worked out the case at our Indoor. Three very important features obtained were:

- i The girl always wanted to move her legs while sitting on the chair.
- ii There was a past history of suppression of exanthematous eruptions in early childhood.
- iii She never wanted to bathe.

A single dose of **Zincum Met** IM was administered, and the patient was kept on placebo for 2 months. No appreciable change was noticed. A second dose of **Zincum Met** IM was repeated. The patient was again watched for one month. There was just a minimal improvement in rigidity and fidgetiness of legs.

A single dose of **Sulphur** IM was prescribed; there was no change for 1 month, after which a definite gradual improvement was noticed:

- i The memory improved
- ii Initial apathetic attitude of the child improved
- iii She passed in her class examination: and now is normal without needing any further medications.

Case 2 - Mr M a 30 year old male came to my OPD in a pitiable state. General appearance showed a haggard man appearing much older than his age. He revealed to be having an excruciating pain, with severe burning on right side of abdomen, which he developed one year following an attack of Herpes Zoster. On questioning, he revealed pain <Night in bed, <Touch

Mezereum 30C was prescribed once daily for one week. There was no relief in pain. In the following week, 2 doses of Mezereum 200C were administered: patient started feeling better in the severity of pain: he could now sleep. He now started complaining of severe burning over the affected area. Anthracinum 30C relieved the burning. Later a single dose of R N A 200 cut short the course of the case and gave a lasting relief.

Discussion: We have found RNA a valuable clinical remedy in cases of Post Herpetic Neuralgia, where burning and excruciating pain alternates. It needs further clinical trials.

**HOMOEOPATHIC PROPHYLAXIS**

In Homoeopathy, prescribing for the presence of symptoms is the primary requisite and in the absence of that, no medicine can be prescribed as a rule; in the field of Virology the best prophylactic would be the remedy (**Genus Epidemicus**) obtained by examining the typical symptoms from the accurate observations of a few cases. The broad law for Prophylaxis should be any remedy known to produce an identical picture of the disease. Some of the most important prophylactic drugs are listed below:

- Measles
- German Measles
- Roseola Infantum
- Chicken Pox
- Scarlet Fever

- Herpes Zoster
- Small Pox

- Morbillinum and Pulsatilla
- Pulsatilla, Rubella
- Belladonna and Rhus tox
- Pulsatilla and Rhus tox
- Belladonna and Scarlatinum
- Ailanthus (Malignant Type where glands are involved)
- Rhustox and Variolinum
- Variolinum, Vaccinum, Malandrinum and Saracenia

- Pox & Vaccination
- Common Cold
- Polio Myelitis
- Mumps
- Rabies
- Encephalitis
- Kuru
- Yellow fever
- Dengue

- Thuja
- Aconite and Camphor
- Lathyrus Sat and Oxytropis
- Parotidinum and Trifolium Repens
- Bellodonna and Lyssin
- Gelsemium and Helleborous
- Cannabis Indica
- Ars Alb and Phosphorus, Crot-hor
- Eupat Perf and Gelsemium

**SOME MORE PROPHYLACTICS - MR S M GUNVANTE**

- Whooping cough
- Diphtheria

- Cholera
- Influenza
- Tetanus
- Car sickness
- Sea sickness
- Air sickness
- Sun stroke
- Cold & Influenza
- Harelip in children

- Malaria
- Carbuncle to abort
- Tubercular inheritance
- Felons and furuncles
- Frostbite

- Tendency to boils
- Whitlow
- Preventive & Curative
- Boils
- Stage fright

- Depression and craving for alcohol
- Typhoid
- Muscular fatigue journey
- Cholera Asiatic
- Meningitis

- Pertussin, Drosera, Carbo-Veg, Cup Met
- Merc cyanide or Diphtherinum, Lac
- Can, Apis 30
- Verat alb, Ars Alb, Cup Acet, Camph
- Influenzinum
- Hypericum
- Cocculus Ind
- Tabaccum
- Borax, Cocculus
- Glonoïn, Gelsemium
- K Iod 6x
- Cal sulph 12x (to the mother every morning and evening 3-7 month)
- Nat Mur, Ars Alb, China Sulph
- Arnica
- Bacillinum 10 M - 50 M - CM (at 6 to 8 weeks intervals)
- Cal Sulph 12 x
- Camphor spiritous (rubbing before exposure)
- Gunpowder
- Silica

- Arnica, Hepar-Sulp (curative)
- Ignatia (2 doses on the day of & day before performance)
- Capsicum 10 minims before meals
- Hyoscyamus, Baptisia, Ars Alb 6
- Coca (Rhus tox & Ars Alb)
- Cuprum 3x
- Bell 30

- i The memory improved
- ii Initial apathetic attitude of the child improved
- iii She passed in her class examination: and now is normal without needing any further medications.

**Case 2** - Mr M a 30 year old male came to my OPD in a pitiable state. General appearance showed a haggard man appearing much older than his age. He revealed to be having an excruciating pain, with severe burning on right side of abdomen, which he developed one year following an attack of Herpes Zoster. On questioning, he revealed pain <Night in bed, <Touch.

**Mezereum 30C** was prescribed once daily for one week. There was no relief in pain. In the following week, 2 doses of **Mezereum 200C** were administered: patient started feeling better in the severity of pain: he could now sleep. He now started complaining of severe burning over the affected area.

**Anthraxinum 30C** relieved the burning. Later a single dose of **R N A 200** cut short the course of the case and gave a lasting relief.

**Discussion:** We have found RNA a valuable clinical remedy in cases of Post Herpetic Neuralgia, where burning and excruciating pain alternates. It needs further clinical trials.

### HOMOEOPATHIC PROPHYLAXIS

In Homoeopathy, prescribing for the presence of symptoms is the primary requisite and in the absence of that, no medicine can be prescribed as a rule; in the field of Virology the best prophylactic would be the remedy (**Genus Epidemicus**) obtained by examining the typical symptoms from the accurate observations of a few cases. The broad law for Prophylaxis should be any remedy known to produce an identical picture of the disease. Some of the most important prophylactic drugs are listed below:

Measles  
German Measles  
Roseola Infantum  
Chicken Pox  
Scarlet Fever

Herpes Zoster  
Small Pox

**Morbillinum and Pulsatilla**  
**Pulsatilla, Rubella**  
**Belladonna and Rhus tox**  
**Pulsatilla and Rhus tox**  
**Belladonna and Scarlatinum**  
**Ailanthus**(Malignant Type where glands are involved)  
**Rhus tox and Variolinum**  
**Variolinum, Vaccinum, Malandrinum**  
and **Saracenia**

Pox & Vaccination  
Common Cold  
Polio Myelitis  
Mumps  
Rabies  
Encephalitis  
Kuru  
Yellow fever  
Dengue

**Thuja**  
**Aconite and Camphor**  
**Lathyrus Sat and Oxytropis**  
**Parotidinum and Trifolium Repens**  
**Bellodonna and Lyssin**  
**Gelsemium and Helleborous**  
**Cannabis Indica**  
**Ars Alb and Phosphorus, Croc-hor**  
**Eupat Perf and Gelsemium**

### SOME MORE PROPHYLACTICS - MR S M GUNVANTE

Whooping cough  
Diphtheria

Cholera  
Influenza  
Tetanus  
Car sickness  
Sea sickness  
Air sickness  
Sun stroke  
Cold & Influenza  
Harelip in children

Malaria  
Carbuncle to abort  
Tubercular inheritance

Felons and furuncles  
Frostbite

Tendency to boils  
Whitlow  
Preventive & Curative  
Boils  
Stage fright

Depression and craving  
for alcohol  
Typhoid  
Muscular fatigue journey  
Cholera Asiatic  
Meningitis

**Pertussin, Drosera, Carbo-Veg, Cup Met**  
**Merc cyanide or Diphtherinum, Lac**  
**Can, Apis 30**  
**Verat alb, Ars Alb, Cup Acet, Camph**  
**Influenzinum**  
**Hypericum**  
**Cocculus Ind**  
**Tabaccum**  
**Borax, Cocculus**  
**Glonoia, Gelsemium**  
**K Iod 6x**  
**Cal sulph 12x** (to the mother every morning and evening 3-7 month)  
**Nat Mur, Ars Alb, China Sulph**  
**Arnica**  
**Bacillinum 10 M - 50 M - CM**  
(at 6 to 8 weeks intervals)  
**Cal Sulph 12 x**  
**Camphor spiritous** (rubbing before exposure)  
**Gunpowder**  
**Silica**

**Arnica, Hepar-Sulp** (curative)  
**Ignatia** (2 doses on the day of & day before performance)  
**Capsicum 10 minims** before meals  
**Hyoscyamus, Baptisia, Ars Alb 6**  
**Coca (Rhus tox & Ars Alb)**  
**Cuprum 3x**  
**Bell 30**

Cerebro Spinal Meningitis	<b>Cicuta Virosa 30, Helleborus</b>
Catheter fever	<b>Camphoric Acid</b>
Erysipelas	<b>Graphites</b>
Hay Fever	<b>Ars A, Psorinum</b>
Pus Infection	<b>Arnica</b>
Quinsy	<b>Baryta Carb, Psor</b>
Still-born child	<b>Cimicifuga</b> to mother during next pregnancy.

Further reference Dr P Sankaram Prophylactics in Homoeopathy.

\* \* \* \* \*

### SPOT THE REMEDY

Case 4 : Homoeopathy On Telephone  
Mr H B MEWAWALA

My brother, 64, developed herpes zoster on right lower chest extending to back on 21st Aug. '86. He had vesicles, pain on slightest touch & burning.

21/8 **Rhus tox 200** - 3 doses.  
25/8 Pain<sup>3</sup>, itching, burning  
< touch slightest.

27/8 No > Burning

31/8 Burning slight-less > cold air  
No aggravation hard pressure  
Purplish hue.

At this stage I took telephonic advice from Dr Vishpala Parthasarathy, narrated all the symptoms. She told me to hold for 2 minutes (probably for reference to repertory) and then I was told to give one dose of the medicine in 30th potency. Not having 30 I gave 200. Administered at 11.30 a m on 31/8.

2/9 80% >  
13/9 > 3. When I examined him, No marks also. No Rx.

Answer on pg. 33

## XLI INTERNATIONAL HOMOEOPATHIC CONGRESS- BRAZIL, SEPT '86

A Report by Dr Farokh Master  
L C E H

The 41st International Homoeopathic Congress was held in Rio de Janeiro, Brazil, from 8th to 12th Sept 1986. It was attended by 540 delegates from over 32 countries. Most of them were from South America.

The Executive Committee met at Copacabona Palace Hotel on 7th Sept. Here Dr A U Ramakrishnan of Madras represented India as National Vice-President of India. At this meeting it was decided that the League will consider the claim of Indian doctors who are diploma holders to become full fledged delegates of the League with voting rights. The election of the National Vice-President will be held at Washington in 1987.

The inauguration of the Congress took place on 8th Sept. Prof Alfredo Eugenio Vervloet, president of the Congress, in his presidential address stated that it is a matter of pride that in Brazil Homoeopathy is officially recognised. There are above 3,000 Homoeopaths in the State of Brazil with six Homoeopathic Colleges, one Research Centre and more than a dozen Homoeopathic Pharmacies. He also pointed out that the Venoms of many South African snakes had become leading remedies in the Homoeopathic Materia Medica, eg **Lachesis, Bothrops**, etc. He further added that at Sao Paulo (Brazil), Weleda of Switzerland has established a factory and they are doing pioneering work in research and development of Anthroposophical medicine. At the Scientific Session most of the speeches were in Portuguese, a few in English, German and French.

A summary of a few important Papers read at the Congress is given hereunder, starting with those by eleven Doctors from India.

Papers 1 and 6, are printed in this issue. Papers dealing with Heart and Hypertension will be presented in 1987 with the issue on I H D and Homoeopathy.

1. **Cancer and Homoeopathy** (Dr Prasanta Banerji, Calcutta) : Four cases of confirmed cancer (intestinal, pulmonary, and haemangiomatic) were reported cured by Dr Banerji. The

remedies used were: **Kali Mur 3x, Ferr phos 3x, Hydrastis 200, Kali carb 200, Psorinum, Calc phos 3x, Mag phos 3x, Cimic 30, Arnica 3.** He found suppressed Psora as the cause in most cases of cancer.

2. **The Digitalian Lily** (Dr H N De, MA, DMS, India):- The paper contains an intimate and instructive study of *Convalaria*, *Lilium* and *Colchicum*, which possess intimate relationship with *Digitalis*. Successful treatment of different Cardiac conditions has been described through cases. Dr De is a Professor, P C Memorial Homoeopathic College, Howrah, 711 101.

3. **Peoples' attitude on Homoeopathic Medicine in Rural Areas** (Dr L Buchi Reddy, Vanasthalipuram, Hyderabad):- Dr Reddy describes how rural people are slowly turning to Homoeopathy on seeing smooth and rapid cures of such conditions as Infantile Diarrhoea, Infantile Bronchitis, Gastritis, Urinary calculus, worm infestations, etc.

4. **Homoeopathic Rainbow** (Dr Prakash Vakil, Hon Physician, Govt Homoeopathic Hospital, Bombay): This is an interesting report on the research carried out by the author, in order to find the extent to which strong likes and dislikes of different colours characterise individuals, and to see how far these can be used as pointers to remedies in the *Materia Medica*. Out of 100 cases analysed, it is found that *Tub bov* has many desires and aversions of colours. They are inherent constitutional characteristics which do not ordinarily change. The author feels that further research is necessary, keeping in view the remedy relationship.

5. **Homoeopathic Drugs in Essential Hypertension** (Dr Farokh J Master, Bombay): This is a Study of 42 patients under homoeopathic treatment for essential hypertension, using Adrenalin 30, Adrenalin 200, Eel Serum 6 and *Baryta mur 30*. Of the 42 patients studied, 28 improved; success rate of 66.66%.

6. **A Clinical Study of Bothrops Lanceolatus** (Dr Farokh J Master):- This is a clinical study of six patients who were in Coma. As it is not a well proved drug, this is a valuable clinical study, from which the author has drawn a number of "ameliorate" an important symptom, not mentioned in the *Materia Medica*. Whenever *Bothrops* was prescribed to a comatose patient, its favourable reaction was indicated by the appearance of diarrhoea or perspiration.

7. **Poliomyelitis:** (Dr M P Nimbhorkar, Amravati):- This is an excellent study of 25 remedies which are likely to be useful in treating Polio. The author says: "Polio can be effectively combated by homoeopathic medicines He has successfully treated

a number of cases with the 25 medicines. *Lathyrus sativus 1M* acts well as a prophylactic. *Naja* in polio with facial paralysis. Bungara in polio encephalitis.

8. **Hypoglycaemic effects of some lesser known drugs** (Dr D P Rastogi, Director, CCRH, New Delhi):- In this study effort has been made to determine the hypoglycaemic activity of **Abroma Augusta Q, Syzygium Jambo Q, Cephalandra Indica Q and Absinthium D1/Resina Larlicis De** (Weleda). The research was conducted at the Drug Standardisation Unit of the Central Council for Research in Homoeopathy. The study revealed that regular administration of **Cephalandra Indica Q and Absinthium D1/Resina Larlicis De** showed perceptible hypoglycaemic activity.

9. **Homoeopathy in Cardio Vascular Diseases** (Dr A U Ramakrishnan):- A very useful paper in which the author describes how he has employed a few homoeopathic drugs (**Ars alb, Ant tart, Carb v, and Aurum Arsenicum**) with great success in the management of coronary thrombosis resulting in acute myocardial infarction. He is full of praise for **Aurum Ars 200** which he generally uses.

10. **Homoeopathic treatment of Heart Failure** (Dr Prakash Vakil, Bombay):- The author illustrates the art of managing these very difficult cases with homoeopathic remedies, through three cases. He emphasises that the aim of the attending physician should be palliation and not cure in these cases.

11. **Asthma** (Dr Jawahar Shah, Head of Research Centre, Beck & Koll Labs, Bombay):- The author has given in this paper a detailed plan for taking the case, studying it, repertorisation, management, auxiliary measures, etc. The miasmatic approach is emphasised.

12. **Simulated Case-taking as didactic resource** (Anna Kossak, Romanach):- Case taking with the help of a Questionnaire is very helpful. You rarely miss anything important while taking the case. It helps to evolve the personality of the drug-picture and also helps in repertorisation.

13. **Homoeopathy in Syphilis** (Denis Demerque, France):- The following points were discussed; (a) Is Syphilis the same disease as classical syphilis? (b) Is it a diathesis, a reactive mode or a somato-psychic disease? (c) Do these hypothetical concepts have a scientific basis and a therapeutic interest?

14. **Contribution of Homoeopathic drugs in Cardiology** (Nelson De Luca Filho, Sao Paulo, Brazil):- A report on the treatment of 123 patients over a period of twelve months with clinical diagnosis of various heart conditions was presented. Selection of homoeopathic drugs on the principle of *Similia* alone is valid,

the speaker emphasised. There is no scope for specific drugs.

15. **Lachesis** (Dr Juan S Schaffer, Argentina):- A Video film was shown on the mental aspect of **Lachesis**. A dramatic scene in which a wife, after ten years of marriage, starts suspecting her husband of extra-marital affair brought this symptom of **Lachesis** to life. The lady becomes suspicious, jealous and loquacious. The scenes were hilarious. It was a well directed and well acted Video film. The author stressed that medical education should now take the help of audio-visual aids.
16. **Tecnica de Preparation de altas Potencias** (Ricardo Gutierrez Olivos - Argentina):- Homoeopathy is advancing very fast; hence there is an urgent need for higher potencies like MM and SMM. He quoted from the 6th edition of the Organon to stress that higher potencies act much faster than low.
17. **Role of Physiotherapy combined with Homoeopathy in Osteoarthritis** (Lucia Pires Mesquita, Brazil):- Statistical data of the study of 160 patients suggested that 92% of the patients improved better when physio-therapy and homoeopathy were combined.
18. **Double Blind trial of Baryta Carb in 15 CH potency in Hypertension** (S Taina A Tubertini, Cremona, Italy):- 32 patients were selected, of whom 17 received **Baryta Carb**, and 15 got placebo. The results were encouraging.
19. **A Case of Von-Willebrad Disease** (Dr Glady Gilbert, France):- A case not responding to allopathic medicine was successfully treated with homoeopathic drugs, like **Phosphorus Sulphur**.
20. **Homoeopathy and Astrology** (Luiz Henrique de Carvalho, Sala):- Understanding Astrology and studying the personality of each Zodiac sign helps us to prescribe homoeopathic drugs more effectively.
21. **Vipera Torva** (Valerie Hutyra, Brazil):- No proving of this drug has been done. But it is clinically used after studying its pathogenesis from toxicological cases. A few important indications are: (i) Peri-phlebitis; (ii) Haemorrhage (capillary); (iii) Weak pulse, and (iv) Congestion of Liver and Kidney.

\* \* \* \* \*

## A CLINICAL STUDY OF BOTHROPS LANCEOLATUS

Dr Farokh J Master  
L C E H

An Ophidian of the family Crotalidae, found in the Island of Martinique.

### A clinical study of 6 patients who were in Coma

SEX ANALYSIS: All six patients were male.

#### AGE ANALYSIS

Duration Years	No. of Patients
30 to 40	2
40 to 50	2
50 to 60	1
60 to 70	1

#### DURATION OF COMA

Duration Months	No. of Patients
0 to 1	1
1 to 2	2
2 to 3	3

#### ANALYSIS OF THE AETIOLOGY OF COMA

	No. of Patients
(1) A-V malformation in anterior cerebral artery territory producing subarachnoid haemorrhage	1
(2) Cerebral haemorrhage in middle cerebral area territory secondary to hypertension	3
(3) Multiple infarct in posterior cerebellar artery territory	1
(4) Cerebral concussion following alleged attempt to commit suicide from running train	1

THE DURATION IN DAYS AFTER THE ONSET OF COMA WHEN HOMOEOPATHIC PHYSICIAN WAS FIRST CONSULTED

Duration	No. of Patients
0 to 15 days	1
15 to 30 days	2
30 to 45 days	1
45 days and more	2

SYMPTOM ANALYSIS OF COMATOSE PATIENTS

Eyes		No. of Patients	Stool		No. of Patients
1	Pupil dilated	4	9	(a) Diarrhoea	6
2	Pupil semidilated	1		(b) Constipation	-
3	Pupil contracted	1		<b>Perspiration</b>	1
<b>Face</b>			10	(a) Face	2
4	Hippocratic countenance	5		(b) Chest	-
<b>Respiration</b>				(c) Back	3
5	Cheyne stokes	2		(d) Extremities	5
6	Central neurogenic hyperventilation	4		(e) Cold	1
<b>Paralysis</b>				(f) Hot	2
7 (a)	Left sided hemiplegia	2	11	<b>Pulse</b>	4
(b)	Right sided hemiplegia	2	12	(a) Tachycardia	5
<b>Speech</b>				(b) Bradycardia	5
8 (a)	Motor Aphasia	4		(a) Wants Cover	1
(b)	Sensory Aphasia	-		(b) Averse Covering	6
(c)	Global Aphasia	6	13	Fever with chills	

CONFIRMED SYMPTOMATOLOGY OF BOTHROPS LANCEOLATUS FROM CLINICAL STUDY OF 6 CASES OF COMA

1	Pupil dilated	8	Diarrhoea
2	Hippocratic countenance	9	Perspiration on chest
3	Cheyne stokes	10	Perspiration on extremities
4	Central neurogenic hyperventilation	11	Perspiration cold
5	Left sided hemiplegia	12	Tachycardia
6	Right sided hemiplegia	13	Bradycardia
7	Global Aphasia	14	Covering Desire for
		15	Fever with chills

MODALITY

It was noted that whenever Bothrops was prescribed to a Comatose patient, its favourable reaction was indicated by the presence of Diarrhoea or Perspiration. Hence we can conclude that Discharge ameliorates is an important modality of Bothrops. The above modality is not mentioned in the Materia Medica.

CONCLUSION

Bothrops Lanceolatus is not a well proved drug. Hence Clinical proving is the only source left. We proved only physical particular symptoms. As patients were in Coma no mental or physical general symptom except perspiration was noted.

\* \* \* \* \*

ANSWERS TO "SPOT THE REMEDY"

Case 1 : (Page 9)

1. Kent
2. Kent
3. Phatak
4. Kent
5. Kent

CAUSTICUM 200

- 482/1 -Aversion, sweets
- 486/1 -Desires salt
- 270/2 -Paralysis, Localised, single parts
- 1339/2 -Warts, bleeding
- 1348/2 -Agg. Cold.

Case 2 : (Page 14)

1. Kent
2. Phataks

ALUMINA 200 -a few doses

- 485/2 -Desires lime, slate pencils, earth
- P.28"products of artificial baby foods"

Case 3 : (page 20)

1. Kent
2. Kent
3. Kent
4. Kent

STANNUM 200 - once a day for a few days

- 1377/2 -Pain appears and disappears gradually
- 1390/2 -Periodicity
- 558/3 -Abdomen, pain amel lying on abdomen
- 571/1 -Abdomen, pain umbilical

Case 4 : (page 26)

1. Phatak
2. Phatak

LACHESIS 200

- 277 -Hard pressure amel
- 37 -Bluish

## AGARICUS MUSCARIUS, A STUDY\*

D M Gibson  
M B B S, F R C S, F F (HOM)

(This reprint has been selected as a comparative study of the profile of Agaricus based on Vithoulkas' lecture, presented in the April-June '86 issue)

### PHARMACOGNOSY

This remedy is prepared from that intriguing little toadstool Amanita muscaria, also known as fly agaric and scarlet cap. It was used in medieval times broken up in milk to stupefy flies. It has indeed a most arresting scarlet or orange-red top on which are concentric circles of little white blobs; these are the remnants of the torn volve membrane; they are easily washed off by rain.

### PHARMACOLOGY

The plant is not so much a lethal poison as an intoxicant and narcotic, though it has, in rare cases, caused death. The Vikings used it in order to "go berserk". The desired effect ensues in one to two hours and is evidenced by giddiness, a flushed visage, cheerfulness of spirit, uncontrolled speech and behaviour, passing on occasion into complete loss of consciousness. Sometimes violent muscle spasms occur or the effects are quite ludicrous; if a subject under its influence steps over a piece of straw or a small stick, he takes a stride or a jump as if clearing the trunk of a tree; a talkative type talks at random and may disclose secret matters; one fond of music constantly bursts into song.

Three alkaloids have been isolated from the fungus: muscarine, muscaridine and choline. The second named seems to be responsible for toxic effects on the central nervous system, causing excitation of the myoneural and glandular receptor organs; this induces muscle spasms and twitchings, increased salivation, secretion of tears and alimentary juices. Muscarine produces the curious illusion related to size, objects appearing inordinately large or a crack in the ground looking like a chasm requiring to be leapt over.

\* Reprint from British Homoeopathic Journal, July 1974.

### PHYSIOGNOMY

Mentioned features are light hair, lax skin and musculature and pallor of face. Speech is apt to be jerky and indistinct. Muscular twitchings, jerkings, tremblings cease during sleep. Movements tend to be clumsy - drops things.

### PSYCHOLOGY

Subject is peevish, indifferent, averse from making any effort, even that of talking.

There may be wild delirium - a mixture of violence and hilarity. Complains of feeling pricked or stabbed by "ice-needles."

### PHYSIOLOGY

A chilly individual; hugs the fire.

Easily tired mentally, child is mentally retarded. **Modalities.** Aggravation results from mental exertion; from exposure to cold air; from draughts; from thunder; when walking out of doors; after taking a meal; before the menstrual period; after coitus. Tends to feel better during the evening and when warm in bed.

### PATHOLOGY

**General:** May complain of a widespread bruised sensation associated with shifting neuralgic pains. These are worse when at rest and eased when becoming warm in bed. The pains may have a diagonal distribution, e.g. right arm and left knee.

**Head:** Giddiness occurs in the morning, in bright sunlight, when walking in open air, on turning the head rapidly.

Shooting headache in frontal region extending to the root of the nose, worse after study and accompanied by heaviness in the occipital region and a tendency to fall backwards.

Headache localized to small spots. Perhaps a sensation as if a chunk of ice was resting on the head.

Headaches in drunkards. Headaches associated with chorea, or with spinal trouble. Head constantly in motion.

Facial neuralgia with "splinter pains".

**Eyes:** Oscillating movements of eyeballs. Twitching of eyelids. Reading interfered with by tendency of type to move or swim. Double vision.

Lids itch, burn & agglutinate. Redness of inner canthi.

**Ears:** Become red, burn and itch as if frostbitten.

**Respiratory system:** Clear water drops from nose quite apart from "cold in the head". Itching of nose, both internal and external, spasmodic sneezing. Nosebleed in the elderly.

Sensation of stitches along the pharyngotympanic canal. Throat feels dry, contracted and swallowing is difficult. Coughs up small solid balls of phlegm.

Violent paroxysmal cough is associated with much sneezing. Sputum is purulent or composed of small hard lumps of mucus.

Chest feels "too narrow"; chest symptoms are eased by deep breathing and when walking.

**Alimentary system:** Trembling of the tongue makes speech difficult. Oral aphthae and ulceration. Herpes on lips. Lips burn and smart. Splinter pains felt in tongue. Sweet taste in mouth like "apples".

Liability to hiccough. Flatulent distension of stomach and abdomen. Borborygmi, colicky pains, passage of inodorous flatus. Burning in stomach about three hours after a meal changing to a dull pressure.

Stitching pains in liver and below ribs on left side. Violent but ineffective urge to stool. Diarrhoea with passage of horribly offensive flatus and stool followed by tenesmus.

**Cardiovascular system:** Irregular, tumultuous palpitation, possibly associated with tobacco. Pulse liable to be intermittent and irregular. May complain of a sense of constriction in the cardiac region.

**Urinary system:** Stitches are felt in the urethra. Sudden and violent urging to urinate. Frequency of micturition.

**Genital system:** Severe bearing down pains occur in women as if all the pelvic organs were prolapsed. Leucorrhoea is profuse, burning, blood-stained and excoriating. Itching and tearing pains in genitals.

**Locomotor system:** Muscular twitchings, tremors or convulsions, which cease during sleep. Stiffness all over. Rheumatic pains are relieved by movement. Cramp occurs in soles of feet. Weakness, trembling, even paralysis of lower limbs.

There is great sensitivity of the spine to touch, associated with paraspinal pain; every movement, every turn of body causes pain in spine, but continued movement may afford

relief, especially in sacral region.

**Skin:** Burning, itching and redness of areas of skin. Scratching of pruritic areas gives some relief, but parts scratched become icy cold and itching spreads to other areas.

Fiery chilblains are made worse by heat, especially heat of fire.

Miliary eruptions occur, accompanied by intolerable itching and burning. Possible angioneurotic oedema or rosacea.

### POSODOLOGY

Indicated in mental retardation of children, convulsions; chorea; epilepsy; delirium tremens. Of value in conditions resulting from any form of excess, drunkenness or debauchery.

Can be considered in relation to nystagmus, facial tic, facial neuralgia, also uterine prolapse.

A special indication is in relation to chilblains in association with Tamus ointment applied locally.

\* \* \* \* \*

## AGARICUS - A REPERTORIAL PICTURE

MR S M GUNVANTE

To complete an in-depth study of this remedy, we are giving below the various rubrics in Kents's Repertory against which **Agaricus** appears in grade 2 or 3. Grade 3 will be in "Bold". Rubrics in which it appears in the lowest grade are omitted as they are too numerous for inclusion in such a study, though they are by no means unimportant.

1. **MIND:** Aversion to answer. Concentration difficult. Confusion of mind. Delirium, raging. Delusion, is a great person. Dullness, difficulty of thinking and comprehending. Ecstasy. Escape, attempts to. Exertion, mental, agg. Exhilaration. Fancies, exaltation of. Hysteria. Indifference. Indolence. Insanity. Irrésolution. Irritability. Mania-a-potu. Memory, active. Mirth, hilarity. Morose. Obstinate. Rage, fury; Restlessness. Sit, inclination to. Speech, incoherent. Starting, jerking or twitching, ceasing on

falling asleep. Sulky. Talk, indisposed to. Touched, aversion to being. Unconsciousness, alternates with convulsion.

2. **VERTIGO: Vertigo:** Air, open, in. Morning. Mental Exertion. Motion from. Moving head. Objects turn in a circle. Reeling. Rising from bed, on. Turning, on. Or moving the head. Walking in the open air, while.

3. **HEAD: Coldness:** Icy coldness. Coldness, after scratching. Forehead. **Enlarged, sensation:** Eruption, crusts - Eruptions, eczema, urticaria. **Motions, head, convulsive:** - Motions, rolling, head. Pain, morning. Pain, nervous: - Pain, extending to nose: Twitching of muscles of head. Pain, occiput. Pain, oneside.

4. **EYES** - Agglutinated. Discharge of mucus or pus. Discharge, yellow. Distorted. Eye gum on lids, on canthi. Inflammation. Itching. Lachrymation. Movement, convulsive, involuntary, rolling. Narrowing of intervals between (movement of) eyelids. Opening the lids, difficult. Half open. Pain, reading. Touch agg. Pain, aching, burning, canthi, drawing, pressing. Pressing, reading while, sore, bruised, tender. Redness. Staring. **Twitching:** - TWITCHING, LIDS. Ulceration, cornea. Vesicles on the cornea. Weak.

5. **VISION:** Accommodation, defective. Colours, spots, floating.

**DIM:** Diplopia. Flickering. Foggy. Loss of vision as from fainting. Vision, moving letters. Myopia. Chapters from Ear to Urine have been omitted.

6. **GENITALIA, Male:** Coition, enjoyment absent. Erections, incomplete. Erections, wanting (impotence). Pain, drawing, spermatic cords. Seminal discharge, incomplete, too late, painful. Seminal emissions (nightly). Sexual passion, increased; increased, without erection; excessive.

7. **GENITALIA, Female:** Irritation. Itching. Leucorrhoea, acrid, copious. Menopause. Menses, copious, frequent, too early. uterus, labour-like. Relaxation of sphincter vaginae. Larynx & Trachea to Chest omitted.

8. **BACK:- COLDNESS, DOWN BACK: FORMICATION, SPINE:-** PAIN, on motion:- PAIN, RISING FROM SITTING, sitting while - stooping, when. Pain, lumbar, sitting while. Pain, sacral sitting lying amel. not able to rise. Compelled to lie down. Agg

while. Pain, spine; stooping while. Pain aching sacrum Agg. sitting. Pain, sore, lumbar region. Pain stitching lumbar region. Sacral Spine. Stiffness, Cervical region. Weakness (tired feeling in spine).

9. **EXTREMETIES : Awkwardness:- Lower limbs, stumbling,** when walking. **Chilblains. Chorea, Convulsion.** Cramps, calf, foot, sole. **Discolouration, redness, Formication** foot, **Heat, hand.** Heaviness. Inco-ordination. **Itching.** Itching, hand, as of chilblains, **Lower limbs.** Jerking. Lameness. **Motion, convulsive, involuntary,** irregular. **Numbness.** Own, felt as if not his own legs. **Pain,** rheumatic **Pain, leg, night.** Walking amel. **Leg, bones, tibia,** walking amel. Pain aching, **burning, hand.** Pain, sore, bruised. **Stitching, thigh,** tearing. Paralysis, Upper limbs, **Lower limbs.** Shocks. Stiffness. joints, fingers, hand. Swelling, hand. Tension, thigh, leg. Trembling upper limbs. Hand, on holding objects. Lower limbs. Twitching. Walk, late learning to. Weakness knee-leg.

10. Sleep, Chill, Fever, Perspiration not covered.

11. **GENERALITIES:** Afternoon Air, open, agg. Alcoholic stimulants. Blackness. external parts. Breakfast after, agg. Catalepsy Chorea, sleep amel. thunderstorm before. Coition after. Cold in general agg. **Cold air, agg.** Convulsions - **clonic,** epileptic aura, cold air over spine and body; falling with excitement from; fright from. Convulsions, from suppressed eruptions; suppressed milk. Convulsive movements. Exertion, physical. Cold drinks agg. Jerking, muscles, boring burning Lying agg. Motion, amel. Old people. Pain, bones, boring internally. externally. Pain, glands, digging (burrowing) pinching internally. Pain, sore, bones as if - **Splinters,** sensation of; stitching internally, internally. Pain, downward. Bones. Sensitiveness to pain. **Sexual excesses,** after. Shocks, electriclike. Side, symptoms on one. **Crosswise, upper left and right lower. Sitting while, agg.** Standing, agg. Sun, exposure to. Swelling, puffy. **Touch agg.** Trembling externally. Twitching. subsultus tendinum. Walking, agg. Warm, agg. Weakness, exertion, from slight menses, during; tremulous. Winter in, agg.

12. **Clinical symptoms:** (Clarke's Dictionary):- Acne Rosacea. Blepharospasm. Brain, softening of. Bunions, Chilblains; Chorea. Cough. Cramps. Delirium tremens, Dysmenorrhoea. Enteric fever, Epilepsy (with great exertion of strength). Gangrene. General paralysis. Hyperpyrexia. Itching, Jaundice. Lachrymal fistula.

Lichen. Lumbago. Meningitis. Myopia. Neuralgia. Numbness. Nystagmus. Phthisis, Rheumatism. Sacrum pains in. Sebaceous tumours. Sexual excess, effects of. Spinal irritation. Spleen, affection of. Starting. Stitch in side. Tic convulsif. Toothache, Tremours. Typhoid fever. Typhus.

\* \* \* \* \*

### AGARICUS - ILLUSTRATIVE CASES

#### Case 1: Dr R K Chaya

Mrs Zubeida, 65 was discharged from Hospital with the diagnosis of Lumbo-sacral osteomyelitis. C/o severe heat all over her back. Gait tottering, unsteady; could not stand. Rheumatic pains in both her upper and lower extremities. Sensation as if the legs were not her own. Agaricus 30th b d cured in a few days.

#### Cases 2 and 3:

#### Mr S M Gunavante

Two ladies, of different ages, complained (at different times) of urticaria - like eruptions on the scalp; patchy spots, itching. On the basis of rubric "Head, eruptions, urticaria; Agar" the remedy was prescribed in 200th b d for a few days till relief. Both reported cured in a few days' time. (No other symptoms were available).

#### Case 4: Dr J H Allen ("The Chronic Miasms" P 203/4).

John C, age 50, tall... despondent, low spirited, fears death; has had gonorrhoea for six months; discharge yellowish, mucous, with aching along the spermatic cord; complete impotence; penis relaxed, small; organs generally cold and flaccid. He has seminal emissions twice a week; fears he will die or that he is incurable, cured by this remedy.

### AGARICUS : THERAPEUTIC INDEX

Gonorrhoea (Dr J H Allen, ibid, P. 166) Organs cold, shrunken, relaxed; chordee very painful; itching and tingling along urethra; urine flows slowly or dribbles, and is often milky; loss of sexual power even to complete impotency. Mental wreck from over-indulgence, and sexual debauches. Suffers from spinal irritation, from self abuse. A single drop of the discharge appears in the

morning (**Medorr, Sepia**). Twitching of limbs, awkward movements. Weariness in lower extremities. **Dysmenorrhoea** (Dr J H Allen, ibid, p.281):- Many symptoms are spinal or reflex in character. Reflexes of **Agaricus** are manifested by twitchings, jerkings and trembling of the body even to chorea. Abnormal sensation during menses; strange feelings and sensations as of a cold, of heat, of insects crawling over the body, of the hot needles entering the flesh, as of stinging burning, itching, pricking and tingling, esp. on the extremities. Menses profuse with titillation in the genital organs and strong desire for sexual embrace. Flow is sometimes attended with very severe pains in the back and abdomen, tearing and pressing; palpitation of heart during menses; great sensitiveness of spinal column at every turn of the body. Spinal irritation due to sexual excesses; whole mind is sluggish, stupid at times; cannot remember; co-ordination of muscles bad; drops things. The heart, spinal and chest symptoms are worse during menses.

**Belpharospasm:** First remedy to be thought of (Pulford).

\* \* \* \* \*

### \* WELEDA PREPARATION \*

- |                                      |                               |
|--------------------------------------|-------------------------------|
| 1. Absinthium D1/Resina Laricis      | D3 Dil Diabetes               |
| 2. Achillea Comp Dilution            | Haemorrhoids, Anal Fissure    |
| 3. Aesculus D15/Alumen D15           | Acne Rosacea                  |
| 4. Arandisite Comp Dilution          | Cervical & Lumbar Spondylitis |
| 5. Cactus/Crataegus Comp Dilution    | Ischaemic Heart Diseases      |
| 6. Cineraria Maritima D3 (Eye Drops) | Cataract                      |
| 7. Euphrasia D3 (Eye drops)          | Conjunctivitis                |
| 8. Lobelia Comp Dilution             | Bronchial Asthma              |

Sole Selling Agents in INDIA FOR "WELEDA PRODUCTS" Including "ISCADOR"  
\* Write for Catalogue and Price List \*

**KENT HOMOEOPHARMACY**  
13/13 Deepak Building, Nehru Place, New Delhi - 110 019 (ADVT.)

## Layman Section

## BLACK EYE OF BOXER\*

Dr Sarla Sonawala

B A, DMS (Hons), DF (Lond)

With a bottleful of Homoeopathic remedy - **Ledum Palustre** the world champion Mohammed Ali, would have won his glory with more grace and less pains. A remedy for traumatic intraocular haemorrhage, popularly known as "Black eye of Boxer", it absorbs extravasations of blood and hematomas where **Arnica** is not sufficient.

A twin-sister of **Calendula**, **Ledum 30** has to be taken internally by mouth while the former is recommended for external use as lotion or ointment - precisely for the same open wounds and cuts with sharp, pointed instruments.

Today is Sunday. You are relaxing in a holiday mood. But no! The missus (all missuses are alike!) from the kitchen orders you to put some fixtures on the wall. Armed with nails and hammer, you grudgingly practise the odd job. "Thuk" followed by a piercing nail, as the nail goes through your finger instead of the wall! For spurts of blood and pain, **Ledum 30**, a few pills to be repeated whenever the pain returns, will stop the blood as well as pain and eventually heal. Even for whitlows caused by needlepricks under the nail, the remedy is useful.

Even if the nail or needle be rusty, no anti-tetanus serum, please! **Ledum** has the power to prevent tetanus after trauma with rusty instruments. Nonetheless, a word of caution - once the spasm of tetanus starts, do not rely on **Ledum**. Another remedy of which I shall talk later - steps in then.

When a child of two, my daughter was bitten by a dog, everyone in the house clamoured for Haffkine's except me who ardently followed Homoeopathy. **Ledum** alone healed. Herself a Homoeopath now, she gives **Ledum** to her little daughter who runs about the house with no brakes on and gets bumps and cuts. Such is the legacy of **Ledum!** From mosquito to elephant, **Ledum** is an excellent remedy for insect-stings and animal-bites.

The grumpy image of gouty grandpa will change to cheer and hope, if **Ledum** is his pal. It is a valuable remedy for gout and other rheumatic conditions wherein the joints are affected

\* Reprint from "Suburban Echo"

from below upwards, and the pains seek cold packs. Equally good for cord-like blue veins varicose of grandma!

Good news for the addicts of alcohol with their "rum blossom" nose! The remedy can take away the taste for alcohol.

So **Ledum Pal** is the household remedy for young and old alike - for the cobblers and carpenters, housewives as well as tailors, boxers plus wrestlers, surgeons and veterinaries!

\* \* \* \* \*

### THE TWELVE TISSUE SALTS\*

(Continued from July-Sept '86 issue)

Dr Kamal Kumar Sharma  
MRSH (Lon) MBH (UK)

#### 8. MAG PHOS: (Magnesium Phosphate)

**Mag Phos** is known as the anti-spasmodic tissue salt. Its main function is in connection with the nervous system where it supplements the action of **Kali Phos**. When a deficiency of **Mag Phos** occurs, the white nerve fibres contract, causing spasms and cramps. This tissue salt is of importance to muscular tissue ensuring rhythmic and coherent movement. **Mag Phos** is quick to relieve pain, especially cramping, shooting, darting or spasmodic pain. It is one of the most useful and quick acting remedies in homoeopathic pharmacopoeia.

**Mag Phos** is indicated for nerve pains, such as neuralgia, neuritis, sciatica, and headaches accompanied by shooting, darting stabs of pain. It relieves muscular twitching, cramps, hiccups, convulsive fits of coughing and those sudden, sharp twinges of pain that are so distressing. It also relieves pains peculiar to women. Stomach cramps and flatulence will usually respond to treatment with this tissue-salt. These symptoms may be aggravated by cold and touch and are relieved by the application of heat, pressure and bending double. The dose may be taken at frequent intervals until relief is obtained.

Note:- **Mag Phos** will often act more rapidly when the tablets are taken with a sip of hot water.

#### 9. NAT MUR (Sodium Chloride)

**Nat Mur** is the water-distributing tissue-salt and it enters

into the composition of every fluid and solid of the body. Because of its powerful affinity for water it controls the ebb and flow of the bodily fluids, its prime function being to maintain a proper degree of moisture throughout the system. Without this tissue-salt, cell division and normal growth could not proceed. It is closely associated with nutrition, with glandular activity and with the internal secretions which play such an important part in the physiological process.

Excessive moisture or excessive dryness in any part of the system is a clear indicator of **Nat Mur** deficiency. The resulting symptoms are many and varied, but always underlying them, will be found this predominant condition of too much or too little water. Here are some typical symptoms: Low spirits with a feeling of hopelessness, headaches with constipation, blood thin and watery with pallor of skin, which sometimes has a greasy appearance; difficult stool, with rawness and soreness of the anus, colds with discharge of watery mucus and sneezing, dry, painful nose and throat symptoms, waterbrash with slow digestion, the food remains too long in the stomach; great thirst; tooth-ache and facial neuralgia with flow of tears and saliva, eyes weak, the wind causes them to water; hay fever, drowsiness with muscular weakness; chaffing of the skin; hang-nails; unrefreshing sleep, tired in the morning; after-effects of alcoholic stimulants; loss of taste and smell; craving for salt and salty foods; stings and bites of insects, apply locally as soon as possible.

#### 10. NAT PHOS (Sodium Phosphate):

**Nat Phos** is an acid neutraliser. It is the principal remedy for the wide group of ailments arising from an acid condition of the blood - notably rheumatism. This tissue salt is also of importance for the proper functioning of the digestive organs. The assimilation of fats and other nutrients is dependent on the action of this remedy. A deficiency of **Nat Phos** allows uric acid to form urates which become deposited around the joints and tissues giving rise to stiffness and swelling and other painful symptoms.

**Nat Phos** is indicated whenever symptoms of acidity are present, such as acid dyspepsia, pain after eating and similar digestive disorders. Other indicators are highly coloured urine, golden-yellow or creamy coating at the base of the tongue (the whole tongue may sometimes present the appearance of a piece of washleather); worms; nervous irritability; sleeplessness caused by indigestion can sometimes be remedied with a dose of **Nat Phos** kept handy at the bedside. This remedy is of importance in

the treatment of rheumatism, lumbago, fibrositis and associated ailments. An acid state of the blood occurs when there is a deficiency of the soothing, acid neutralising tissue-salt, **Nat Phos**.

#### 11. NAT SULPH (Sodium Sulphate)

**Nat Sulph** regulates the density of the intercellular fluids (fluids which bathe the tissue-cells) by eliminating excess water. This tissue-salt largely controls the healthy functioning of the liver; it ensures an adequate supply of free flowing healthy bile, so necessary for the later stages of digestion. The removal of poison-charged fluids, which are the normal result of the chemical exchanges constantly taking place in the tissue cells is brought about by the action of **Nat Sulph**. If conditions arise which allow these waste matters to accumulate in the blood and tissues, auto-intoxication (self-poisoning) is the result. **Nat Sulph** ensures the disposal of these poison-charged fluids and its importance in the treatment of rheumatic ailments is therefore self-evident.

**Nat Sulph** is indicated in the treatment of ailments affecting the liver, eg biliousness, sandy deposits in the urine, water infiltrations, a brownish-green coating of the tongue and bitter taste in the mouth are some of the symptoms pointing to this tissue-salt. It is the principal remedy in the treatment of influenza. Humid asthma, malaria and other conditions associated with damp, need this remedy. A few doses of **Nat Sulph** will help to dispell that languid feeling so often experienced during a spell of humid, oppressive weather.

#### 12. SILICA (Silicic Oxide)

**Silica** is a cleanser and eliminator. It is a deepacting remedy which helps the body to throw out non-functional organic matter that may have arrived at a given point, during nature's effort to eliminate it from the system. It can often initiate the healing process by promoting suppuration and breaking up pathological accumulations, eg abscesses. **Silica** is a constituent of the hair, skin, nails and surfaces of the bones. It also acts in the manner of an insulator for the nerves. In cases of checked perspiration, **Silica** restores the activity of the skin, thereby aiding this important cleansing process. It is the biochemic remedy for offensive perspiration of the feet and axilla.

**Silica** is indicated wherever there is pus formation or threatened suppuration, eg abscesses, boils, gumboils, styes etc. It is useful in the treatment of tonsillitis when pus has begun to

form. Brittle or crippled nails and diseases affecting the surface of the bones need this remedy. **Silica** is helpful as a supplementary remedy in cases of dyspepsia and pains in the region of stomach. The symptoms are usually worse at night and morning and relieved by application of heat.

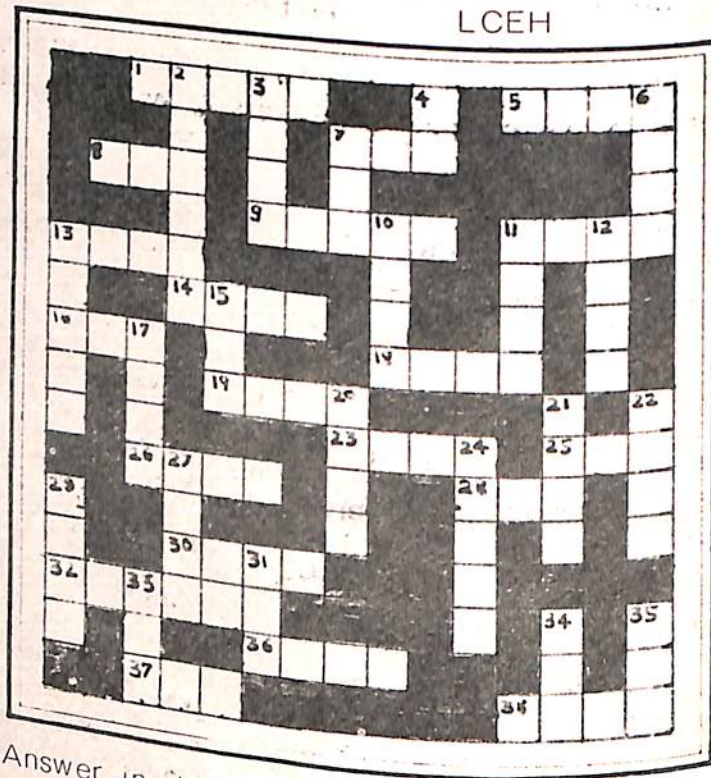
Student Section

\* \* \* \* \*

CROSSWORD : MENTAL SYMPTOMS

Dr Rupal Kapadia

LCEH



CLUES: [ Answer in short forms as given in Kent's repertory ].

ACROSS:-

- 1. A/F: Indignation & insults with excessive sexual desire. (5).
- 5. Falls in love with wrong people. (3-1).
- 7. An indifferent washerwoman. (3).
- 8. Suicidal pining boys. (3).
- 9. He thinks himself to be the wisest philosopher. (5).

Crossword

ACROSS

- 11. Listless, apathetic, indifferent to the affairs of life. (2-2).
- 13. Such a headache, he doesn't remember the names of the streets. (4).
- 14. She feels as if her body is made up of glass pieces. (4).
- 16. In stupor, answers fully and goes back to sleep. (3).
- 18. Dreams of profound exertion: swimming, etc. (4).
- 19. Feels she has 2 babies lying on her side instead of one. (4).
- 23. Lascivious mania. (4).
- 25. Unwanted, insecure kids. (3).
- 26. Knows the exact time of his own death. (4).
- 28. Borderline insanity with fear of dogs. (3).
- 30. One word leads the great stories. (4).
- 32. Forgetful people who feel they are walking above the ground level. (3-1).
- 36. An angry officer addicted to stimulants. (3-1).
- 37. Delirium alternating with colic. (3).
- 38. Feels that a devil is sitting on one shoulder & God on another. (4).

DOWN:-

- 2. Hysterical women with chorea. (6).
- 3. Mild, yielding, crying ladies. (4).
- 4. Can hear the clock ticking at a great distance. (2).
- 6. Hasty people playing with their own faeces. (4).
- 10. Despair of salvation in antipsoric patients. (4).
- 11. A clairvoyant person wanting magnetism. (4).
- 12. Romantic mood in full moon. (3-1).
- 13. Decided aversion to sex in fat females. (5).
- 15. Violent mother - wants to throw the child in fire. (3).
- 17. Vindictive. (3-1).
- 20. Fear of thunderstorm. (4).
- 21. Can't pass stool in presence of others. (4).
- 22. A spoonful of water seems like an immense lake. (4).
- 24. Praying, praying praying... (5).
- 27. Ten year old girl, sitting & reading Bible. (4).
- 29. Dull, Dizzy, drowsy, ... (4).
- 31. Old widows with suppressed sexual desire. (3).
- 33. Mental exhaustion from loss of sleep with paralytic complaints. (3).
- 34. Involuntary sighing. (3).
- 35. Cries even when thanked. (3).

Answers on pg.49

## YOUR REMEDY AT A GLANCE

Remedy	Function	Symptoms.
Calc Flour	Elastic Tissue Builder	<p>Relaxed conditions, Muscular weakness, poor circulation, dental decay, cracks in the skin                      III - nourished states, ill-nourished states, simple anemia, chilblains, lowered vitality. The ideal tonic.                      Skin ailments, spots, pimples, wounds that are slow to heal. Has a cleansing action and works well with Kali Mur and Nat Sulph                      Inflammations and congestions, throbbing headaches, feverishness sore throats, bleeding (apply locally in powder form). The preeminent Biochemic first aid.                      Congested conditions, thick whitish discharges, respiratory ailments, thickened blood, menstrual irregularities. The Children's remedy.                      Nervous exhaustion, brainfag, depression, fretfulness, nervous headaches.                      Skin ailments. Disorders of the scalp, hair, nails and mucus membranes. Catarrh with sticky discharges, rise of body temperature in the evening.                      Spasmodic, darting pains, cramp, flatulence, Neuralgia.                      Dryness or excessive moisture in any part of the body, running colds, loss of smell and taste.                      Thin watery blood.                      Acidity 'Tummy' upsets, heartburn, mal-assimilation, rheumatic ailments.</p>
Calc Phos	Tissue-cell builder.	
Calc Sulph	Blood purifier	
Ferr Phos	Oxygen carrier	
Kali Mur	Blood conditioner	
Kali Phos	Nerve nutrient	
Kali Sulph	Oxygen exchanger	
Mag Phos	Nerve stabiliser	
Nat Mur	Water distributor	
Nat Phos	Acid neutraliser	

**Nat Sulph** Excess water eliminator

**Silica** Cleaner and Eradicator

Biliousness, liver upsets, influenza, water retention, toxic states. The 'Liver' salt.  
 Pus formation, boils, styes, crippled and brittle nails. Scalp disorders.

\* \* \* \* \*

### ANSWERS: TO CROSSWORD ON PAGE 52

ACROSS

- 1. Staph
- 5. Nat-m
- 7. Sep
- 8. Aur
- 9. Sulph
- 11. Ph-ac
- 13. Glon
- 14. Thuj
- 16. Arn
- 18. Rhus
- 19. Petr
- 23. Hyos
- 25. Mag
- 26. Acon
- 28. Tub
- 30. Lach
- 32. Lac-c
- 36. Nux-v
- 37. Plb
- 38. Anac

DOWN

- 2. Tarent
- 3. Puls
- 4. Op
- 6. Merc
- 10. Psor
- 11. Phos
- 12. Ant-c
- 13. Graph
- 15. Hep
- 17. Nit-a
- 20. Rhod
- 21. Ambr
- 22. Agar
- 24. Stram
- 27. Calc
- 29. Gels
- 31. Con
- 33. Cup
- 34. Ign
- 35. Lyc

\* \* \* \* \*

### SPOT THE REMEDY!

**Case 5 :** Male child, 1 1/2 years old. Has involuntary stools on coughing or sneezing. Emaciation in spite of ravenous hunger. Child is lean, anaemic and intelligent. Clings to mother; anxious when he is alone.

Mr S M Gunavante  
 Answer on pg. 54

Book Review

POTRAITS OF HOMOEOPATHIC MEDICINES  
by Catherine Coulter

Publisher:  
North Atlantic Books 232D Blake Street, Berkeley, CA 94704.

EDITION: FIRST. PAGES: 422 PRICE: Not available in India

It was a pleasant, very pleasant surprise to get hold of the book "PORTRAITS OF HOMOEOPATHIC MEDICINES" by Catherine R Coulter. A good attempt has been made to describe the mental pictures of many remedies so, far. Kent, E Hubbard, M Tyler and C Wheeler gave commendable mental traits of various remedies. Borland effectively dealt with "Childrens Types" W Gutman incorporated the doctrine of signature in evolving and interpreting behaviour pattern of quite a few remedies. E Whitmont dived deeper into the dark recesses of inner psyche with the torchlight of Jungian concepts and philosophy.

And here comes Catherine R Coulter - in full colours - with her book of full 412 pages- entirely devoted to the portrayals of personality- profiles of nine prominent polychrests of our Materia Medica. A unique accomplishment indeed! Nowhere in Homoeopathic literature do we find a complete treatise on mental portraits alone as in this book.

It is to her credit that the author has not followed a fixed, linear pattern of dividing the remedy under pre-conceived headings. Nay, each remedy evolves on its own individual unique traits in its own right, grows and proliferates in compliance with its inner resources and finally unfolds its full potentials in the full-blown personality profile, in health as well as disease. Hence **Phosphorus** displays his charm and sparkle to win the hearts of a dozen lovely damsels, while **Sepia** grumbles with a sorrowful tale of an overworked housewife or even a cloy woman riding two horses and falling apart. If coy and cloy **Pulsatilla** seeks to cling with her lollypop sweetness and pliability, the high minded, stoic **Natrum** withdraws into solitude in search of his own identity. **Lycopodium** persists tenaciously to survive even under the guise of self-deception and the

intense **Lachesis** swings between sultry suppressed sexuality and ecstasy of religious trance, scattering verbosity all along.

Women have a faculty of intuitive understanding of humanmind and Catharine R Coulter confirms the statement. In her flowing feminine style-lucid and vivacious- she explores sensibilities and vulnerabilities of the mind of every remedy to render it "alive" with form and substance, motion and environment.

Nine is an ominous number (**NAVRATNA**) hence each one of nine remedies is a precious gem. Every true homoeopath who aspires to reach the real essence of the remedies of our materia Medica must have this book on his shelf.

Dr Sarla Sonawala

\* \* \* \* \*

Book Review:

CLINICAL HOMOEOPATHY

by Dr Anton Jaisuriya, MBBS(Cey), RCS (Eng)

Edition: Third Enlarged Pages: 752 Price: Not available in India

While Dr Anton Jaisuriya of Institute of Acupuncture, Colombo South Govt Gen Hospital, Kalubowila, Sri Lanka is an undoubted authority on Acupuncture with a large number of books on the subject to his credit, the book under review, "Clinical Homoeopathy" shows that his knowledge of Homoeopathic therapeutics is of no mean order. His two other works on Homoeopathy, viz. "Principles of Scientific Homoeopathy" and "Homoeopathy Keynotes" (which we have not seen) together with "Clinical Homoeopathy" apparently present Homoeopathy in all its essential aspects. Starting with a brief history of Hahnemann's labours in discovering, experimenting with and giving final shape to the various principles and practical questions to be solved, the author gives a lucid exposition of the six principles of homoeopathy, the concept of the Vital Force, Critical Evaluation - Science or Dogma. Pharmacology, Case taking, selection of the remedy, repertorisation and an illustrative list of commonly used remedies covering 105 page, Materia Medica of each remedy, under the heads, Clinical and drug a remedy on each page,

pictures, Modalities, Relations, Summary of Indications and Antidotes. The "Therapeutics" section of 163 pages covers disorders of the various systems (Nervous, Respiratory, Cardio vascular, Endocrine, etc.) Definition, Causes, Symptoms and Treatment are given for each disorder. An interesting aspect of the work is a brief account of the various bio-energetic medical techniques in use for diagnosis and therapy, such as Acupuncture, Homoeopuncture, Moxibustion, Complex (mixed) Homoeopathy. Another interesting feature is "Keynotes of Disorders" covering 68 pages; eg Blood vessels engorged: **Melilotus**; Cataract: **Naphthalin, Phos, Sil**; Chest pain decreased by walking rapidly: **Lil-t**; Diplopia: **Gel, Sulph**; Joints lax: **Carbo an**, etc. etc. The book ends with a number of question papers set for the examination for registration as homoeopaths in Sri Lanka. The Printing and get up of the book is superb. All in all, the book has a number of attractive and useful features because of which reference to it whenever needed may prove valuable to the advanced student, just as it provides sound guidance to the beginner.

Mr S M Guvante

\* \* \* \* \*

### CLASSIFIEDS

#### NEW CLINIC :

Dr Sarla Sonawala, Consulting Homoeopath, additionally available on **Thursday 9 - 12 noon** at Bawa Polyclinic, Dar-ul-Mulk, P. Ramabai Road, Gamdevi, Bombay 400007. From January 1987. Tel : 812 8062

#### CHANGE IN TELEPHONE NO :

Dr Vishpala Parthasarathy } Santacruz Clinic - 649 2762  
Dr Sarla Sonawala }

(ADVT.)

#### Readers Page:

In response to our request to readers, made in our July-Sept 1986 issue for views on Immunology, Prophylaxis. Dr (Mrs) **Mabel Arul** writes from Madras (Only salient excerpts quoted):

Dr R Moskowitz points out that latent viruses are involved in (1) recurrent attacks such as herpes, shingles and warts; (2) Slow virus diseases such as Creutzfeldt - Jakob disease and Gullain Barre Syndrome; (3) Tumours.

Professor R Simpson of Rutgers in a 1976 seminar sponsored by the American Cancer Society raised the point that these vaccines used for immunisation can cause cancer and other chronic diseases. He pointed out that immunisation programme against measles, mumps, diphtheria, tetanus, etc may be actually seeding humans with RNA to form latent proviruses in cells throughout the body. These latent proviruses could be molecules in search of disease. When activated under proper conditions they could cause a variety of diseases including rheumatoid arthritis, multiple sclerosis, systemic lupus erythematosus, Parkinson's disease and cancer.

In U K several awards have been made under the Vaccine Damage Act, 1979. Out of these the majority of cases of severe disablement were caused as a result of vaccination against whooping cough. That is why immunisation is optional in U K. Dr Coulter of U S A in his book "DPT - A shot in the dark" says that there were several cases of death within 24 hours of vaccination. In his study at UCLA under FDA sponsorship, he had found that at least 1000 a year die as a result of vaccination with Triple Antigen Vaccine, classified as "sudden infant death syndrome" (SIDS) in the USA.

**Shri S P Satpathy**, Bolangir (Orissa) writes to us and a gist of his communication is given herebelow.

Hahnemann asserted that in the healthy condition of man the immaterial vital principle animates the material body. This vital principle which Kent called 'Simple Substance' is nothing but the Gene. The Gene dominates, controls and brings about changes in the body it occupies. When changes in the character of the Gene occur, the vital force, which maintains the body in healthy condition, is dysfunctioned and a fertile soil is created for virus and bacteria to breed and multiply. It should also be recognised that various environmental factors, such as climate,

pictures, Modalities, Relations, Summary of Indications and Antidotes. The "Therapeutics" section of 163 pages covers disorders of the various systems (Nervous, Respiratory, Cardio vascular, Endocrine, etc.) Definition, Causes, Symptoms and Treatment are given for each disorder. An interesting aspect of the work is a brief account of the various bio-energetic medical techniques in use for diagnosis and therapy, such as Acupuncture, Homoeopuncture, Moxibustion, Complex (mixed) Homoeopathy. Another interesting feature is "Keynotes of Disorders" covering 68 pages; eg Blood vessels engorged: **Melilotus**; Cataract: **Naphthalin, Phos, Sil**; Chest pain decreased by walking rapidly: **Lil-t**; Diplopia: **Gel, Sulph**; Joints lax: **Carbo an**, etc. etc. The book ends with a number of question papers set for the examination for registration as homoeopaths in Sri Lanka. The Printing and get up of the book is superb. All in all, the book has a number of attractive and useful features because of which reference to it whenever needed may prove valuable to the advanced student, just as it provides sound guidance to the beginner.

Mr S M Gunvante

\* \* \* \* \*

### CLASSIFIEDS

#### NEW CLINIC :

Dr Sarla Sonawala, Consulting Homoeopath, additionally available on **Thursday 9 - 12 noon** at Bawa Polyclinic, Dar-ul-Mulk, P. Ramabai Road, Gamdevi, Bombay 400007. From January 1987. Tel : 812 8062

#### CHANGE IN TELEPHONE NO :

Dr Vishpala Parthasarathy } Santacruz Clinic - 649 2762  
Dr Sarla Sonawala }

(ADVT.)

#### Readers Page:

In response to our request to readers, made in our July-Sept 1986 issue for views on Immunology, Prophylaxis. Dr (Mrs) Mabel Arul writes from Madras (Only salient excerpts quoted):

Dr R Moskowitz points out that latent viruses are involved in (1) recurrent attacks such as herpes, shingles and warts; (2) Slow virus diseases such as Creutzfeldt - Jakob disease and Gullain Barre Syndrome; (3) Tumours.

Professor R Simpson of Rutgers in a 1976 seminar sponsored by the American Cancer Society raised the point that these vaccines used for immunisation can cause cancer and other chronic diseases. He pointed out that immunisation programme against measles, mumps, diphtheria, tetanus, etc may be actually seeding humans with RNA to form latent proviruses in cells throughout the body. These latent proviruses could be molecules in search of disease. When activated under proper conditions they could cause a variety of diseases including rheumatoid arthritis, multiple sclerosis, systemic lupus erythematosus, Parkinson's disease and cancer.

In U K several awards have been made under the Vaccine Damage Act, 1979. Out of these the majority of cases of severe disablement were caused as a result of vaccination against whooping cough. That is why immunisation is optional in U K. Dr Coulter of U S A in his book "DPT - A shot in the dark" says that there were several cases of death within 24 hours of vaccination. In his study at UCLA under FDA sponsorship, he had found that at least 1000 a year die as a result of vaccination with Triple Antigen Vaccine, classified as "sudden infant death syndrome" (SIDS) in the USA.

Shri S P Satpathy, Bolangir (Orissa) writes to us and a gist of his communication is given herebelow.

Hahnemann asserted that in the healthy condition of man the immaterial vital principle animates the material body. This vital principle which Kent called 'Simple Substance' is nothing but the Gene. The Gene dominates, controls and brings about changes in the body it occupies. When changes in the character of the Gene occur, the vital force, which maintains the body in healthy condition, is dysfunctioned and a fertile soil is created for virus and bacteria to breed and multiply. It should also be recognised that various environmental factors, such as climate,

temperature, heredity, air pollution nutrition, emotional stress, etc have their effect on the Gene, which in turn creates disturbance in the vital force, and the organism becomes more susceptible to diseases. We generally recognise disease only when the viruses cause pathognomonic changes, but in reality changes in vital principle precede the pathological changes. For example, gastric ulcer is preceded by years of disturbed health.

\* \* \* \* \*

**ANSWERS TO "SPOT THE REMEDY"**

Case 5: **PHOSPHORUS 200** - One dose a week x 3 or 4 doses. (Page 49)

1. Kent - 479/1 - Appetite ravenous, with emaciation
2. Kent - 5/2 - Anxious, when alone
3. Kent - 1370/2 - Lean people
4. Kent - 1344/2 - Anaemia
5. Kent - 621/2 - Rectum, Involuntary stool on coughing, sneezing.

#####

Indian Journal of Homoeopathic Medicine

**BACK ISSUES AVAILABLE**

YEAR	VOLUME No.	ISSUE
1976	10	
1977	11	1/2/3/4
1978	12	1/3/4
1979	13	1/2/3/4
1980	16	1/3/4
1982	17	1/2/3/4
1983	18	1/2/3/4
1984	19	1/2/3/4
1985	20	2/3/4
1986	21	1/2/3/4

PRICE: Rs 24/- per set of Four  
POSTAGE (extra): Rs 5/-

#####

**COMING EVENTS**

1. Homoeopathic Science Conference at **Singapore - 16th & 17th December, 1986**. The Registered Malaysian Homoeopathic Practitioners Association (MRHP) are organising this 2nd Homoeopathic Science Conference at the Regional Language Centre (RELC), Singapore, (Duty Free shopping Centre) This is the National Homoeopathic Organisation in Malaysia and may be contacted at No 11, Bangunan Tabung Haji, 15000 Kota Bharu, Malaysia. The programme includes Therapeutics, Modern approach, Research and free subjects.

2. Homoeopathic Seminar cum Workshop Bombay - Three Days with George Vithoukas: Vithoukas's exposition of classical Homoeopathy and his video demonstration of cases given in Feb. 1986 made a deep impression on many Indian Homoeopaths. The Homoeopathic Convention Committee has organised yet another three days Seminar with Vithoukas on **24th, 25th and 26th Jan. 1987 in Bombay**. There will be live demonstration of his case taking and approach to the case, step by step as well as delineation of live televised remedy pictures. For enrollment write to Homoeopathic Convention Committee, Dr Subodh Mehta Medical Centre, 16th Road, Khar, Bombay 400 052. FEES Rs 600/-

3. **February 6 to 8th, 1986 - Bombay**: A symposium on Homoeopathic prescribing organised by the Institute of clinical Research (Sekhsaria Bldg, Pareek St, Prathna Samaj Junction, Girgaum - 400 004) at the Bombay Medical Union Hall, Blavatsky Lodge Bldg, French Bridge Chowpatty - 400 007. Fees Rs 300/-

4. Homoeopathic Seminar at **Meerut on 22nd February 1987**. Encouraged by the grand success of the Seminar held on 15th June 1986, the Homoeopathic Study Circle, Meerut, have organised yet another 2nd All India Seminar at Meerut Cantt on 22-2-1987. Eminent Homoeopaths will lecture on DIABETES the 50 MILLESIMAL POTENCY and CHRONIC MIASMS. For details, write to Dr Praveen K Goel, Convener, Goel Clinic, Baghpat Gate, Meerut, 250 002 (U.P.)

5. 42nd Congress of the International Homoeopathic League will be held at Arlington, Virginia, 22202 (USA) from **29th March to 2nd April, 1987**. Organisers: American Institute of Homoeopathy, 1500 Massachusetts Avenue, NW, **Washington, DC** 20005, USA FEES \$ 250

\* \* \* \* \*

## THE HOMOEOPATHIC EDUCATION SOCIETY

### I. Society News

The 29th Annual General Meeting of the Homoeopathic Education Society was held on Sunday, September 21, 1986 at Smt Chandaben Mohanbhai Patel Homoeopathic Medical College.

The following members were declared elected to the Governing Council for a term of three years.

- |                     |                                    |
|---------------------|------------------------------------|
| 1. Dr S B Dhabuwala | 2. Dr (Mrs) Vishpala Parthasarathy |
| 3. Dr R C Kaith     | 4. Dr Shri K V Desai               |

At the first Governing Council meeting after the Annual General Meeting the following office bearers for the year 1986-87 were elected.

- |                   |                |
|-------------------|----------------|
| 1. Shri M I Patel | President      |
| 2. Shri M B Jain  | Vice-President |
| 3. Shri C B Patel | Hon Treasurer  |
| 4. Dr D T Dave    | Hon Secretary  |

At the above meeting the following committees were also formed:

- College Committee, The Building Sub-Committee, The Accounts Sub-Committee, Staff Selection and Advisory Sub-Committee, Hospital Sub-Committee, Research and Development Sub-Committee and Journal Sub-Committee

### II. Juhu Jagruti Homoeopathic Research and Development Centre.

Foundation Stone laying ceremony of Juhu Jagruti Homoeopathic Research and Development Centre at the hands of Dr V Subramaniam, Honourable Minister for Urban Development, Maharashtra State, was held at the College Campus on Sunday, November 16, 1986. Dr Miss Mehrooben Bengalee, Vice-Chancellor, Bombay University, was the Guest of Honour. Shri M I Patel, President Homoeopathic Education Society, welcomed the guests. Dr G B Parulekar Dean K E M Hospital, spoke on the occasion and lauded the efforts of the Juhu Jagruti for their munificent donation.

### III. College News

- (a) Results of 1st B H M S out on 6-12-1986  
 Appeared: 101 Passed: 80. % passed = 79.20%
- (b) Dr Kochar Principal has resigned effective 9 Dec 1986.

\* \* \* \* \*

Vol 21:1986

## INDEX - SUBJECTWISE

Article	Author	Issue Pg.
1. Abstracts & Extracts		1-24
2. Aconite - An Earthquake	Dr Sonawala Sarla	3-20
3. Aethusa	Dr Vithoukas George	2-19
4. Aethusa - Intensity turned wayward	Dr Sonawala Sarla	3-26
5. Agaricus Muscarius Reprint	Dr Gibson D M	4-34
6. Agaricus - Cases		4-40
7. Agaricus - Psychosomatic Evolution	Dr Sonawala Sarla	2-24
8. Agaricus - a Repertorial picture	Mr Gunavante S M	4-37
9. Adis, Facts about	US Health Department	4-15
10. Aids Terror, A Lesson	Dr Parthasarathy V	4-16
11. Arnica - First Alphabet in Homoeopathy	Dr Sonawala Sarla	2-33
12. Asarum - In an era of noise pollution	Dr Sonawala Sarla	3-23
13. Aude Sapare	Dr Shah Rajesh	1-17
14. Black Eye of Boxer	Dr Sonawala Sarla	4-42
15. Book Review - 50 Millesimal Potency by Dr Harimohan Chaudhary	Dr Master Farokh	1-7
16. Book Review - Clinical Homoeopathy, by Dr Anton Jaisuriya	Mr Gunavante S M	4-51
17. Book Review - Portrait of Homoeopathic medicines by Catherine Coulter	Dr Sonawala Sarla	4-50
18. Bothrops Lanceolatus - Clinical Study	Dr Master Farokh	4-31
19. Cases : Agaricus	Dr Sankaran Rajan	4-40
20. Cardiac Asthma	Dr Gariwala Vihas	3-19
21. Cuprum Ars	Dr Bansal Shilpa	2-23
22. Short	Dr Sharma Kamal kumar	1-12
23. Causticum		1-15
24. Coming Events		3-47
25. -do-		4-55
26. Constitutional Prescription	Dr Vithoukas George	3-25

## This is HOECHST in India!



Hoechst began operations in India in 1956 and has since emerged as a responsible corporate structure whose four pillars are its result oriented professionalism, its pursuit of excellence, its obsession with research, its high quality products. These, indeed, are the major objectives which Hoechst holds as its commitment to the country and its people.



Hoechst is pledged to follow Government policies. It proposes to invest, diversify and expand its operations to meet the needs of India. Hoechst believes that today's record is but tomorrow's standard. And tomorrow will be more challenging and surprising still. Specially, because Hoechst India Limited is already standing today at the gateway to tomorrow.

### Some outstanding features of Hoechst India Limited

#### Basic Drugs

Hoechst manufactures Basic Drugs of outstanding therapeutic value such as furosemide (Lasix), antidiabetics (Daonil and Rastinon), a plasma volume expander (Haemacel), to name a few.

#### Pharmaceuticals

Hoechst formulates and markets an assortment of research based, efficacious, ethical medicines which are established brand leaders.

#### Veterinary Products

Hoechst manufactures and markets a range of effective Veterinary specialities including the popular Foot and Mouth Disease Vaccine. A new addition is Panacur, the well known anthelmintic.

#### Agrochemicals

Hoechst formulates and markets a group of versatile, highly successful Agrochemicals like Thioldan (Endosulfan), Arelon (Isoproturon) and Decis (Pyrethroid). After-sales service and technical education and advice to users are among the best in the country.

#### Diagnostics

The future of medicine is diagnostic treatment. In this new area Hoechst and Behring market a wide range of Diagnostics which

saves cost of treatment and lives through earlier detection and correct diagnosis.

#### Industrial Division

Hoechst markets chemical raw materials, intermediates, dyes/pigments, synthetic fibres, silicones and a host of other industrial products produced by Hoechst AG Germany and its associated companies to various sectors ranging from soft drink manufacture to the electronic industry and space technology.

#### Quality Control and Assurance

Hoechst ensures High Quality Control standards conforming to the rigorous standards of Hoechst AG, Germany.

#### Basic Research

Hoechst is one of the only three pharmaceutical companies to undertake Basic Research at an annual average cost of Rs. 3 crores. Several exciting new compounds with potential therapeutic value have reached the final stage.

#### Exports

Hoechst is the leading exporter of pharmaceuticals in India. It has won several prestigious export awards. 1985 exports totalled nearly Rs. 23 crores.

Hoechst looks to the future with confidence and a sense of commitment.

**HOECHST INDIA LIMITED**

Ahmedabad ■ Bombay ■ Calcutta ■ Delhi ■ Hyderabad ■ Lucknow ■ Madras ■ Patna

**Hoechst**

FOR HEALTH AND HAPPINESS, SWITCH OVER TO

## HOMOEOPATHY

FOR BETTER MEDICINES,  
DOCTORS ALWAYS RECOMMEND

THE SYMBOL OF QUALITY  
HOMOEOPATHIC MEDICINES  
AND  
DOCTORS' SECRET OF SUCCESS

MANUFACTURED IN INDIA BY

Homoeopathic Division of

**RKB HERBALS PVT. LTD.**

OKHLA INDUSTRIAL AREA, NEW DELHI-110 020

Address For Correspondence

Regd. Office:

B-217, GREATER KAILASH, NEW DELHI-110 048

(Advt.)

27. Convention - a student's view	Miss Divya Chhabra	2-32
28. Convention, a report	Mr Gunavante S M	2-5
29. Cross-word Materia Medica	Dr Rupal Kapadia	1-21
30. Cross-word	Dr Rupal Kapadia	4-46
31. Mr Desai B R - Homage	Mr Daftari S V	3-39
32. -do-	Mr Joshi Jagdish	3-36
33. -do-	Mr Patel Mohanbhai	3-40
34. -do-	Dr Sonawala Sarla	3-41
35. Eczema and its treatment	Dr Bakshi Kirpal Singh	3-7
36. Editorial - The Journal	Dr Parthasarathy V	1-3
37. Editorial - Return of the Prodigal Son	Dr Parthasarathy V	2-3
38. Editorial - Awake - Homoeopathy calls you	Dr Parthasarathy V	3-3
39. Editorial - Aids Terror, a Lesson	Dr Parthasarathy V	4-7
40. Editor interviews Dr Bakshi K S	Dr Parthasarathy V	3-44
41. Editor interviews Dr Jayesh Shah	Dr Parthasarathy V	2-16
42. Editor interviews Dr George Vithoulkas	Dr Parthasarathy V	2-14
43. Facts about AIDS		4-15
44. Healing Herb of Hypericum	Dr Sonawala Sarla	1-23
45. HES News		1-22
46. -do-		2-35
47. -do-		3-45
48. -do-		4-56
49. Homoe. & Scar Tissue - Reprint	Dr Foubister D M	2-28
50. Homoeoprophylaxis -		4-18
51. Immunisation, The Case against	Testimony from Masters Dr Moskowitz Richard	4-10
52. Materia, Oh Medical!		3-30
53. Index for 1986: Author	Mr Wankadia Godrej & Colabawala	3-30
54. Subject		4-59
55. Pareek Foundation		4-57
56. Pointers in Choreo, Reprint		3-43
57. Readers' page		1-10
58. -do-	Dr Tyler Margaret	3-47
59. Report on Brazil Congress		4-53
60. Role of Diet in deter- mining sex of offspring	Dr Master Farokh Cairae Shivaji	4 - 63 1-8

61. Spot the Remedy	Mr Gunavante S M	4-9
62. Spot the Remedy	Dr Parthasarathy V	4-26
63. Students' Section - Introduction	Dr Vaishnav V H	1-17
64. Twelve Tissue Salts - I	Dr Sharma Kamal K	3-32
II		4-43
65. Value of Repertory	Dr Sankaran Rajan	1-4
66. Viral diseases in Hom.	Dr Pareek R S	4-21

## INDEX - AUTHORWISE

Name	Article	No.	Pg.
1. Dr Bakshi K S	Eczema and its treatment		3-7
2. Dr Bansal Shilpa	Short Cases Reporting		1-12
3. Mr Cairae Shivaji	Role of Diet in determining sex of offspring.		1- 8
4. Ms Chhabra Divya	Convention, a Student's view		2-32
5. Mr Daftari S V	Mr B R Desai - Homage		3-39
6. Dr Foubister D M	Homoeopathy and Scar tissue		2-28
7. Dr Gariwala Ulhas	Cuprum Ars. - a case		2-23
8. Dr Gibson D M	Agaricus Muscaricus		4-37
9. Mr Gunavante S M	Hom. Convention, a report		4-40
10. -do-	Agaricus - a repertorial picture		4-51
11. -do-	Agaricus - Cases		4-9
12. -do-	Book Review - Clinical Homoeopathy by Anton Jaisurya		3-36
13. -do-	Spot the Remedy		1-21
14. Mr Joshi Jagdish	Mr B R Desai -Homage		4-46
15. Dr Kapadia Rupal	Materia Medica in crossword		4-27
16. -do-	Crossword puzzle		1-7
17. Dr Master Farokh	Report on Brazil Congress		4-31
18. -do-	Book Review-50 Millesimal Potency by Dr H Chaudhary		4-10
19. -do-	Bothrops Lan. - Clinical Study		4-21
20. Dr Moskowitz R	The case against Immunisation		1-3
21. Dr Pareek R S	Viral diseases in Homoeopathy		2-3
22. Dr Parthasarathy V	Editorial- The Journal		3-3
23. -do-	Editorial-Return of the Prodigal		4-7
24. -do-	Editorial-Homoeopathy Calls you		3-44
25. -do-	Editorial- AIDS teror, a lesson		2-16
26. -do-	Interview with Dr K S Bakshi		2-14
27. -do-	Interview with Dr Jayesh S		4-6
28. Dr Parthasarathy V	Interview with Dr George V		3-40
29. -do-	Spot the Remedy		
30. Mr Patel M I	Mr B R Desai- Homage		

WITH BEST  
COMPLIMENTS

FROM

PHIROZE M DASTOOR & CO  
ESTD 1904

\* OPHTHALMIC OPTICIANS \*

\* CONTACT LENS CONSULTANTS \*

379, DR. D.N.ROAD, OPP. FLORA FOUNTAIN, FORT,  
BOMBAY 400 001, PHONES: 204 8271, 204 7041

\* \* \*

GURU ARJUN NIVAS, 53,S.V.Rd. SANTA CRUZ (WEST),  
BOMBAY 400 054, PHONE: 614 7028

\* \* \*

TAHER MANSION, SHOP No.2, NEAPEAN SEA ROAD,  
BOMBAY 400 026, PHONE: 822 4459, 812 5493

\* \* \*

D/15, EMPIRE MAHAL, DR. AMBEDKAR ROAD,  
KODADAD CIRCLE, DADAR (T.T.) BOMBAY 400 014.  
(ADVT.)



Mother Tinctures & Dilutions