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CHOLERA : ITS PREVENTION AND CURE

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Cholera is pandemically raging in many parts of India. It has been declared epidemic in the State of West Bengal. In one day (on 17.4.58) about 500 cases had been hospitalized. Most likely, there were many cases out-side of the hospitals. Since, the hospitals had been reported to be full to their capacity, the Ambulance service could not cope with the situation.

But, why don't the people avail of homœopathic aid in this disease? It is merely for the treatment of Cholera & Typhoid that Homœopathy spread like a wild fire through the length & breadth of the earth. Homœopathy still offers the same treatment. For some decades past, "Saline" had been the main stay of Allopathy. Despite its acclaimed merits, the rationale of saline-treatment is not spontaneously appreciated. It is like attempting to fill a two-outlet cistern through the second opening, when the first continues to drain out all the water remaining within. If the inlet is more effective than the outlet, there remains some chance of a surplus of water in the system. But the normal outlets of the living organism are so numerous and so wide that the man-made inlets can not compete with them. What happens after saline is that in some cases the human organism of its own accord takes up a reactive process, reduces and gradually stops the outflow of fluids from the system. The homœopathic stimulus has been credited with bringing in the same reaction, and has all along compared most favourably with the saline method. Even some cases completely untreated show the same trend of reaction. Recent antibiotics,

on the other hand, do not prove a match for cholera. Why do then the people flock to Allopathy? Presumably, it is for the craze for hospitalization and isolation, which Allopathy offers on a commercial scale, supported as it is by the state-machinery.

Inoculation for Cholera is being enforced by legislation. But to all intents homœopathic prophylaxis is no less effective, if not more so. The inoculation method has draw-backs of its own. It can not give the desired protection in an epidemic area. For, immunity does not grow before the close of the second week after inoculation. Further, Cholera developing within the first week of inoculation proves mostly fatal. The homœopathic prophylaxis, on the other hand, tends to give protection from the first day of its use. It is easy of application, and is safe, as it has no untoward reaction or side-effect, as in the case of crude inoculation.

Normally, the genus epidemicus, with hygienic living, is the most effective prophylactic against Cholera. But, if it can not be ascertained, *Secale Cor.* 200 (two doses, Morning & Evening, on the first day, and one dose a week for 3 subsequent weeks), takes its place and carries one safely through an entire epidemic. I have never known a single case of Cholera to happen in a family afflicted with it, after the second dose of *Secale Cor.* 200, provided the subject honestly follows hygienic methods.

It was Hahnemann who spoke first of *Comma Bacillus*. In 1831 he declared in a treatise on Cholera, e.g., *The Mode of Propagation of Asiatic Cholera* :

“On board the ships—in whose confined spaces, filled with mouldy water vapours, the Cholera miasm finds a favourable element for its multiplication and *grows into an enormously increased brood of those excessively minute, invisible, living creatures*, so inimical to human life, of which the contagious matter of the Cholera most probably consists—on board the ships, I say, this concentrated aggravated miasm kills several of the crew”.

The German commission headed by Dr. Koch discovered *Comma Bacillus* only in 1883, i.e., 52 years later.

The efficacy as well as the technique of homœopathy in Cholera have remained unchanged since the days of Hahnemann,

when our Master named the famous trio, Camphor—Cuprum—Veratrum, even before seeing a single case of Cholera. *Camphor*, for dry Cholera, of asthenic type, with scanty or a small number of purgings & vomitings, where collapse, dyspnoea, cyanosis set in early and terminate fatally in 6—10 hours of sickness. Coldness with desire to uncover is a striking concomitant. *Cuprum*, for spasmodic Cholera, with great cramps in apparently robust people. *Veratrum*, with copious purgings & vomitings, copious cold perspiration, especially of the forehead and more or less gripings in or around the navel. Copiousness and abdominal cramps are the characteristics. Two more additions, since Hahnemann's days, have secured our position. They are Ricinus Com. & Secale Cor. Ricinus is mainly for Diarrhoic Cholera or Choleraic Diarrhoea; and Secale Cor. for the *asthenic or diarrhoic type*. There are moderate cramps in both; while Ricinus has cramps in the extremities, Secale cramps and convulsions begin in the face, and predominate in the extensors. Coldness, collapse, with burning sensations and desire to uncover, like in Camphor, characterize Secale Cor.

It is always safer and more justified to stick to a basic drug, until recovery, than run to an unrelated remedy for the sake of a particular symptom only. Suppose, during an attack of Cholera a patient bores at his nose and you think of Cina. But Cina has no relation to Cholera proper. You would more judiciously stick to Veratrum Alb., which has the said symptom in a marked degree. Suppose, again, a Cholera patient develops hiccough, and for some reason or other you tend to think of Belladonna, Cicutula V., Ignatia or Nux Vom. But why not think of Agaricus, Arsenic, Carbo Veg., Cuprum, Cuprum Ars., Acid Hydro., Secale Cor., Tabacum & Veratrum, which besides being first-grade Cholera remedies are also first-grade hiccough remedies? Similarly, why not choose a drug for Cholera per se as a drug for Uræmia? You must consider the patient first, and the patient as a whole. Any remedy in the Materia Medica from A to Z, may come in for use at a particular point in a particular case, but the basic drug, which is specific to a particular disease and a particular case,—which conforms to the general as well as the individual features of a case, has unquestioned predomi-

nance over a drug that is far less typically related to the general features of the disease but corresponds only to an isolated single symptom.

When you have the chance to treat your cases from the beginning of illness, before any allopathic mishandling takes place, you are surprised to find that you rarely move out of the famous five,—Camphor, Cuprum, Ricinus, Secale & Veratrum, which in suitable potencies accomplish a cure normally in 48 hours' time. Still, rarely in a case of the above type, and often in those left by your allopathic friend, you are up against some peculiar problems, which are indicated below with their probable remedies :

1. ANGINA PECTORIS : Hydrocy. ac., Kali Cyan.
2. RESTLESSNESS : Desire to move about, though unable to do so—Cuprum Met.
3. RESTLESSNESS : Moving about, with gathering strength, due to spinal irritation—Hydrocy. Ac.
4. RESTLESSNESS : Due to retention of Choleraic fluids in the spasmodically constricted or paralysed intestine, ameliorated by evacuations,—the ordinary diarrhoic Cholera remedies and *not* *Ars.-Alb.*
5. COLLAPSE : Though evacuations and vomitings cease suddenly, and the much hoped for recovery does not ensue—Hydrocy. Ac.
6. COLD DELIRIUM : (a) Arsenic, Camphor, Cantharis.
(b) with restlessness and constant desire to go out of bed—Agaricus, Carbolic Ac.
7. URÆMIA : With cardiac Asphyxia, Cyanosis, Blueness, Lividness, cardiac distress, and pressure about the heart, anguish, palpitation, first convul-

- sion, then relaxation, apathy, laboured respiration, rattling in trachea, laryngial paralysis or sudden paralysis of heart—Hydrocy. Ac., Naja.
8. URÆMIA : With abdominal asphyxia due to paresis of the intestines ; no vomiting or purging inspite of copious transudations in the intestines or only vomiting with tympanitic abdomen, or contracted abdomen, absence of all secretions from the liver, kidneys ; thirstless, apathetic, indifferent even to death ; cold forehead, and death far sooner than in any other form of Uræmia—Nicotine.
9. STRUGGLE FOR BREATH : Ars. and Hydrocy, Ac.
 Struggle for inspiration—Ars.
 Struggle for expiration—Cuprum, Hydrocy. Ac.
 Ars. failing—Hydrocy. Ac.
 Respiratory function inefficient even at the last stage—Ars.
 Respiration deeper and slow, only laboured expiration—Hydrocy. Ac.
 Inspiration & expiration both laboured—Cup. Ars.
 Anxious, slow breath, sighing and hiccough—Secale Cor.
10. RESPIRATORY FAILURE : Respiration quick, superficial, threatening failure, while heart's action normal—Lach., Naja.
 Difficult swallowing, and threatening laryngeal paralysis—Naja.
 Simple cases of respiratory failure—

Ant. T., Ant. Ars., Ether ; which failing—Nicotine.

11. HEART FAILURE : While respiration well—Ammonia.
Heart failure with anxiety—Acon.
Heart failure with somnolence—Chloral.
Heart failure with wakeful calmness—Colchicum.
12. PREMONITORY SYMPTOMS : Many times guiding.
13. CARBO VEG. failing in collapse (diarrhoic Cholera)—Carbolic Ac.
14. ARS. failing, with early morning aggravation, Ars. Sul. Fl.
15. All failing in Cholera—Opium, Secale Cor.
Secale is the Sulphur of Cholera.
16. Cholera in small-pox times or preceded by small-pox many times calls for Ant. Tart.
17. Thrombosis : Fer. Ars., Terebinth, Cuprum (Hahnemann), Secale Cor.
18. After the danger is subdued, reaction has set in, and urine passed :
- (a) Worm irritation—Cina.
 - (b) Cerebral congestion : Apis, Hellebo. Hyoscyam, Iodoform, Opium, Phospho., Zinc., Tuber.
 - (c) Hydrocephalus : Apis, Hellebo, Cal. Phos., Tuber.
 - (d) Diarrhœa—Ricinus
 - (e) Vomiting—Tabacum.
 - (f) Urinary congestion : Canth., Camphor, Carbolic Ac., Terebin.
 - (g) Typhoid-like pyrexia : Bapt., Phosphoric ac., Pyrogen, Verat.
 - (h) Gangrene—Secale Cor., Carbolic Ac.
 - (i) Corneal opacity—Colch., Secale.
 - (j) Deafness—Secale Cor.

The question of potency, here, has remained puzzling as in other spheres of homœopathy. Some advocate low, some high. Probably all methods have some truth in them. Else, they

would not have been advocated as they are. But it has been my experience that the 30th and the 200th creditably serve my purpose. Usually, the idea to administer 2-3 doses of the 200th given 2-4 hours apart until reaction and positive improvement set in,—and to stop medicine at the sight of some tangible improvement, but to repeat again whenever necessity arises, gives me an entirely dependable rule. Hahnemann specifically advocated the repetition of the doses in Cholera, Febrile and some such acute cases. His experiences are clarified and confirmed by modern conceptions in medicine. Metabolism is high, enormous waste-products accumulate or are discharged, and vital activity is amazingly accelerated in acute diseases. Not only nourishment and calorie are consumed at an inconceivable speed, but drugs and remedy stimulus also. So, is the necessity to repeat. It is true that in some isolated cases the single dose is sufficient. The single dose treatment is not new, but is a phase of homœopathy. Notwithstanding, the majority of the cases not only tolerate but require repetition. The similimum consists not only in the remedy, but also in the force and continuance of the stimulus embodied in the remedy. The force is in the potency and the continuance is in the repeated dose. Repetition, if properly carried out, shortens the course of disease, hinders the patient from changing his physician and therapy and saves him enormous time, vital energy and money. Repetition is a boon from heaven as it were. So, Hahnemann recognizes its value, preaches its benefits and introduces it consistently and conspicuously in the 6th Edition of the Organon.
