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DIABETES MELLITUS

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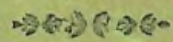
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ITS SYMPTOMS, CAUSES, PATHOLOGY,
DIAGNOSIS, PROGNOSIS,
PREVENTION AND
HOMŒOPATHIC TREATMENT.

BY

SRI CHANDRA GHOSH, M. D.

Corresponding member of the French Homœopathic
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Author of "Cholera and its Treatment" and
of "Plaguets Prevention & Homœopathic
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DIABETES MELLITUS:

ITS PREVENTION AND TREATMENT.

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Diabetes Mellitus :

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PREVENTION AND TREATMENT.

BY

SARAT CHANDRA GHOSE, M. D.

*Corresponding Member of the French Homeopathic Medical Society ;
Author of "Cholera and its Treatment," "Plague: Its
Prevention and Homeopathic Treatment," etc. ;
Editor of the "Indian Homeopathic
Reporter."*

It is a cachectic, constitutional, chronic malady, in which malassimilation of food is present and the urine is voided in an unusually large quantity and is impregnated with grape-sugar, with excessive thirst, voracious appetite and an obstinately dry and harsh skin.

When the urine is pale, clear, inodorous, it is called polyuria ; and when it assumes a vinous, acrid smell and presents a milk-like appearance when allowed to cool, it may be asserted that the blood is losing through the urine the sugar which it contains. This is called glycosuria.

The ancient Roman physicians acknowledged the presence of this fell disease, but they were not conscious of the prominent characteristic of it —namely, the saccharine nature of the urine. If we go through the definition which Cullen gave of it we would be painfully struck with the fact that Cullen himself had fallen into this error in his definition of the malady. "It consists," he says, "in the voiding of a preternatural quantity of urine." The presence of the saccharine character of the urine in diabetes was not brought to light till Willis enlightened the profession with it.

Pathology.

Great variance and contradiction of opinions exist regarding the etiology of diabetes. Let us now briefly enumerate them.

(a) Some pathologists ascribed it to spasm in the stomach and considered it as one of the spasmodic diseases.

(b) Some others attributed it to the suppression of perspiration to cold, or some other adequate cause.

(c) Sydenham, Rollo, Cullen and some others considered the disease proceeds from a deranged condition of the digestive organs jointly with a defect in the assimilating functions.

(d) Dr. Ayre thought it to be wholly owing to a chronic inflammation of the kidneys.

(e) Dr. Barry asserted that the primary cause should be looked for in the fluids.

(f) Dr. Johnson expressed the idea that diabetes is a malady of the general system.

(g) The researches made by Bernard and Pavy have demonstrated that the prominent cause of the disease is traceable to the liver.

Recent pathologists have asserted that the most prominent pathological feature of the malady is the sad want of the power of assimilating and applying those carbohydrates which penetrate into the composition of the food and thereby sustain the body, and that it is associated with a corrupted change of the carbohydrates, converting them into diabetic sugar. This product, diabetic sugar, is quite incapable of oxidation and of assimilation.

The true bearing of all these facts upon the pathology of diabetes must remain for the present unsettled. Let us take note for a moment of the gaps in our knowledge.

(a) "It is not known definitely in what form the products of saccharine and starchy food leave the liver, whether as sugar in small quantities, to be rapidly destroyed, or as some modification of glycogen."

(b) "It is not known by what paths the influence of the various nerve lesions, which produce glycosuria, reaches the liver, though this is probably through the pneumogastrics" (Arthand and Butte).

(c) We are still uncertain of the nature of the influence (if any) of the pancreas on the sugar produced by digestion in the alimentary canal.

We cannot expect to arrive at a rational pathology of diabetes until these questions have been fully settled.

From the evidence given before the Pathological Society, it appears that the germ of the disease is seated in the pancreas, liver or duodenum and it is due to a derangement of duodenal digestion, produced by hepatic or pancreatic organic disease.

The statistics of various countries prove that the disease is on the increase. It is making a terrible havoc among the flowers of our countrymen. We are quite conscious of the fact that this fell malady falls upon the gifted and the intellectual part of society.

The statistics of Saundby, given in his Lectures on Renal and Urinary Diseases, 1896, proves that the mortality in the United States in 1870 was 2.1 to the 100,000 population, while in the year 1890 the death rate was calculated to be 3.8 per 100,000.

Hare, in the *Medical News*, 1897, also demonstrates that the frequency is on the increase.

In Paris the mortality is gradually augmenting during the last three or four decades.

From an article written by Thomas B. Futcher in the *New York Medical Journal*, December 4, 1897, we have come to know that in the Johns Hopkins Hospital at Baltimore 45,636 medical cases have passed through the different wards, and that the diabetic cases comprise only 15 per cent. of all the medical cases.

We know from Futcher's article that great inequality is perceived in the distribution of diabetes and we also know that wealth and intellect are found to enhance the amenability to diabetes tenfold. London and Berlin statistics prove that the number of cases in the upper ten thousand transcends the number of the cases in the lower hundred thousand inhabitants.

Table showing the mortality from diabetes, of the principal races of Calcutta :

	1876 to 1880			1881 to 1885			1886 to 1890		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Hindus	98	13	111	142	17	159	167	36	203
Musalmans	3	...	3	2	1	3	3	...	3
Non-Asiatics	3	2	5

The following table shows the deaths from diabetes in the town of Calcutta from the year 1876—1890 per 100,000 deaths.

1876.....263	1881.....215	1886.....384
1877.....173	1882.....291	1887.....382
1878.....107	1883.....263	1888.....445
1879.....190	1884.....276	1889.....325
1880.....196	1885.....314	1890.....379

The following table will show the mortality from diabetes in Paris for each 100,000 of population :

1865 to 1869.....4	1881 to 1885..... 8
1870 to 1871.....3	1886..... 11
1872 to 1875.....3	1887..... 12
1876 to 1880.....5	

The table showing the death rate from diabetes in England and Wales per 100,000 deaths :

1878.....190	1881.....250	1884.....276
1879.....200	1882.....244	1885.....290
1880.....200	1883.....260	1886.....300

The following table shows the deaths from diabetes in the United States of America per 100,000 deaths. The statement is taken from Dr. Purdy's work :

1850.....72	1870.....170
1860.....95	1880.....190

Dr. Purdy is of opinion that the great rise in mortality may be attributed to the sudden change from frugal to luxurious living of the people of the United States of America after the tragical death of its great President, Abraham Lincoln.

The above tables bear the clear stamp of the fact that the disease is marching on with rapid strides in the civilized world and in Bengal with more rapid pace than elsewhere.

Symptoms.

The disease appears with an insidious march. The symptoms which can be detected are malaise, weakness of the limbs, general prostration, great thirst and frequent urination. When these symptoms are more accentuated and the malady gains ground, very considerable thirst appears, craving appetite is seen, the skin gets dry, an agonising feeling

if weight and uneasiness is experienced in the stomach after taking food, the mouth becomes dry and parched, the tongue is white or foul and sometimes red and fissured, the wasting of the flesh takes place, a feeling of languor and disinclination to exercise exist, weakness occurs, the limbs become painful and weak, the bowels are generally constipated and the evacuations are dry, hard and pale. Some degree of inflammation and pain about the prepuce and glans penis, especially about the external orifice of the urethra, is observed, the eyes are dull and aching, the vision becomes indistinct and is generally associated with vertigo, headache, and difficulty of breathing come on.

The breath sends forth a smell as of chloroform, the urine is extremely copious and possesses a faint odor as of apples, and a specific gravity of 1.035 to 1.050, almost all the water taken by the patient is thrown off by the kidneys and the consequence is that the imperceptible perspiration is lessened, the skin gets dry and harsh and an obstinate cutaneous eruption manifests itself.

In females, itching of the vulva is frequently seen, and it can undoubtedly be ascribed to the irritation produced by the saccharine urine.

As the disease gains violence and draws toward the fatal end, increase of muscular debility appears; diminution of the weight is observed; atrophy of the muscles and adipose tissue supervenes, giving rise to the shrinking of the frame; the gums become soft, spongy and painful, with looseness of the incisors; the breath is fetid and disagreeable; the voice appears to be rough or greatly weak and whispering; sexual desire and sexual power are lost; coldness of the extremities, with burning in the hands and feet ensues; œdema of the legs is seen; some boils, carbuncles, albuminuria come on; the pulse is but little or not at all accelerated in the commencement of the malady, and in many cases it is even less frequent than in health; but as the disease advances and when weakness and emaciation are prominently marked it is not infrequent to find the pulse to be very frequent and quick. In the advanced stages of the disease some low form of lung inflammation or phthisis frequently complicates the case. The temperature is generally found to be below the normal standard, scarcely exceeding 97 degrees, and in some cases getting as low as 95 degrees or 94 degrees. Even while a diabetic patient is complicated with phthisis, the temperature does not rise, but is generally found to be below the normal point.

The quantity of urine voided in this ailment is always considerably great and in some cases really enormous, and amounts to from seven to

twenty or even thirty pints daily. This sort of a drain from the system cannot but give rise to extreme and swift prostration, a complete breakdown of health and wasting of the body.

The duration of this malady is very variable. In some cases not more than three or four weeks intervene between the beginning and the mortal end of the disease; while a large number of cases assume a prolonged course of several months and occasionally of as many years.

In some persons there appears to reign a natural or constitutional predisposition to this malady, and there can be found many instances which prove beyond any shadow of doubt that this predisposition can be attributed to hereditary causes. When the disease has advanced fully the brain gets more or less affected, headache supervenes, vertigo appears and fleeting delirium occurs, and when the case proves fatal the sufferer leaves the world for ever in a comatose or apoplectic condition.

Causes.

Some dyscrasia of the liver brings about a malversation in the appointed action of digestion and the consequence is that sugar, which ought to be available for the nourishment of the body, penetrates into the blood, leaves it again without undergoing any change and is emitted in the urine.

Rollo was of opinion that the individuals whose digestive organs are preternaturally active and who indulged without any restraint in the pleasures of the table are most prominently prone to this malady.

Prolonged grief, dejection of spirits, disappointment, chagrin and sorrow, when favored by a solely vegetable or by weak and unnourishing diet are regarded as the exciting causes of diabetes. Sudden vicissitudes of the atmosphere, if they are notably associated with prolonged humidity, have been known to be capable of producing diabetes.

In India the disease largely prevails, and let us now dwell upon the causes which excite the germs of the malady. From my own observations I formulate the following:

(1) *Infant Marriage*.—This may be reckoned to be one of the exciting causes of the disease.

Dr. Carpenter, in his *Physiology*, says:

"And all experience shows, that by prematurely and unrestrainedly yielding to the sexual instincts, not merely the generative power is early extinguished, but the vital powers of the organism generally are reduced and permanently enfeebled; so that any latent predisposition to disease

extremely liable to manifest itself ; or the bodily vigor, if for a time sustained with little deterioration, early undergoes a marked diminution." Dwelling upon the growth of the body, he says in another place : " So long as this increase is going on there is a want of that solidity and compactness of the organism which seem only attainable when growth has ceased ; and the attainment of which being essential to the highest manifestations of vigour and endurance, marks the final completion of its development."

Althaus on Sclerosis on the Spinal Cord, at the end of the introductory chapter, says : " Where undue claims are made upon a small or badly formed medulla oblongata or spinal cord, where connective tissue predominates over nerve cells or fibers, there must be greater tendency to the development of asthma, diabetes, tabes or paralysis than there will in cases where the essential constituents of these organs have been more abundantly and perfectly developed."

The above facts and our personal experience permit us to assert that infant marriage possesses a noteworthy bearing on the causation of the malady.

(2) *High Pressure Education*.—The students are stocking their heads with intellectual fuel in a manner that is likely to give rise to a mental explosion. There was a time when the life-time of a philosopher was devoted to one subject or even a part of it, and this was not even considered long enough for the purpose. Now-a-days a smattering of all sciences is crammed into the average human brain, which can hardly cope with the task. With all this conglomerate of undigested learning they cannot be masters of a particular science. This sort of intellectual over-exertion is fraught with deleterious, nay, almost disastrous, consequences and is creating an unpleasant havoc among the educated portion of Bengal. They strain their intellect to a great extent, but do not pay the least possible attention to sustaining the body by any wholesome and strength-giving diet.

(3) *Diet*.—The majority of the students are poor and their circumstances do not permit them to have good and nourishing foods, such as milk, good fish, ghee and meat. The eventual consequence of this poverty is very disastrous. The hard intellectual exertion which the students make demands nourishing food ; but they have not got the where-withal to procure it. The letter which was written by Surgeon-General Cornish to Dr. Soundby is reproduced below : " The frequency of diabetes among the better classes, *i.e.*, those who do not engage in manual labor, is a

matter of common notoriety among Indian practitioners. The causes of the disease I am not so clear about. Diet chiefly farinaceous, oily and saccharine may have something to do with it; but personal habits regard to venery and other things may also have to be considered. It should be noted also that young India is subject to much brain stimulation. The craving for higher education and for learning Western ideas through a foreign language may unduly stimulate the mental and reasoning faculties in bodies perhaps insufficiently nourished and developed. Whatever the causes are, we practically find some of the best intellects in India prematurely extinguished by diabetes. Over and over again it has been within my experience to find that the most promising men amongst lawyers and university graduates have been cut off in the prime of life by this disease. My own observations seemed to show that the educated and learned class (chiefly non-flesh eaters) suffered in the greatest proportion, and that it was rare to find men of these classes lasting to a robust old age."

(4) *Physical Exercise*.—Our present educational system has turned us into sceptics and has made us averse to all kinds of manual labor. The result of the Indian educational system has been in the direction of making many poor people highly educated. The philosophers may enlighten us with the original science of the ego or mental self; the physicists may electrify the world by the lightning of a new theory of the material world; the poets may steal away our heart by the blossom and fragrance of their sweet songs; the chemists may enrich the laboratory with innumerable things; the authors of belles-lettres may enchant our heart with their lofty sentiments, often blazing up into a dazzling light of grandeur. But in spite of all our boasted learning we are sadly incapable of undergoing any physical labor. The want of manual labor renders us quite unequal to the duties of active life. This evil does not exist in any other country. Our higher education has aroused an unprecedented impulse within us to reach the highest pedestal of intellectual splendor, but we are only lacking in the desire to exert our best to implant the germs of the love of manual labor in the minds of our youths. The consequence of this fact can easily be imagined. Indigestion, the pest of civilized life, largely prevails in Bengal and falls upon the educated with greater violence than upon the uneducated. The individuals who lead a roving life and do not strain their intellect in any way whatever, easily escape from the grasp of this monster of dyspepsia, squandering away their time in manly exercises. If intellectual culture go hand in hand

with physical culture we can assure our youths that they will not easily fall a prey to the inroads of indigestion. The sooner we teach our youths the great necessity of physical exercise the surer the chance of their stemming the wild torrent of the swelling curse of dyspepsia and diabetes which have sat upon them like a canker and are eating out the vitality of their life.

Some Notable Characteristics of Diabetes.

(a) *Sex*.—The males become its subjects in a greater degree than the females.

(b) *Fleshiness*.—Diabetes largely prevails amongst corpulent and stout individuals rather than in spare-built men.

(c) *Age*.—Its prevalence is marked more prominently among elderly persons than in the youth. The young are sometimes seized with the acute variety of the malady.

(d) *Hereditary Predisposition*.—We have every reason to believe that the germs of diabetes are transmitted from the parents to the offspring. This may be reckoned in the light of atavism, as can generally be found in hereditary diathesis.

(e) *Extreme Venereal Indulgence*.—It is known to be one of the causes of the disease.

Varieties.

Dr. Soundby thinks that there can be found "two well marked types of the disease) which differ essentially in their amenability to treatment. The distinction to be drawn is between diabetes under forty-five and in those over that age. This discrimination is needed, because the diabetes of elderly people is frequently curable, and in most cases is controlled by the careful avoidance of saccharine and starchy articles of diet."

The classification of the disease may be made under two heads, acute and chronic; the former is largely common among young persons and the latter among elderly persons from forty-six years upwards.

Dr. Richardson says in his book on "Diabetes" and thinks, that it appears from two causes: first, "an exaggerated natural sugar formation of the liver; second, a want of power to convert sugar and amyloeous matter into amyloid substance."

The diagnosis of the disease, according to him, may be made in the following manner: "I have generally found that the first condition exists in those cases where the appetite is voracious, where the patient is in,

comparatively speaking, good condition as to flesh, the muscular power considerable, the pulse tolerably strong, and not, as a rule, increased in frequency. On the contrary, in the second case, the appetite is generally very small, often absent; indeed, there is sometimes an actual disgust for food, the pulse is weak and quick, the condition of the patient as to flesh and muscular power is bad; indeed, I should have affirmed the above distinction absolute had I not met with a case which presented the latter symptoms, which did not improve with the stimulants, but did their withdrawal. The great distinguishing mark, therefore, is the effect of treatment; in the former case stimulants are badly borne; in the latter they do good."

Duration.—The duration of the malady is very variable. It is slow and is attended with frequent ameliorations and exacerbations. Relapse occurs very commonly, and perfect cure cannot be effected until a full year has elapsed.

The Specific Gravity of the Urine in Diabetes Mellitus.

The urine of diabetic patients has a pale-straw color, possesses a faint smell of apple, hay or milk, is of high specific gravity (1.030 to 1.050) and is voided in copious quantities.

The general belief of the writers on medicine is that diabetic urine necessarily of a high specific gravity.

A. A. Stevens, M.D., in his "Manual of the Practice of Medicine, prepared especially for students, p. 305, 1893, says: "The urine is increased in quantity, the amount varying from three or four pints to many gallons; its colour is pale; its specific gravity ranges from 1.015 to 1.050."

We find in the second edition of Hilton Fagge's "Principles and Practice of Medicine," that in diabetes the specific gravity of the urine is higher than normal. Instead of being between 1.015 and 1.025 it is from 1.030 to 1.040 or 1.045.

Dr. Stevens acknowledges the fact that there may be some cases of diabetes in which the specific gravity does not rise above that of normal standard.

In Vol. II. of the *Lancet* for 1880, Dr. Cameron, Prof. of Chemistry and Hygiene at the Royal College of Surgeons, wrote as follows:

"Many years ago I examined several times a week during some months the urine of a young man (a patient of Sir George Bowens), who ultimately died from diabetes mellitus. As a rule the specific gravity of

his urine rarely rose higher than 1.030. He had an incessant and unallayable thirst. On one occasion I found his urine to have a specific gravity of 1.005, sugar being present in small but decided quantity. The low gravity of the urine surprised the medical attendant, who, indeed, at first was incredulous that diabetic urine could have so low a gravity."

Dr. Debout D'Estres writes in the *Lancet*, Vol. I., 1886, p. 965, that a low specific gravity does not often mean that there will be found no sugar in the urine, and cites, as an illustration, a case which was placed under the care of Dr. W. Fox in 1880. Dr. Fox made the following analyses :

August 20.			
	Sp. Gr.	Albumin. Grams.	Sugar. Grams.
Morning.....	1022	0.40	22.0
Evening.....	1026	1.30	35.20
August 26.			
Morning.....	1015	0.30	15.40
Evening.....	1017	0.50	17.60
September 3.			
Morning.....	1010	Traces	None.
Evening.....	1010	0.25	Traces.

We generally meet with various tests for diabetic sugar, but Trommer's mode is the most generally observed by me. It is as follows :

Fill the half of a test-tube with the urine which is to be examined, and add about two drops of a solution of sulphate of copper, in order to give it a bluish tinge, and afterwards excess of liquor postassæ enough to clear it by re-dissolving the sediments that it first brings forth. It should be boiled up once over a flame, and if sugar be present a reddish-brown sediment of the sub-oxide of copper will be seen in it ; but if there be none, there will appear a precipitate of black-oxide of copper.

Prognosis.

The prognosis in this malady is attended with unfavourable results. The acute variety which has been mentioned before meets with swift termination, but the chronic form may last for some years. The allopathic treatment of this disease is almost always attended with no beneficial result. Dr. Eberle states that he cured only one case out of six that

were placed under his treatment. Cullen and Currie say that they never knew a single case which yielded to the influence of their medicines.

The Frank was able to cure only two cases out of ten which he treated. But in Homœopathy the sky is bright. I was fortunate enough to cure a number of cases of diabetes. The history of those cases can be found in *Homœopathic World*, *North American Journal of Homœopathy* and *Hahnemannian Monthly*. If proper care be taken and appropriate remedies be administered from the commencement of the disease we can assure the public that this formidable malady may be totally eradicated.

Indications for Favorable Prognostication.—The patient is stout and robust looking, is not poor, lives in a healthy residence, and is treated properly from the early inroad of the disease; the patient is of an advanced age; softness of the skin is marked with normal perspiration and moderate appetite; saccharine urine is not excessive; sugar generally disappears from the urine when saccharine and amylaceous diet has been prohibited; polyuria instead of glycosuria.

The females are more easily cured than the males.

Unfavorable Prognostication.—Infancy and youth; few are cured under 20 years of age; poverty, neglect, residence in unwholesome house; long continuation or violence of the symptoms; failure in making the quantity of sugar disappear from the urine; inflammation arising from gangrene; abundance of lime in diabetic urine is the sure harbinger of the approach of phthisis; intestinal complications; if albumin and casts are detected in the urine we may be certain that the end is fast approaching; tuberculosis is a very bad omen.

Prevention.

(1) *Infant Marriage.*—The avoidance of infant marriage should be observed. It is true that many social reforms have been effected in India and with the increase of knowledge we are able to chase away the Cimmerian darkness which clouded the social atmosphere of the country; but it is equally true that there are still many social evils looming up before the enlightened public which should be remedied one after the other. If the parents be ill-developed the offspring must necessarily be ill-formed and any unusual exertion will do away with the equilibrium and thereby it will be the fruitful source of disease.

(2) *High-Pressure Education.*—High-pressure education must be strongly prohibited.

(3) *Diet*.—The diet should consist of ghee, good fish, meat, eggs, etc. Parents and guardians are requested to pay proper attention to the feeding of their children. It has been asserted by many eminent physicians that meat-eaters do not fall a prey to this malady. In Bengal we find, in some instances, the contrary. In our country the malady may be attributed to the great intellectual activity amongst the people.

(4) *Alcohol*.—The use of spirituous liquors should be avoided. The habit of drinking is very pernicious, nay totally disastrous. Some of the most precious jewels of our country went to the early grave on account of their having been used to drinking. Diabetics, as a rule, must eschew all kinds of wines and liquors.

(5) *Sexual Indulgence*.—Excessive sexual indulgence must be always guarded against.

(6) *Physical Exercise*.—Out-door exercises should be regularly taken.

Dietary for the Diabetic.

May be taken.—Meat, eggs, cheese, greens, lemons and acid fruits generally.

It is thought by many that an exclusive animal diet forms pre-eminently one of our surest means for bringing about a cure of this disease.

Dr. Starky and others have given some facts which go to prove that vegetable substances, or such as contain sugar, will, in some cases, prove more beneficial than animal food.

May be drunk.—Tea, coffee, soda-water, water, milk and water.

Must be avoided.—Sugar in any form; fresh bread and potatoes; pastry and puddings of all kinds; fruits of all kinds, fresh and preserved; all sweet wines; liquors.

TREATMENT.

Argentum Met.—It is used in Diabetes Mellitus. The urine is copious and turbid; it is saccharine, sweetish; extreme debility and prostration exist; scrotum and feet are œdematous and itching is present; ankles are swollen; gangrenous disposition is marked; aggravation takes place at night.

Dose. $3 \times, 6 \times$.

Acid Picric.—The urine contains sugar and albumen, is of dark red colour and of high specific gravity; there is aversion to food; insatiable thirst for cold water exists; predominance of animal propensities with

emissions; throbbing, jerking of muscles; the patient lacks in the will-power to do anything; the patient experiences great weakness which compels him to lie down; the limbs are scarcely able to stir themselves; aggravation comes on in the morning; the patient feels chilly all over the body, except head and spine; the saliva is frothy and stringy.

Dose. 3 ×, 6. 30.

Acid Phosphoric.—It is employed in neurogenic glycosuria, with great benefit; it is very beneficial in diabetes if it proceeds from nervous causes; weakness due to loss of animal fluids; the urine is thick or looks like milk or lime-water, with jelly-like bloody pieces; it is limpid and albuminous; there are found large quantities of sugar with the urine or large or small quantities of phosphatic deposits with the urine; there is frequent urging to urinate; the patient must rise frequently at night to void large quantities of colourless urine; there is dryness of the mouth and throat; the sight becomes dim; the stools are hard or there may exist, persistent, painless, watery diarrhoea, often mixed with undigested particles of food, and which does not produce any weakness; the stomach feels pressive; eructations from acids are present; bad effects from grief, sorrow, care and anguish; the patient is sad and uneasy about the future; he is listless and indifferent to the affairs of life; great despondency and debility; great fatigue after walking; the face is very pale; there are night-sweats towards morning.

Dose. 1 ×, 3 ×, 30.

Acid Sulphuric.—The efficacy of this medicine is marked in diabetes of drunkards and toppers; the urine is saccharine and profuse; lassitude, weakness, despondent mood; dulness of intellect and dimness of sight exist; flatulence upward and downward; the liver is painful and enlarged; there may be diarrhoea which is watery and offensive; the skin is totally inactive, cold and dry; weakness is a characteristic of this remedy; it is suited to those cases where the weakness is out of proportion to the disease.

Dose. 3 ×, 6 ×.

Acetic Acid.—Abundance of sugar is detected, increased in quantity and light-coloured; the urine may be phosphatic; intense burning and unquenchable thirst for large quantities of water; extreme wasting and debility; anæmia with waxy pallor of face; burning in throat; ascites and hydrothorax.

Dose. 3 ×, 6 ×, 30.

Acid Carbolic.—It is a good remedy in diabetes for the persons

suffering from *obesity* who perspire very profusely and are subject to eruptions, boils and carbuncles; extreme prostration and fatigue; putrid discharges from mouth, nose, throat, nostrils and rectum take place; constipation, with horribly offensive breath; the surface of the body is pale and bathed in cold sweat; constant belching up of wind; total loss of appetite; burning in stomach; the pains appear all on a sudden, last for a short time and disappear suddenly.

Dose. 6 ×, 30.

Acid Lactic.—This remedy does not at all contribute to the formation of diabetic-sugar; the tongue is dry and sticky for great thirst; but like Arsenic it has no burning or restlessness and the patient is averse to any physical exercise and feels always tired and exhausted from any amount of exertion; the skin is dry and rough; obstinate constipation exists from the beginning of the malady, the patient passes stool once a week which is very hard and black; the patient feels frequent desire to void large quantities of urine, without any sediment; there are pain, swelling, and stiffness and tenderness of joints, aggravated by motion, and flying pains about limbs; it is a sovereign remedy in diabetes with rheumatism supervening; there is constant nausea; nausea on awaking, before rising or ameliorated by eating; copious foot-sweat is a key-note of Lact. ac., but it is not offensive.

Dose. 3 ×, 30.

Arsenic Album.—It is used in Diabetes Mellitus; the urine is clear and large in quantity; the attacks of anxiety at night become so great that the patients jump out of bed; restlessness is so severe that they can not rest anywhere, go from one bed to another and get easily irritated and vexed; thirst is excessive with longing for cold water, drink often, but little at a time; the tongue is dry as if burnt; there is violent pain in the stomach; emaciation, loss of strength, paleness of the skin; anxious fear of death; the patient thinks it is useless to take any medicine, as his disease is past all hopes of recovery; disposition to gangrene; dryness of the mouth, tongue and throat; aggravation of the sufferings takes place after midnight or from cold; amelioration from heat in general.

Dose. 6 ×, 30.

Aurum Metallicum.—It is of priceless efficacy in diabetes depending upon Scrofula and Syphilis. The patient is despondent and melancholy; irresistible impulse to weep; ill-humor and aversion to conversation; grumbling, quarrelsome humour; cannot bear any contradiction, the least contradiction excites his wrath; desire to commit suicide; life is a con-

stant burden; congestion of blood to the head and chest after exertion, associated with palpitation and anxiety; fetid smell from the mouth; great acuteness and delicacy of sensation, with excessive sensibility to the least pain; frequent emission of watery urine; the urine is like butter-milk, with thick mucus-like sediment; paralytic weakness in the limbs in general and chiefly in the joints.

Dose. 6 ×, 30.

Arum Triphyllum.—The urine is limpid; increased to 4 or 5 times the normal quantity; it is a grand remedy in Diabetes associated with diseases of the respiratory organs; there is tenderness and moderate burning of the orifice of the urethra experienced generally at the time of urination; severe asthmatic attack at night and particularly at midnight, although the patient had a sound sleep in the first part of the night; fits of dyspnoea associated with secretion of mucus in the larynx and trachea; there is absence of sexual desire.

Dose. 30 ×, 200.

Berberis Vulgaris.—It is suited to bilious diathesis, to those cases where the predominance of renal or vesical, symptoms is prominently marked; burning and soreness exist in the region of kidneys; aching pain in the small of back, aggravated by sitting and lying, from jar, from fatigue; lancinating, or tearing, bubbling pains in the region of kidneys; dragging or lancinating pains in spermatic cord, extending into testicles; constant urging, with pain in the neck of bladder, urine very slow to flow, associated with pains in lumbar and renal region, relieved by rest; the urine is dark yellow, becoming turbid or with jelly-like sediment; there is stitching, cutting pain from left kidney following the course of ureter into bladder and urethra; great paleness of the face with sallow complexion, and sunk eyes; sensation of dryness, clammy taste in the mouth; viscid, frothy saliva; increased thirst and appetite, relieved by eating; pulse slow and weak; intense coldness of knees; numbness, stiffness with painful pressure in renal and lumbar region; movement produces or increases urinary complaints.

Dose. 1 ×, 3 ×.

Bovista.—The patient feels frequent desire to urinate, even immediately after urination; urine is bright-red or yellowish-green, becomes turbid; palpitation of the heart as if it were working in water; great weakness of joints and weariness of hands and feet.

Dose. 6 ×, 30.

Calcareo Phosphorica.—It is used in glycosuria when the lungs are

affected; the urine is profuse and of high specific gravity; it is saccharine; urine is passed in large quantities with sensation of weakness; the urine is deep-coloured and sometimes hot; sore aching in the bladder which is aggravated after urinating; involuntary sighing is present; the patient feels the complaints more when he thinks about them.

Dose. 6 ×, 12.

Carbolic Acid.—Carbolic acid, like the Carbone, is a strong antiseptic. The pains of this remedy appear all on a sudden. They are burning and pricking, sticking. The urine is very dark, black or blackish olive-green. There is numbness or twitching. There are putrid discharges and this is a key-note of this drug. There are extreme prostration and fatigue; cold, clammy sweat; the quantity of the urine is increased and passed frequently; the urine is of high specific gravity; the patient yawns and becomes sleepy; it is very good when carbuncles appear in diabetes.

Dose 30, 200.

Curare.—This medicine is used in acute diabetes when it threatens life; the urine is clear and pregnant with sugar; it is passed frequently; the disease is associated with crampy pains in the kidneys; insatiable thirst appears, especially in the evening and at night; the mouth is dry; extreme emaciation exists; shooting pain is felt in the stomach.

Dose. 6 ×, 12.

Helonias.—The urine is albuminous or saccharine; it is passed frequently; burning sensation is felt after urinating; the mind is depressed and gloomy; cannot endure the least contradiction; emaciation; tired, weary; thirst; restlessness; the lips are dry and stick together; it is beneficially employed in the first stage of diabetes.

Dose. 12 ×, 30.

Kali Bromide.—It is used in Diabetes when the patient becomes greatly emaciated and pale; the urine is loaded with sugar or is full of phosphates; it is pale, frequent, profuse, of great density; the gums appear to be spongy and bleeding; voracious appetite exists; bowels constipated; dry and cold skin; pulse rapid and full or slow and small pulse, tongue red and tender; considerable thirst; frequent disturbances at night to pass water; memory may be destroyed; head is weak and

confused; vision almost gone; rushing and roaring in ears; liver is tumid and tender.

Dose. 2x, 6x, 30.

Lac Deffloratum.—The urine is pale and of enormous quantity; great lassitude and prostration exist; great restlessness and severe and lingering suffering from loss of sleep at night; severe throbbing headache especially in forehead, with nausea, vomiting and obstinate constipation; paleness of the face; dryness of the mouth; breath offensive; obesity exists; great despondency prevails, does not care to live; constipation with ineffectual urging; the stools cause great straining and lacerate the anus.

Dose. 30.

Lycopus Virg.—It is used with beneficial results in Diabetes associated with heart affections; the urine is clear and contains sugar; it is of high specific gravity and of great density; drinks large quantities of water; insatiable thirst, nothing but coldest water would appease; the patient is very irritable unless spoken to very softly; great emaciation; cardiac depression is marked; constricting pain and tenderness around the heart; the pulse is quick and irregular in force; the heart is feeble, with distress and weak pulse; the mind wanders from one subject to another.

Dose. 12x, 30.

Magnesia Sulphurica.—Melancholy and disposed to weep with fear and restless uneasiness; great disinclination for work exists; dryness of the mouth and throat, with sensation of numbness with bitter or sweetish-bitter taste, especially in morning; thirst early in the morning, disappearing after breakfast; absence of appetite and repugnance to all food; looseness and copiousness of stools; the urine is copious, light-yellow and deposits copious red sediment; erections without amorous fancies or desire for an embrace; exhaustion and prostration, with dry warmth of skin and drawing pains.

Dose. 6, 12.

Moschus.—There is anxiety, sometimes with palpitation of heart; easy fainting; weakness amounting to fainting, with nocturnal coldness of skin generally; there is profuse watery urine which is loaded with

sugar and passed frequently ; the sight is dim ; the brain is in a disordered condition ; great dryness of mouth and putrid taste of food ; aversion to food ; anxious palpitation of the heart, dyspnœa and prostration exist ; great weakness with coldness all over.

Dose. 6 ×, 12.

Natrum Phosphoricum.—It is used in Diabetes of hepatic form ; increased pale urine ; fear, especially at night, that something would happen ; sour eructations ; the tongue is enveloped with a dirty white fur ; there is a creamy coating at the back part of the roof of mouth ; lassitude in the morning.

Dose. 6, 12.

Natrum Sulphuricum.—The urine may be or may not be saccharine ; the patient is seen to be depressed, gloomy, taciturn, or tired of life ; melancholy, and lachrymose mode, especially after hearing lively music ; the urine is loaded with a sediment of yellow colour, or is like brick-dust ; increased urination, especially at night ; there is frequent desire to urinate ; cannot retain urine ; urine burns while passing ; stitches are felt in the bladder ; the head is dull and the sight is weak ; dry and burning eyes ; the nose bleeds ; unquenchable thirst exists ; longing for very cold drinks ; dryness of the mouth and throat ; there is voracious appetite with a boring pain ; aversion while eating ; confusion of the head and cloudiness of the eyes, during a meal ; after a meal, sweat on face, oppression of chest and accumulation of water in mouth ; with inclination to vomit ; the tongue is enveloped with a dirty, greenish-gray or brown coating ; cough with purulent expectoration ; the symptoms appear during repose and are relieved by movement ; it is especially useful in Diabetes of gouty persons.

Dose. 6 ×, 12.

Opium.—All complaints are attended with extreme sopor ; painless sufferings, the patient wants nothing and complains of nothing ; the whole nervous system is generally insensible ; there is a marked want of susceptibility to the effects of remedies, with want of vital reaction ; it is especially indicated if diabetes come on after mental shocks or injuries ; stupidity ; the patient is dull and sad, and the memory is weak ; cloudiness of sight ; the face is pale, earthy, wan or bloated, hot, congested ; dryness of the mouth, with great thirst ; the tongue is thickly coated and dry ; copious salivation ; excessive hunger and great thirst ; slowness and

weakness of digestion; constipation; stool hard, round, black balls; offensive black fæces; great pain and difficulty in voiding urine; scanty, deep-coloured urine with sediment like brick-dust; no passage of urine or feces; weariness and numbness are felt all over the body.

Dose. 6 x, 30.

Phaseolus.—The urine is diabetic; there is soreness to touch—eyeballs, right rib, epigastrium, right humerus; irregularity and weakness of the pulse; failure of the heart; headache, chiefly in forehead and orbits, from fulness of brain; headache aggravated by any movement of head or any mental exertion; fearful palpitation and feeling that death is approaching; dropsical effusion into pleura or pericardium. If diabetes be associated with the above mentioned symptoms or any of the symptoms mentioned above, *Phaseolus* will cure it.

Dose. 10 x, 9 x.

Phosphorus.—The urine is copious, pale, watery; it is turbid or whitish like curdled milk, with brick-dust sediment and variegated cuticle on surface; hypochondriacal sadness; disgust to life; dryness of the throat day and night; great weakness and prostration; a weak, empty, all-gone sensation in head, chest, stomach and whole abdomen; burning in spots along the spine; feeling of extreme heat running up the back; it is used when diabetes is generally associated with cerebral symptoms, phthisis or with a gouty diathesis.

Dose. 6 x, 30.

Plantago.—The mind is inactive and dull; the patient is irritable and morose; frequent micturition of large quantities of pale urine, aggravated at night; the urine is clear, frequent, very dark-red, of strong odour; dry, parched throat; there is thirst; stools are grey; puffy under eyes.

Dose. 3 x, 6 x.

Plumbum.—The patient is sad and dejected and broods over his melancholy and dejection silently; slow of perception; loss of memory; the complexion is pale, ash-coloured, hippocratic; distorted countenance; there is a distinct blue line along the margin of gums; most obstinate constipation; the stools are hard, lumpy, black like sheep-dung and whose expulsion causes great suffering; the mouth is dry; the tongue is dry and cracked; there is a feeling of constriction in throat; excessive exhaustion and emaciation; great hunger; obstinate belching and vomiting; fever is present with great thirst. It is an important medicine in diabetes when it arises from chronic lead-poisoning.

Dose. 12 x, 30.

Ratanhia.—Unquenchable thirst is present and there is dryness of the mouth at night; excessive weakness and prostration with anxiety; tearing and aching pains in the limbs; constant desire to eat something; gums are livid and swollen; hard stools; the straining is so great that the patient cries out; burning in anus either before or after the stool whether it is hard or diarrhoeic; frequent and urgent desire to micturate with scanty emission or passes more frequent and abundant emission of urine, even at night.

Dose. 6 ×, 12.

Rhus Aromatica.—The patient passes large quantities of urine of low specific gravity; great lassitude and languor exist; pain in the back, considerable thirst, appetite variable, sometimes ravenous and sometimes deficient; skin sallow and doughy; temperature 10½; slight cough and occasional night-sweats; loss of flesh; sugar in the urine.

Dose. 1 ×, 3 ×.

Sanicula.—There is a want of energy; depression; mind wanders from one subject to another; constipation, no desire until there is a large accumulation; stools are hard, impossible to evacuate; of small, dry, grey balls; must be removed mechanically; the stool has an odour of rotten cheese and no amount of washing will remove it; burning of soles of feet; passes large quantities of pale urine of low specific gravity.

Dose. 3 ×, 6 ×.

Scilla Maritima.—Great anxiety of the mind with fear of death; the patient is averse to mental and physical labour; open, dry mouth; burning in mouth and throat; dryness in the throat; great thirst; the teeth show black marks; constant rubbing of eyes and sneezing; contracting stitches in the chest; difficult breathing; frequent urging to micturate, with copious discharge of pale urine; the quantity of the urine is so great that it cannot be retained; dropsy of outer parts or of chest; all with copious urination.

Dose. 3 ×, 6 ×.

Scalæ Cornutum.—Great anxiety; sadness and melancholy; weakness of the intellectual faculties, fearfulness and forgetfulness are present; giddiness or vertigo; dryness of the mouth, with thirst; dryness of the throat; very offensive breath; unnatural appetite, even when dying from weakening discharges from bowels; the face is pale, sunken, hippocratic; the expression of the face indicates great anxiety; there is burning in all parts of the body, as if sparks of fire were falling on the patient; the skin is cold, yet the patient cannot bear the warmth of

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covering; the stools are hard or tenacious or they are thin; olive-green; the pulse is weak or slow; the urine is saccharine or albuminous or both at the same time; there is violent urging after urinating; the urine is red or pale-yellow; is of high specific gravity; all the symptoms are aggravated by external heat.

Dose. 6 x, 30.

Sizygium Fambol.—The urine is saccharine, copious and passed frequently; there is thirst; mouth very dry. It is useful in mild cases of diabetes when it has not done any serious injury to the system. Old ulcers, of a diabetic foundation are cured by its use.

Dose. 1 x, 3 x.

Taraxacum.—The urine is pale; it is also frequent and profuse; the tongue is enveloped with a white coating, with a sensation of rawness, followed by clearing off of this coating in patches, leaving dark-red, tender, sensitive spots; gastric troubles are present; thirst troubles the patient; stools are difficult and hard, requiring much pressure; unhealthy, pimply, sycotic skin with stinging pain in it; aggravation of the symptoms takes place when sitting, lying down or resting or at night; better from walking or moving.

Dose. 6 x, 3 x.

Tarentula.—Profound sadness and anxiety; wants to be without any light and without being spoken to; excessive prostration; loss of memory and dimness of sight; the expression of the face indicates terror; it is pale, earthy; excessive thirst; great dryness of the mouth and tongue; disgust for meat and general wasting away; great oppression in the chest; panting respiration; constipation; hard stool, with blood; urine is diabetic; trembling of all limbs, they are weak, numb and dull; uneasiness of the legs, must keep moving them; the patient is restless, can not keep quiet in any position.

Dose. 3 x, 6 x.

Thuja.—The urine is saccharine, contains foam and deposits a brown mucus; the urine is too frequent and too copious; after urinating the patient feels as if a drop were running down urethra; violent cutting pains at the close of urination; craving is seen alternately with loss of appetite; hankering after cold drinks or food; weakness, worse in the morning.

Dose. 6 x, 12.

Uranium Nitricum.—The patient suffers from ill-humour and does not feel well all day; extreme emaciation is a marked symptom which

indicates the administration of this remedy ; extreme languor, on rising from bed ; feeling as if he had taken cold ; vertigo ; purulent discharges from eye-lids and nostrils ; copious salivation ; appetite lost ; eructations tasteless or putrid at 11 and 3 o'clock ; abdomen bloated ; urging in rectum and bladder simultaneously ; nausea ; vomiting ; vomiting with thirst ; somnolence and shivering during day ; the urine is saccharine ; frequent urination ; the urine is of fishy odour ; it produces acute parenchymatous nephritis ; sugar is found in the urine ; this generally does not come on until after albumen has appeared ; glycosuria is very characteristic and persistent ; it also produces at times a large amount of oxalate of lime ; copious urination at night ; great weakness after urination.

Dose. 6x. 30.

CLINICAL VERIFICATIONS.

I administered *secale cor.* in several cases of diabetes mellitus, and derived unexpected success. The history of one case was published in the August number of the *Homœopathic World*. I have thus come to the conclusion that *Secale cor.* will prove an excellent remedy for that malady.

I append below some personal reminiscences of several cases.

CASE I.—Babu Kali Prassanno Ray ; aged 45 ; was suffering from diabetes mellitus for the last 7 years. No medicine could cure the malady. I marked the following symptoms in him : Abundant sugar in the urine was present ; great thirst existed ; the patient hankered after cold drinks, which remained heavy on the stomach ; emaciation and paleness of skin were noticed ; extreme prostration was present ; intense coldness of knees ; the patient was very restless. I prescribed *secale cor.* 6x. and the patient came round within a month.

CASE II.—Babu S. C. Ghosal ; aged 51 ; had diabetes mellitus. I detected the following symptoms :

Mind : Forgetfulness was present ; he could not concentrate his mind on any subject.

Urine : Abundance of sugar in the urine ; constant urging, with pain in the neck of bladder ; pale-yellow urine.

Mouth : Dryness of mouth ; sticky, frothy saliva ; excessive thirst.

I prescribed *secale cor.* 6x, and the patient was cured by it.

CASE III.—Babu P. C. Ray ; a zemindar ; has been suffering from diabetes mellitus for the last 11 years, with divers troublesome com-

plications. He was reduced to a mere skeleton. The following symptoms hovered about him ;

Mind : Anxiety and fearfulness were present.

Sensorium : Giddiness and vertigo were present,

Eyes : Pressure in the eyes was marked.

Ears : Hearing was indistinct.

Nose : Dryness of the nose was present, nose stopped-up could breathe.

Face : Pale, earthy complexion, heat and burning of the face, with red cheeks.

Mouth : Dryness of mouth.

Desires : Hunger, even after meal ; desire for water.

Stomach : Empty sensation in the pit of the stomach.

Stool : Disposition to constipation, the stools are hard and difficult.

Urine : Violent urging after urinating ; pale urine, with a gelatinous sediment, pains in the hips while urinating.

Cough : Short, dry cough was present.

Pulse : Slow, weak pulse.

Sensations : Great lassitude, increased by any mental occupation.

I prescribe *secale cor.* 6x. He was all right within two months.

CASE IV.—Babu M. N. Bhattacharjee, M.A., B.L., aged 45, was suffering from diabetes mellitus. He had also been suffering from dyspepsia and gout for a long time. It will not be uninteresting if I deal shortly with his other ailments. At first he was attacked with gout, which confined him to bed. During the last five years he tried all sorts of allopathic remedies, and with each kind the symptoms appeared to be aggravated. His attacks, which at first had been slight and came on infrequently, rapidly multiplied themselves, and appeared to be much more violent and agonizing. The sufferer had been his system of treatment changed several times, and his weak body had, in fact, become a mere laboratory for the experiments of competing nostrums. At first he was bled copiously, but this process did not bring any good. He was then drenched with purgatives, and afterwards the doctors crammed him with innumerable remedial agents, but all proved to be totally ineffectual. The draining away of his blood and the weakening of his already weak body by purgatives exerted a deleterious influence upon his constitution, and the eventual consequence was that his ailment became chronic. Local treatment was no more efficacious. Leeches left his joints in a state of painful stiffness. Opium only aggravated his seizures, and

blisters brought on painful ulcerations. As the paroxysms of his pain became more acute, heart-rending groans and cries broke from his lips in quick succession.

He was suffering from gout, diabetes and dyspepsia when I was called in to see him. The most prominent symptoms were the following :

Mind : Absence of mind was present, and the patient always thought of committing suicide.

Innerhead : Headache came on occasionally from the slightest chagrin.

Eyes : Profuse acrid lachrymation existed.

Nose : Puffness of nose.

Face : Pale, sunken face.

Tongue : Taste was bitter.

Mouth : Mouth dry, with excessive thirst.

Nausea : Nausea appeared after eating, especially at night.

Abdomen : Flatulent colic at night ; burning in abdomen and cold feeling in the back.

Hypochondria : Burning and acute pains in hepatic region.

Stomach : Violent pressure in stomach, as from a heavy load, and burning in stomach.

Urine : Urine was pale and watery, and passed too frequently ; urinary deposits looked like white cheese ; increased quantity of urine.

Breathing : Slow.

Heart and Pulse : Palpitation came on oftener at night, with slow, intermittent pulse.

Limbs in General : Great lassitude and trembling of limbs were present ; cramps in the hands and toes appeared occasionally.

Nerves : Considerable prostration.

Skin : Was always dry.

Temperament : The patient was very irritable and nervous. In this case *secale cor.* 6x acted like magic in relieving the complaints.

CASE V.—A gentleman was suffering from diabetes mellitus. He felt feverish in the evening. The temperature was found to be 102° in the evening, I marked the following symptoms :

Mind : Gloominess and disinclination to work.

Sensorium : Vertigo was present.

Eyes : Dryness of the eyes was present.

Face : Pale, earthy complexion.

Tongue : The taste was bitter, and the tongue was dry and enveloped with a black coating.

Gums: Readily bleeding gums.

Desires: Canine hunger, even after eating.

Stool: Constipation, stool tenacious and hard.

Urine: Enormous quantities of urine were voided daily, with excessive lassitude and prostration, and the urine contained sugar and albumen, and was dark-red and of high specific gravity.

Male Sexual Organs: Sexual power and desire were totally gone.

Heart: Palpitation of the heart was present.

Pulse: Small and intermittent.

Fever: Chill appeared in the evening, with great thirst. All the stages were not marked.

The patient was placed under my treatment on the 6th of January, 1899. Prescribed *Syzygium* jam.

January 6th. Did not feel well, had an uncomfortable sleep, passed a large quantity of urine: specific gravity, 1045, excessive sugar, temperature, 102°.

January 10th. The condition of the patient no better than before.

January 11th. Prescribed *Secale cor.*

Felt much better, had an easy sleep, amount of urine voided in twenty-four hours, 94 ounces, specific gravity, 1042, much sugar, fever was present.

January 20th. No fever, total amount of urine passed in twenty-four hours, 70 ounces, sugar still great, specific gravity, 1035.

January 30th. Total amount of urine, 60 ounces, specific gravity, 1028, sugar, a trace.

February 6th. Amount of urine, 55 ounces, specific gravity, 1028, no sugar.

February 16th. Amount of urine, 50 ounces, specific gravity, 1020, no sugar.

February 22nd. Amount of urine, 44 ounces, specific gravity, 1018, no sugar.

February 28th. Amount of urine, 40 ounces, specific gravity, 1014, no sugar.

The patient was perfectly cured by the administration of *secale cor.* The success of these cases will throw a clear light on the fact that *secale cor.* will prove an excellent remedy for both diabetes mellitus and diabetes insipidus.

CASE VI.—BABU RAM CHARAN BOSE had been suffering from diabetes mellitus for the last five years. He came to me on January 14,

1898. During the last eight months he had been passing large quantities of urine, and had a frequent desire to micturate. The bowels were constipated, the tongue was enveloped with a white fur and insatiable thirst was present. The evening temperature was found to be 102.2 and the skin was very dry. I prescribed *Secale C.* 6x.

January 15th. Felt well; had a comfortable sleep; passed one stool, pale in colour; passed a large quantity of urine; specific gravity 1040; much sugar.

January 17th. Total amount of urine voided in previous twenty-four hours, 80 ounces; sp. gr., 1038; sugar still great.

January 30th. Total amount of urine passed in 24 hours, 60 ounces; specific gravity, 1028; sugar—a trace.

February 8th. Amount of urine, 50 ounces; specific gravity, 1020; no sugar.

February 15th. Amount of urine, 45 ounces; sp. gr., 1018; no sugar.

February 20th. Amount of urine, 40 ounces; sp. gr., 1014; no sugar.

The patient was cured perfectly by the administration of *Secale Cor.* and is still alive and enjoying sound health. It is my firm conviction that *Secale* will prove an invaluable remedy for diabetes mellitus and diabetes insipidus.

CASE VII.—The son of BABU AMRITA LAL BANERJEE aged 42 years, was suffering from diabetes mellitus for three years. He was placed under my treatment on 5th January, 1901. The following symptoms were marked:—

The patient was greatly emaciated; languor on rising from bed; the urine was copious, and fishy in odour; he felt great exhaustion after passing water; he sometimes felt an urging to evacuate both bladder and rectum simultaneously; he was irritable, and despondent.

6th January. Total amount of urine passed in 24 hours, 90 ounces; sp. gr., 1045; excessive sugar. I prescribed *Uranium Natricum* 30, thrice daily.

12th January. Felt much benefit; total amount of urine voided in 24 hours, 80 ounces; sp. gr., 1036; sugar great. The same medicine was given.

16th January. There was no fishy odour in the urine; there was not so much exhaustion after urinating; amount of urine in 24 hours, 70 ounces; sp. gr., 1030; sugar less than before.

The same medicine was continued.

22nd January. Amount of urine passed in 24 hours, 60 ounces ; sp. gr., 1025 ; sugar very small. The same medicine.

28th January. Amount of urine in 24 hours, 50 ounces ; sp. gr., 1020 ; no sugar.

4th February. Amount of urine in 24 hours, 45 ounces ; sp. gr., 1018 ; no sugar.

10th February. Amount of urine in 24 hours, 40 ounces ; sp. gr., 1014 ; no sugar. *Uranium Nit*, alone cured the patient.

CASE VIII.—BABU UMA CHARAN ROY, of Jessore was suffering from diabetes mellitus for four years. He was an old man. He was placed under my treatment on 15th October, 1900.

The following symptoms were marked by me :—

The urine was replete with sugar and phosphates ; it was pale and very copious ; the gums appeared to be spongy and bleeding ; obstinate constipation was present ; the skin was dry and at the same time cold ; the tongue was red and tender ; there was considerable thirst ; the patient was greatly emaciated and pale ; the patient passed 98 ounces of urine in 24 hours ; the specific gravity of the urine was 1050 ; there was great sugar. I prescribed *Kali Bromide* 12, thrice daily.

20th October. Amount of urine passed in 24 hours, 85 ounces ; sp. gr., 1045 ; sugar still great ; phosphates present.

30th October. Amount of urine voided in 24 hours, 70 ounces ; sp. gr., 36 ; sugar great ; no phosphates.

10th November. The bowels began to move regularly ; there was not great thirst ; amount of urine passed in 24 hours, 55 ounces ; sp. gr., 1028 ; sugar moderate.

20th November. Amount of urine passed in 24 hours, 40 ounces ; sp. gr., 1016 ; no sugar. I gave him *Kali Bromide* for another month and he made a rapid recovery.

Discussion on this contribution made by some of the most eminent foreign homeopaths and their personal experiences relating to Diabetes.

Dr. Leon Simon Said, "our Indian colleague has written a very careful monograph in which he attributes Diabetes to two principal causes. (*Firstly*,) the abuse and still more the premature exercise of genital functions. It is well-known that Indians, especially Indian women are often married before puberty. (*Secondly*,) excessive intellectual labour which is very common among students of the Indian race. They assimilate

late European Sciences with two great ardour and it follows that they have a great deal of mental exercise without any physical. Our colleague recommends and he adduces reason in support, a medicine to which French homœopaths have not often had resources in the disease. It is *Secale Cornutum*."

Dr. Jousset (senior) said as a matter of fact we use *Secale Cor.* little for diabetes. But the author also advises the taking of large quantities of curdled milk 6 or 7 lit. in 24 hours and I fear that it is difficult to get the patients to take it. I distinguish between diabetes among the young and diabetes among the old, the former nearly always fatal, within a short time, the latter compatible with a considerable prolongation of life.

Diabetes that is recent may be cured easily but when it is long established, cure is less frequent. I have had good results by "organo-therapy." As homœopathic medicines I prescribe *Acid. Phos*, *Ars*, and *Uranium Nit.* to be given alternately, 8 days each.

Dr. Arnulphy said:—Medicines are not everything in Diabetes; it is necessary to look after hygiene and regulate the diets of patients. Everyone has his own classifications of diabetes, but it may be said that there are two kinds of diabetic patients—great eaters and little eaters. In the case of the great eaters, the symptoms are related to alimentary auto-intoxication. Thus it is necessary to lesson their food and to put them on a vegetarian diet of milk and eggs.

Dr. Dudgeon said:—One may divide cases of diabetes into the acute and the chronic. I have often effected cures with *Sizygium Fambol*, which suits acute cases. As for chronic diabetes, its treatment does not furnish much satisfaction, and it diminishes the expectation of recovery (prognostic) for acute affections which occur.

Dr. Cartier said:—In case of diabetes with lesions of the liver and the kidneys *Uranium Nitrate* is recommended.

However it has little action on the urinal sugar-condition (glycosuria). It appears to act specially on inflammation of the liver, and sometimes one sees the sugar remaining in the urine although the liver decreases in size. In experiments on animal with the Nitrate of Uranium hyaline balls are seen to form in the hepatic cells, which indicate the death of those cells; there is an intense nephritis. However, *Uranium Nitrate* scarcely acts in cases of nephritis. It has also been tried in arthritism, and according to Allen it acts very well in cases of hepatic colic.

Dr. Olive'y Gros, with reference to diabetes, raised the more general questions of the alternation of medicines. He said:—Despite

our convictions and our admiration for the doctrine of Hahnemann we have not found sometimes the medicine which is the specific for the disease which we wish to treat. In such circumstances it is necessary to ask whether the remedy exists and whether we are able to discover it. Homeopathy which has not taken a correct pathogenesis will be inclined to reply that it (remedy) does not exist but he who is able to interpret the cases of pathogenesis will say that we can discover it (the remedy). Thus when in consequence of the feeble limits of the human faculties one is not able to treat the symptoms as completely as one wishes with a single remedy, there is no necessity to feel any scruples about giving several medicines, while any that which appears to be most demanded by the symptoms. That is to say according to our principles it is even obligatory to alternate, while avoiding antagonisms.

Dr. Leon Simon said :—Once I was not an advocate of alternation. But I re-call that Drs. Markey and Bernard presented to the Congress in 1881, a paper in which they cited a case in which two medicines alternated, effected a cure after having failed to do so, so long as they were used separately. I have met since a similar case. It is necessary therefore to alternate sometimes, but in what circumstances? We do not know. The better way of resolving the problem, let us believe, is that we have suggested to this Congress; it consists in experiment on a healthy man.

Dr. Vanden Heuvel has recommended *Aconite*, *Sulphur* and *Belladonna* for diabetes.

CONCLUDING REMARKS.

The large number of cases of this malady prevalent in India has directed public attention and withal caused universal consternation. As we set sail on the ocean of medical progress and take a retrospective view of the past we perceive through what waves of evolution our science has reached the land of destination. As we mark the laudable endeavour of our distinguished forefathers, through whose efforts these brilliant successes have been accomplished, we become convinced of the fact that while much was hidden from them and is made known to us, we, too, like them, are making or destined to make history for still later generations. Science has made wonderful discoveries, but it is true none-the-less that we, like Newton have only played on the seashore, picking up a few shells here and there, brighter in colour than those which preceded us; while the great ocean of truth lay undiscovered before us. To-day untired in his search after truth, with a conscious responsibility of his

onerous duty, the true physician is stripping off the warp and woof of accredited fallacious reasonings and kindling tapers of knowledge at Nature's altar that will flash beacon lights out, athwart the perilous sea of disease and death, guiding by their flood of light, the voyage of many a little life-bark loaded with sweet hopes and aspirations of home and love in safety through the perilous straits between Charybdis and Scylla.

Man is a social being and requires the full development of physical, moral and intellectual faculties to fulfil his conditions of life. The faculties, physical, intellectual and moral, are an expression of the great law of progress and they underlie the principle of unification and co-operation. It is true that man modifies nature and nature modifies man. All events must, therefore, arise from this reciprocal modification. The very idea of civilization is pregnant with moral and intellectual progress; but unfortunately civilization has become a by-word for artificial life in our country and human society has been beset with vices to keep pace with the rapid strides of civilization. How many intellectual giants—flowers of our nation—pride of our country, have fallen victims to diabetes by indulging in the luxury of drunkenness. Drunkenness has no where exerted such a deleterious consequence and heart-rending havoc as it has done among the educated people of Bengal. Here we appreciate the truth of the proverb "where ignorance is bliss it is folly to be wise."

The brute does not possess the virtue of wisdom and his ignorance does not at all stand in the way of his health and happiness.

There is now a strong belief prevailing in the rank of diabetic patients that diabetes does not yield to the strength of any remedy. But this belief is founded upon such erroneous basis that those who have tried our homeopathic remedies can raise their powerful voice against it. The allopathic mode of treatment of this malady is a total failure in contradistinction to our treatment which has won its most glorious triumphs, and greatest laurels on the field of action. A melancholy-wise shaking of the head on the part of an allopath does not infuse any ray of hope into the mind of his patients and this is all that a diabetic patient can expect from him. But my experience has convinced me that diabetes is as amenable to homeopathic treatment as any other disease.

It is here that Homeopathy shines with such brilliant lustre beside the Physic of the Old School. By the strength of its powerful and yet innocent drugs it can bring about cures acknowledged to be magical.

In the discharge of professional obligations and in the cure of the

sick I take up my pen to dwell upon the subject.

The manuscript on diabetes was originally written for and presented to the Sixth International Congress of Homeopathic Physicians which met in Paris in July, 1900. The paper was also published in the North American Journal of Homeopathy of September, 1901. The paper prepared for that important and distinguished assemblage has since been recast and expanded, and I present it before my readers. I also give a translation of the discussions which my paper elicited from such eminent doctors as Drs. Leon Simon, Jousset, Cartier, Dudgeon, Arnulphy, Olivey Gros and Heuval.



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