

# THE HAHNEMANNIAN GLEANINGS

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## SPOTLIGHTS ON MALARIA

DR. S. M. BHATTACHERJEE, M.A., P.R.S.M., BERTHAMPORE

Homœopathy is rich in extensive studies of the Therapy of Fevers. Dr. Carl Von Bœnninghausen, and Dr. H. C. Allen's, Therapeutics of Fevers, Dr. P. P. Well's Intermittent Fever, Therapeutic works of Dr.'s Lilienthal and Raue are monuments to the Herculean Labours undergone by our past Masters. To recapitulate them here, is sheer waste of time, though a constant study of those epic works should be continuously encouraged. What we can do with advantage is to focus our attention on a particular subject in the lime-light of clinical experience, which alone tells in the final reckoning. We must assess our assets and liabilities, our gains and losses, in the successful equipment of our armamentarium of proved drugs, for the years to come, and take care that we are not found guilty of bungling with human life, by posterity or our contemporaries.

Our title speaks of Malaria. Some one may object to it, as being the name of a disease. But your "Intermittent Fever" is also a name. You can not speak or understand a word without a name, you are dumb-founded short of it. Anonymous persons thrive in literature, but an anonym is a misfit in society as in science. What Hahnemann intended to do was to draw our attention to symptoms alone, without the least regard for names of disease as such,—and to symptoms alone of a singular, peculiar nature, finally worded as "Characteristic", as opposed to the com-

mon symptoms of a morbid phenomenon, termed by a name of disease as Typhoid, Smallpox, Malaria and so on. But did he not mention "Smallpox", "Gonorrhœa", "Syphilis", "Itch", "Cancer" or "Leprosy" in his *Organon of Medicine*, and his treatise on Chronic Disease? To avoid all names is to avoid all speech, become speechless and so to end all discussion. The term "Malaria", indicates a Group of Common symptoms,—chill, heat and sweat, caused or supposed to be caused,—as you prefer, by the presence of some microscopic organisms, e.g., Protozoa of the Genus *Plasmodium*, in the blood-stream of an animal or human being. To us Malaria is only a name that facilitates the conception and discussion of a group of symptoms, but our approach to it is different from that of the Pathologist,—and we have no justification for taking an exception to its use in speech or writing.

Malaria is not necessarily intermittent in character. It is remittent too. But the remittent or intermittent character of the disease has no marked effect on the selection of remedies. Remedies from the Intermittent group are not infrequently required for the Remittent Pyrexia, and the same is true of the Remittent group in Intermittent Fevers. The difference between the remittent and the intermittent types is more of a degree of remission than of anything else. Baptisea, Phosphoric Acid and Pyrogenium are often called for in the Malignant pyrexia of the Cerebral or Hyperpyrexia type; Gelsemium, when the Intermittent takes on a remittent character and Vice-Versa; Chininum Sulph, of which clear intermission is a character, is also required in the remittent pyrexia, the intermission in daily fever, here, being so short as to simulate a remittent or continuous fever. Remittent or Intermittent, the Pyrexia is to be covered by the selected remedy in the totality sphere.

The folly and falsehood of the popular opinion that malaria is beyond the jurisdiction of Homœopathy is to be met largely with a higher percentage of cures in our hands.

The type or numerical strength of the Bacterium in the blood-stream, has no reason to upset us, as they have no more importance in our therapy than the Comma Bacillus of Asiatic Cholera, Eberthella Typhosa of Enteric fever, and filtrable Virus strains of Influenza. Homœopathic cures of Malaria are as significant and as normal in order as the cures of other diseases. It is the propaganda of interested parties as well as the inefficiency of Homœopathic Physicians in rural areas that are responsible for the unbecoming slur on Homœopathy. I have been living in a malarious region for a considerably long time, and I have to treat 1500—2000 cases of malaria of all types every year, and I cure my cases with a few sweet pellets, without any the least resort to crude quinine, Atebrine, Aristochin, Paludrine or Camo quinine.

With enlarging practice and advance in years an able Physician's therapy shortens, becomes concise and places him in a masterly possession of his art. He may have to utilise any remedial agent in the *Materia Medica* when need arises, but his usual weapons comprise only a few from the vast armoury at his command.

In my Malarial therapy, in the majority of acute cases I rely upon the Classic drugs for this particular ailment: Arsenic Alb., Ars. Sulph. Flavum, Bryonia, Capsicum, China, Chininum Sulph, Eupatorium Perf, Eupatorium Purp, Ferrum Met, Gelsemium, Ignatia, Natrum Ars, Natrum Mur, Nux Vom, Pulsatilla, Sulphur and Thuja, chosen according to the totality picture. In chronic forms, Calcarea Ars, Ferrum Ars, Ferrum Iod, Chininum Ars, Natrum Ars, Natrum Sulph, are valuable additions of compound drugs. Impoverished blood and some constitutional traits calling for neither of them singly but for both and so in combination, are sufficient grounds for the application of those combined drugs. Ars. Sulph. Flavum, another combined drug, rarely known and used by Physicians in general, is a gem; and the first years of my experience with it were simply sensational. About 40% P.C. of my cases acute and

chronic were cured with *Ars. Sulph. Flavum* alone. A combined picture of *Ars. Alb.* and Sulphur,—two deep-acting first grade remedies for Malaria, is its typical indication. When in a given case, neither Sulphur nor Arsenic alone is indicated, but the salient features of the Pathogenesis of both of them are revealed, I safely rely on *Ars. Sulph. Flavum*.

Homœopathic treatment of Malaria does not differ in principle or method from the treatment of other diseases. Usually, the singular, uncommon, peculiar symptoms of Prodrôme, chill, heat, sweat and apyrexia appearing in the classic order, or in various deviated forms and combinations, are to be carefully collected, assorted and separately placed with advantage under the ever-helpful schedule charted by Dr. Carl Von Boëninghausen: (i) Location, (ii) Sensation, (iii) Modalities as to time and circumstances, and (iv) Concomittants,—consideration being given sufficiently to a fifth and added element of (v) Chronic miasms, as enunciated by Master Hahnemann. It is the total picture, termed as "totality" of Symptoms that counts. But occasions arise, when the total picture is no better than a shadow and has nothing in it to clearly indicate a remedy; one or two little but rare and peculiar symptoms, then, emphasise themselves demanding exclusive consideration. At any rate, we are to lay emphasis on those that emphasise themselves. Thirst during prodrôme and chill alone calls for *Capsicum*, thirst during chill alone and at no other time, *Ignatia*,—though *Carbo an.*, *Carbo veg.*, *Ferrum met.*, *Kali carb.* and *Murictic Acid* also have this symptom; chill proceeding from the chest calls for *Spigelia*, from the back *Eupatorium*, from between the scapulae,—*Capsicum*, chill ascending from lower extremities—*Sabadilla*; immediately vomiting cold water, retaining all other liquids,—*Eupator Perf*; chill at the same hour, with clock-like regularity—*Aranea*, *Cedron*, *Sabadilla*; thirst for warm drinks alone,—*Cascarilla*, *Cedron*, *Eupator*, *sabadilla*; loquacity during the rising fever and profound sleep after the climax has reach-

ed,—Podophyllum and so on. Symptoms of Urticaria, Cough, Hiccough and hunger also may serve as positive clues.

Occasionally a few constitutional traits brilliantly focus themselves upon the acute phenomena of chill, heat and sweat, and assuming a first grade prominence call for some constitutional remedies like Calcarea, Lachesis, Lycopodium, Psorinum, Silicea, Tuberculinum and many others. Excessive loquacity, general burning, desire to uncover during heat, fear of suffocation when asleep, sensitiveness to tight shirt collars and to all clothing point to Lachesis; A phlegmatic constitution with localised coldness of parts, copious sweat of head, a great craving for eggs, require Calcarea Carb. Great unaccountable prostration, copious hot sweat without relief even in the hot stage, great disposition to skin affections and putrid smell of discharges call for Psorinum. Evening paroxysms, desire for sweets and warm food and drink, acidity, heartburn, flatulence, eructations, sour vomit and desire to uncover during fever are unmistakable indications for Lycopodium. Rickety subjects, pot-bellied, large headed, irritable, with deterred bony-growth, cold clammy sweaty palms and soles, suppurating skin, constant chilly feeling and evening temperature need Silicea. When a typical Sulphur case has evening or 9-10 A.M. paroxysm (many cases of mine), desires to be covered, is loquacious, has a tubercular background, and the symptom image is ever-changing and is unsatisfied medicinally, Tuberculinum Bovinum is sure to take the lead.

Sometimes in acute cases, but most frequently in chronic ones, where either the characteristic symptoms of the paroxysms have already disappeared or are meagre, or the constitutional phase has considerably developed, the symptoms of apyrexia, strikingly aside from the symptoms of other elements in the fever, (e.g. Prodrome chill, heat and sweat), become guiding; and thus there become indicated by their characteristic constitutional syndromes, deep

acting remedies like Calcarea, Lachesis, Natrum, Lycopodium, Psorinum, Silicea, Sulphur, Thuja, Tuberculinum and so on.

The mechanism of fever is in effect the mechanism of the Nervous System. Nerves, on the other hand, powerfully affect human mind either favourably or adversely. So in the total picture nervous as well as mental symptoms play a vastly important role. The sad, despondent, melancholy mood suggests Antim Crud, Antim Tart, Lycopodium, Pulsatilla, Psorinum, Thuja; the restless, anxious, apprehensive mood, points to Arsenic, Pulsatilla, Sulphur; the tearful weeping, Medorrhinum, Pulsatilla; the pitifully crying,—Cina, Chamomilla; the irritably peevish, snappish,—Antim Tart, Antim Crud, Chamo, Cina, Nux Vom, Sepia, Thuja, and so on.

Timefactor is often strong in controlling the selection of remedies. 4 A.M.—fever,—Thuja; 9 A.M.—Natrum; 12 M or 12 P.M.—Ars; 3 P.M.—Puls, provided there is no contra-indication. Periodicity is to be carefully considered, as every other day, every fourth or seventh day, fortnightly, monthly and yearly paroxysms have leaders in their respective groups.

For masked cases or cases drugged Allopathically, my therapy is very brief. It is Arsenic Aib, Arsenic Sulph, Nux Vom, Sepia, Sulphur or Thuja,—Thuja leading them all, that either develop the symptoms for the next indicated remedy or cure by the first prescription. For Homœopathic bungling I need Sepia alone.

In greatly enlarged or fibrosed spleen (or splenomegaly) I never have had to resort to remedies for spleen per se, like Urtica Urens, Chionathus and Ceanonthus. As previously detailed, the uncommon, peculiar, characteristic symptoms of prodrome, chill, heat, sweat and apyrexia placed in the proper perspective of the constitutional background,—are pointers to the appropriate remedies in the pyrexia group which cure my cases radically. The enlarged spleen is not the cause, but an effect and accompani-

ment of this specific infection and so the remedy that cures the fever and the patient, cures the spleen also. The same is true of Hypertrophied liver and its sequel in Malaria.

In children, Antim Crud, Antim Tart, especially Antim Ars, (being a combination of Antim with a first class auge-remedy, Arsenic), Chamomilla, and Cina are frequently called for. Antim Tart or Antim Ars usually in cases complicated with Bronchial Catarrh. I have no experience with Antim Sulph, which may also prove a valuable remedy in this sphere.

In chronic cases, where the fever has persisted for a sufficiently long time or has relapsed many times, the antipsoric and constitutional remedies are made to play their part without delay. In view of its relapsing character, tenacity, and thoroughness of invading the human organism, Malaria should be placed among the chronic diseases. We may consider its Geographical distribution somewhere, to have a sure grasp of its innate nature. Geographically, if Malaria is Endemic anyway in Bengal, it is so in the whole of the undivided province,—from the dry hilly slopes of the Chhotonagpur Division bordering the districts of Birbhum and Bankura to the usually inundated areas of the delta of the Ganges, its branches and tributaries, comprising the districts of Eastern Pakistan,—from the southern border of the Santhal Paraganas to the sea-side districts of West-Bengal, e.g., 24 Parganas and Midnapore. But wherever it is Endemic it is Epidemic, vigorously breaking out periodically, and so of Chronic nature (vide Organon 6th ed, secs—239-244). And every case, in every region, in each yearly epidemic, has had to be scrupulously individualised,—as neither the Genus Epidemicus, which however is rarely found, nor the Epidemic drug, China, approach any the nearer to the universally specific remedy. Relapses even in Homœopathic hands are not infrequent,—(to speak the least of Allopathic drugging), requiring antipsoric treatment, and Pernicious Malaria which also accord-

ing to Hahnemann (*Organon* 6th, ed. sec. 243) is of Psoric origin occasionally breaks out epidemically and has had to be met frequently on the Psoric level. Malaria, therefore, is a Chronic disease from the beginning to the end and there is no wonder that the Chronic, Antipsoric, Antitubercular and constitutional drugs are frequently needed. Even in acute cases I do not waste much time upon the less deep-acting remedies. The well-selected remedy is here given to play its role for three or four days only, by which time it is to cure definitely, if it is within its power. If it fails, a decision is to be taken instantly either for a second-well-selected remedy for the fever per se, or for an antipsoric, antitubercular, constitutional drug, best suited to the case in hand, which latter, however, is the one more frequently instituted.

An anticipating fever after an indicated remedy raises doubts about the suitability of the drug. Sometimes the paroxysm appearing within twenty four hours of the indicated remedy antipones, but the subsequent ones must postpone, or the remedy is definitely a wrong selection. A postponing fever after a remedy is a favourable sign of remedial action and is prognostic of a subsequent cure in sight.

Homœopathic remedies are as potent in Cerebral and Algid Malaria as in Typhoid and Asiatic Cholera. In the Cerebral type, cerebral remedies like *Baptisea*, *Hyoscinus*, *Helleborus*, *Lachesis*, *Lycopodium*, *Muritic Acid*, *Phosphoric Acid*, *Pyrogenium*, *Stramonium* and *Tuberculinum* are called for, but *Baptisea*, *Lachesis*, *Phosphoric Acid* and *Pyrogen* lead them all. In Algid Malaria, which simulates Asiatic Cholera in most signs and symptoms except the temperature, our Cholera remedies, *Arsenic*, *Camphor*, *Cuprum*, *Secale* and *Verat. Alb.* work miracles. My favourites here are *Arsenic*, *Secale* and *Veratrum* which cure nine out of my ten cases. *Arsenic* also is a valuable remedy in the Cerebral type, especially after the brain remedy has controlled the case, paving the way for the next-



best indicated remedy. Hyper-Pyrexia is a dangerous form, and I shudder at the name of it. Our usual remedies here would be Arsenic, Baptisea, Pyrogen, Tuberculinum Bov., and Veratrum Viride. But who would give you the guiding symptoms? The inmates did not watch the shooting rise of temperature, as the patient was probably asleep then, and when you are called in to visit the patient, he is already unconscious and collapsing after a temperature of 107, 108, or 109 degrees F, as his heart is already in the failing process. There is none to furnish you the requisite characteristic symptoms, and while each moment is too precious to lose, you are at your wit's end as to the selection of the remedy. Heart remedies such as Aconite, Arsenic, Crataegus, Cactus, Carbo Veg, Digitalis or Lachesis usually fail, except in a few rare cases, and such is the fate of intravenous or intramuscular quinine, Coramine and Glucose, as I have observed in many cases.

A troublesome complication or sequel of Algid Malaria is hiccough, for which I need only a few doses of Sulphur 200, after the critical phase has subsided under Arsenic, Secale or Veratrum.

The treatment of Kala-azar is in the same line as that of Malaria. Usually, the potencies used in these twin diseases are the 200th for children under ten, applying 1M potencies in rare cases, and 1M, 10M, and higher when necessary, for adults and the rest. The greater the similarity the higher the potency, and inversely the lesser the similarity the lower the potency, is a golden rule that guides one in the right direction. Malaria being a chronic or a semi-chronic disease (as you like it), the higher and the highest potencies are more helpful than the lower and the lowest, which do not produce a sufficient healthy reaction needed to combat such a disease. The only exceptions to this rule comprise: (1) when, the exaggerated susceptibility of the patient to a given remedy or remedies in general is a draw-back, (2) When the vital condition is too low, and the powerful impetus of the higher or the highest

potency may possibly shatter the stimulating capability of the nervous system and thus bring forth a total break-down of the defence mechanism, culminating even in the cessation of life or in other words in death. Homœopathic potencies below the 200th are worthless in Malaria. They are a source of failure in many hands, and instrumental in bringing Homœopathy in disrepute.

I never resort to the practice of administering a dose after each paroxysm as favoured by some and advocated by Hahnemann in his sixth edition of the Organon (vide sec. 238). I select my remedies to the best of my ability, and if time permits (time is short in the pernicious variety, where remedial aid is immediately necessary) administer two doses of the same potency,—medium, high or higher, —a dose, a few hours before and another after the paroxysm, and wait for three or four days during which time, generally, the paroxysm ceases. Sometimes, I have to repeat a single dose, with the return or foreshadow of the paroxysm, and that usually after a lapse of one, two or three weeks. It may sound queer to administer two doses of the same high potency at an interval of twelve hours or so. But this I have been doing for a considerably long period entirely to my satisfaction, and this method of repetition before the first dose has already established a reaction, gives a better impression of the remedy than observed otherwise.

After an accurately selected remedy, the paroxysm in the next twenty-four hours may be more intense, violent or of longer duration, probably due to a medicinal aggravation as explained by Hahnemann; but the second paroxysm diminishes, is of lesser intensity or shorter duration, or is postponing, the third is only of slight indisposition and the fourth is a cure without fail. But if the remedy is not properly chosen, a second prescription of either a fever-remedy or a constitutional, anti-miasmatic one may be necessary, but a third is a rarity. So, the first prescription of a well-selected remedy cures

a case of violently developed Malaria as early as quinine, if not earlier, that of a badly chosen one three days later, but a worse chosen second remedy six days more so. Besides, Homœopathic cures are more permanent, more gentle, radical and salutary than the Allopathic, and without any the least evil reaction and damage to various Cells and Organs of the body as are observed after quinine and such other drugs.

In the prophylactic field Homœopathy also offers ample opportunities. The Genus Epidemicus is the most appropriate prophylactic. But in absence or default of it, Ars. Sulph. Flavum 200 or 1M takes its place, being the combination of a great Malarial remedy and a king of antipsorics, and lays a deep hold of the constitution as a prophylactic. Administered in the aforesaid potencies once a week or fortnightly, as may be thought useful, it protects many of my patients from attacks of ague.

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### BIOCHEMICS & HOMŒOPATHY

DR. K. N. MATHUR, M.B., B.S., DELHI

1. The Article 'Remedy for Weakness of Homœopaths' by Dr. K. L. Daftary of Nagpur is excellent indeed. Dr. Daftary is well experienced having 40 years of practice of Homœopathy and the Biochemic behind him, and can say things in an authoritative way.
2. No doubt the aim of medicine should be like all other sciences to simplify matters in a surer and securer way. Hence he is right to a great extent when he appeals to take to the Biochemic method instead of the Homœopathic which is so difficult and hazardous.
3. But I find that there are limitations and promises in each system of medicine. One who has performed and seen the magic of Homœopathic medicines is hardly con-