## CARBUNCLE AND HOMŒOPATHIC TREATMENT WITH A CLINICAL CASE

DR. KOSHPAUL MADAN, JULLUNDUR CANTT.

A Carbuncle is more extensive gangrene of the sub-cutaneous tissue due to local invasion with Pyogenic Microbes. It occurs with individuals run down by any general debilitating conditions such as Albuminuria or diabetes. It is also occasionally met with as a sequel of acute fevers. The exciting causes may be some blow or squeeze resulting in some extra vasation of blood or some local diminution of vitality. Signs.

A Carbuncle commences as hard, painful infiltration of the sub-cutaneous tissues, the skin over which becomes red and dusky, the swelling gradually increases in size until a diameter of many inches may be reached. The central part becomes soft and boggy. Carbuncles appear most frequently on the back, the nape of the neck, shoulder, nates and where the vitality of tissues is never very acute.

HOMŒOPATHIC MEDICINES USUALLY USED FOR CARBUNCLE Ars. Alb., Bell, Bry, Canth, Echin, Hep. Sulph, Lachesis, Rhus Tox., Sil., Sulph., Tarentula C.

## A CLINICAL CASE

Mr. C. Ram, aged 45 years developed one boil on his back; he was a diabetic patient. Doctors advised him to get the boil operated upon, but the patient was afraid of it. He was determined to have Homoeopathic treatment and he came to the writer. The boil was very red, the patient was much sensitive to touch on the boil. The boil was hard and much painful. Its size was  $3'' \times 3''$ . The patient was very restless, and had not enjoyed sleep for the last 4 days due to extreme pains; only hot poultice could temporarily relieve him. I advised him to apply Antiphlogestin externally as hot as bearable and gave him Hepar sulphur 1M in the morning. He passed the night better. Next day placebo was given. The redness began to

decrease and the surrounding swelling disappeared within three days. On the fourth day the boil burst and offensive pus came out. On the 6th day again one dose of Hepar sulph. 1000 followed by Placebo was prescribed. The wound healed completely within 10 days. The patient was asked to get his urine tested. He was not at all passing sugar in the urine. The patient is alright upto this time, and blesses the art of Homœopathy.

Note: Dr. Koshpaul would have been assured of the blessings of Hahnemann, had he not prescribed Antiphlogestin.—Edit.

## **EUROPE SURPRISED ME**

## SO DID EUROPEAN HOMGOPATHY

The Very Reverend James M. Malloch, D.D., California

. . . . . The pharmacies of Europe and the Middle East appeared quite up-to-date to my unprofessional eye. I know they carry the "wonder drugs." They don't sell sandwiches or hardware. Homœopathy is still a living school of medicine in France, Germany, England, and to some extent elsewhere. It is debatable but popular among Europeans. Dr. A. Dwight Smith of Glendale had given me letters of introduction to two famous homœopathic physicians, Sir John Weir of London and Professor R. Galeazzi-Lisi of Rome, the Pope's doctor. Unfortunately for me each of them was out of town when I called. When I reached Edinburgh, however, I received a very cordial letter from Sir John advising me to be sure to see the castle lit up at night. I did. It looked like a fairy castle floating on a black cloud. Professor R. Galeazzi-Lisi advertises his services on his windows: Consultations, Internal Medicine, Operations, X-Ray, Ultraviolet, "Omeopatia," "Cure Elettriche," Air-Sun Therapy ("Aerosolterpia"). He also indicates that he is an oculist. I saw the doctor's most famous patient, Pope Pius XII, at his summer home, Castelgandolfo. He looked well, acted