





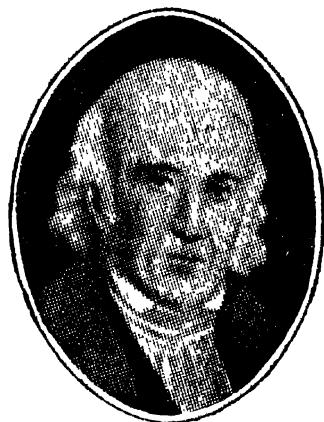








# THE HOMŒOPATHIC HERALD



Vol. III.

No. 6.

August, 1940.

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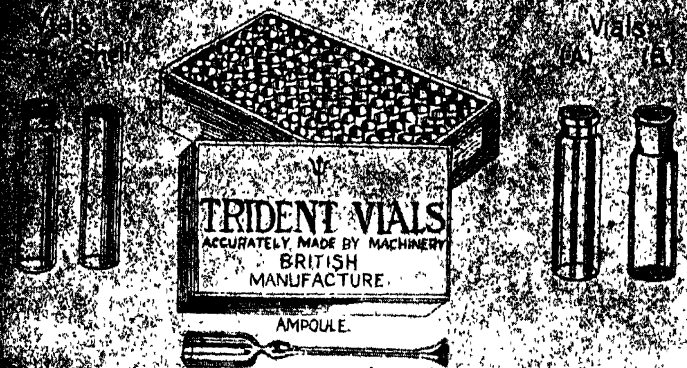
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# THE HOMŒOPATHIC HERALD.

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Vol. III.            **AUGUST, 1940.**            No. 6.

## **Editorial**

### SCHOOL CHILDREN'S NUTRITION AND MEDICAL PROVISION.

The parlous problem of school-going children's nutrition has hitherto flouted all efforts of the experts in this country in finding a solution. Suggestions are being often proffered by lay and medical authorities and subjected to academic discussion, without achieving any tangible result yet. Lt. Col. A. C. Chatterji, I. M. S., Director of Public Health, Bengal, hardly misses a bus to bring home to the public and the power-that-be the menace of this dire problem. The Director of Public Instruction and the University of Calcutta interested themselves for a time with this question but have since conveniently allowed it to flatten, as the question threatened to burn their fingers over financial furnace ; but Col. Chatterji has boldly asserted that at least a midday meal can be provided for hungry younger children at a cost of one pice per head and for grown-up children two pice per

head provided there is a voluntary agency for the preparation and distribution of this meal. Where to get this voluntary agency to undertake this social service *cum* humanitarian work ! We hoped the Corporation of Calcutta which boasts of being the premier civic body in the East would at once take the cue and implement Col. Chatterji's scheme in the Corporation Free Primary Schools scattered all over the city. But where civic affairs are subordinated to party politics, so much so that even classes in these schools are allowed to go indefinitely without teachers replacing those on leave or retired—the *honorary* city fathers being preoccupied—one must not hope to find civic initiatives taken up. For conditions prevailing generally in these and other schools, we would invite reference to the section of "Relata Refero" in the Homœopathic Herald, Vol. II., No. 12.

Time and again, attention of Central Government has been given to this question. At the Sixteenth Annual Medical Research Workers' Conference held at Delhi in 1938, The Hon'ble Sir Jagdish Prasad and Col. Bradfield discussed this question with the delegates but people cannot visualize any result yet. This year, the Central Board of Health proposed to hold a meeting at Poona on July 22, 23 and 24, under the presidency of the Hon'ble Sir Girja Shanker Bajpai, Member in charge of the Department of Education, Health and Lands of the Government of India. As an additional item on the agenda we find it for the first time the important question of the improvement of school-

going children's nutrition and medical provision free of charge throughout India. Sir Girja Shanker has always been known to make bold move and to carry it to success. We hope his present advance will be not less fortunate than his past achievements. We are only a little dubious on account of the double onerousness of this item. The nutrition problem alone makes many a veteran health marshal fight shy for shortage of funds, and *free medical provision* for the school-going children implies financial enigma of staggering magnitude. To us the proposition is unthinkable in view of the usage seen day to day at the most well financed Government hospitals where the poor outdoor patient is asked to provide from his own vacant pocket ampoules of injectable medicines and sometimes to pay for even drinkable potions. We have heard of enterprising young medical graduates having, by circumstantial urge, formed medical aid societies, holding out promises of free medical attendance and medicine to private persons and families who may be registered therein at a fee of Rs. 2/- per month ; details of this proposition are not before us at the moment, yet on the very face of it, common sense will not swallow it ; for the enormous cost of allopathic drugs is too well known to the public. Substantially subsidized, such a society may keep on struggling for some years before enlisting public confidence and cooperation, In the case of the Central Board of Health something could at once be done if there was the will. But even then it is hard to find the requisite finance for

implementing the scheme to an adequate degree and extent, without inviting unpleasant and formidable opposition. To get out of this perplexity Homœopathy is the only recourse. It is the cheapest, the pleasantest, the safest and the surest medical aid. But here again the path may be found thorny for the well organized and obtrude opposition of the Medical Trade Union. With his unparalleled courage and tact perhaps Sir Girja can, if he so wills, over-rule the Union's obduracy and adopt Homœopathy for providing free medical aid to the millions of school-going children all over the country. If the Central Board of Health intends to grant the children medical provision (not merely an eye-wash of teeth examination and sight testing) free of charge throughout India, let no conceit and prejudice of any school of medicine be permitted to stand in its way. And for the children's nutrition, Col. Chatterji's one pice and two pice midday meal proposition should be given a trial for a fair length of time along with educating the guardians in the food value of nutritious food stuffs and their mode of preparation, supplemented with H. E. Lord Linlithgow's advice to DRINK MORE MILK.

# A Brief Study Course in Homœopathy.

ELIZABETH WRIGHT, M. D.

## VI

### REPERTORIZING.

As no one person can carry all the symptoms of all the remedies in his mind, a concordance or index is needed. We term a symptom index a repertory. There are about half a hundred of these, general or special, based on different symptoms of studying the case. The two most vital to know are the basic ones of the two main methods, the Kent *Repertory* and the Bœnninghausen.

#### THE KENT REPERTORY : ITS COSTRUCTION.

The Kent *Repertory* is a compilation of materia medica, certain prior repertories, such as Lippe's, and clinical symptoms verified. In order to successfully search in the Kent *Repertory* for the symptoms of your case as evaluated in accordance with our last lecture you must be thoroughly familiar with the plan of the book, its rationale, and also its inconsistencies. The plan of the book is to work from generals to particulars, a general rubric first in most instances. The book is based on anatomical divisions, (see Table of Contents, p. VII), with certain exceptions such as the first



section on **Mind** ; the last one, **Generalities** ; discharges, such as **Stool**, **Sweat**, **Urine** and **Expectoration**, which appear as separate sections next to the anatomical region producing them ; and certain general conditions, such as **Vertigo**, **Cough**, **Sleep**, **Chill** and **Fever**, which are also separate. Under such anatomical section the rubrics run in alphabetical order regardless of whether they are pathology, sensations, modalities, or objective symptoms (such as "bores head in pillow", page 108 ). Each such main heading is followed by modifiers, ( if there be such ) in the order following : Time, circumstances in alphabetical order, extensions ( the point *from* which a symptom extends is the *one* under which it will be found, not the point *to* which it extends ), location with *its* time, circumstance and extension modifiers, and lastly, sensation with its modifiers. For instance, the main section **Head** is anatomical. but under that you will *not* find an anatomical section for occiput, rather must you look under the sensation in the occiput, as for instance, COLDNESS OF PAIN, OCCIPUT, 11.

It is to be noted that certain anatomical regions have no corresponding section in this *Repertory*, for instance, **Neck**, which is found under **Throat**, **External Throat** and **Back**. **External Throat** contains the rubrics pertaining to the anterior neck, such as goitre, glands, troiticollis, etc., and **Back** contains nape and posterior cervical region. Furthermore, lungs, heart, aorta, axillary glands, breast and milk appear under **Chest** ; posterior

chest appears under **Back** ; pulse under **Generalities** ; head sinuses are divided between **Nose** and **Face** ; salivary glands are found under **Face** instead of under **Mouth** ; lips under **Face** instead of under **Mouth** ; œsophagus is found under **Stomach** ; and liver under **Abdomen**. There is no section for the circulatory, glandular or nervous system, as this book is not based on systems, (Bœericke's *Repertory* is in part), but the parts of these systems are found scattered throughout the book under allied anatomical headings. Many symptoms which one would expect to find under the nervous systems appear under **Generalities** as they indicate a tendency of the whole organism, such as ANALGESIA, CHOREA, CONVULSIONS, PARALYSIS, TREMBLING etc. Twitching of the parts appears under the anatomical part, such as **Face**, **Extremities**. Nervous symptoms having to do with the spine appear under **Back**, such as OPISTHOTNOS. Meningitis appears in two places, under **Head**, INFLAMMATION, meninges of, and **Back**, INFLAMMATION, cord, membranes of.

Similar or allied rubrics often appear in two or more different places, as for instance : Dysmenorrhœa under **Genitalia**, **Famale**, MENSES painful ; **Abdomen**, PAIN, cramping, bearing down, cutting, menses, during ; **Abdomen**, PAIN, hypogastrium, in, menses during ; and **Abdomen**, PAIN, menses during.

It must be noted that many rubrics which appear as particulars under the proper anatomical sections or main headings also appear in the last section,

**Generalities**, in their relation to the body as a whole, for instance, under **Generalities**, MENSES, comes aggravation or amelioration of the whole person before, during or after menses, while under **Genitalia Female** appears the type and circumstances of the menses, or so to speak, the particulars. Similarly under **Generalities**, PERSPIRATION, appears amelioration or aggravation of the body as a whole from sweat, whereas under the section **Perspiration** are given the quality, occurrence and modalities of the discharge itself. Sweat of any especial part is found under the anatomical section in which the part is located, such as **Abdomen**, PERSPIRATION ON. Perspiration of the scalp is not under **Head**, scalp, perspiration of, but under **Head**, PERSPIRATION, scalp of. General amelioration by, or distress from, the act of eating appears under **Generalities**, EATING; and under **Generalities**, FOOD, are the aggravations and ameliorations from the different articles of food, but under the section **Stomach**, aversions and desires for special articles of food appear.

Pathological diagnoses are found frequently in **Generalities** and occasionally as headings under other sections but more often as sub-headings under the condition involved, for instance, pleurisy is found under **Chest**, INFLAMMATION, pleura of, and appendicitis under **Abdomen**, INFLAMMATION, appendicitis. On the other hand empyema is found under **Chest**, EMPYEMA, directly, and goitre under **External throat**, GOITRE. Certain pathological states which are symptoms rather than diseases, such as CHOREA, CONVULSIONS, CYANOSIS, DROPSY, etc.,

appear under **Generalities**. Objective symptoms are scattered all through the book and are often small unclassified rubrics, such a BRITTLE NAILS, GESTURES under **Mind**, BITING under **Mind**, and red lips under **Face**, DISCOLOURATION, red, lips.

#### THE KENT REPERTORY : ITS USE.

This *Repertory* is built to work the cases from general symptoms to particular symptoms. We have already spoken in our lecture on the evaluation of symptoms of Kent's method of grading, **Mentals** being the most important, and **Generals** next. Most chronic cases and many acute ones can be worked out by the *Repertory* on the **Mentals** and **Generals** alone to within three to five remedies. The beginner should take at least eight of these symptoms, although experts often solve the case on three to five. The beginner must be sure that these **Mentals** and **Generals** are really true of the patient, and that he has not warped the symptom in translating the patient's colloquial expressions into the language of the rubrics. Moreover a symptom must have the same mass or importance in the patient's case as is assigned to it in the symptom hierarchy. If an important symptom can not be found in the *Repertory* it can be found under a synonymous rubric. It is to be understood that the headings under **Generalities** which are not pathological and not marked "ameliorated by", or otherwise explained, and which are not sensations or conditions, mean "aggravation from", for example,

EATING, before, means worse before eating, COITION, after, means aggravated after coition, etc. Many of the ameliorations are omitted and you must look for them under aggravation under their opposites, for instance, there is no better in summer. This is considered equivalent to worse in winter. Sometimes two or more rubrics must be combined in order to be equivalent to a given symptom. If the rubrics are very small it may be wise to add all the remedies. If at least one of the rubrics is large and others fair size, only such remedies as run through all the component rubrics of this symptom should be taken. Certain symptoms have so large a group of remedies that they are almost useless except as eliminating symptoms. Such a one is cold bloodedness of the patient, which appears under **Generalities**, HEAT, lack of vital, and would serve to eliminate any markedly hot blooded remedies which had otherwise come through the generals high in a given case.

The student would recall from our previous lecture that the common symptoms, or the unqualified big, main rubrics, such as SADNESS VOMITTING, etc., are of little or no use in repertorizing, and that among both **Generals** and **Particulars**, a strange, rare and peculiar symptom ranks high. A strange, rare and peculiar general would be "during cold stage craves cold", or "during hot stage craves heat," as in *Camphor*; a strange, rare and peculiar particular would be "thirst for ice water only during chill" (*Eup. per.*)

We have said that the beginner should locate in the *Repertory* his eight or more main **Generals** and chart the remedies appearing under each of these, putting 3 for the bold face (heavy black type), 2 for italics and 1 for roman (plain type), this being done for all the symptoms chosen, the remedies appearing in more than half the rubrics are listed with their fractions, the numerator of the fraction being the numerical totality of the remedy grades, and the denominator being the number of symptoms in which the remedy appears. Now the **Particulars** come into play, beginning with the most peculiar ones, and care should be taken not to use too small rubrics. In fact it is safer to use a more general, medium sized rubric than the more exact particular rubric, The occurrence of these particulars in the few remedies which have stood highest in the **Generals**, and in these only, being taken, you can now see which few remedies are fairly similar to the **Generals** of your case, and which few of those most resemble the **Particulars** of the case. Add the particular to the general fraction and reduce your list to the three to five remedies which stand highest in their grand total. If one remedy totals  $\frac{1}{7}$  and another  $\frac{1.5}{9}$ , the former is to be preferred. As you have taken your symptoms in the strict order of their importance according to the Kentian schema your first two or three symptoms should appear in the remedies that come high, and where they do not the remedy should be looked on with suspicion. It is to be remembered that certain remedies, like

*Sulph.*, *Calc.*, *Nux*, *Puls.*, etc., almost always come out high numerically because they have been so thoroughly proved, and unless the beginner discounts this and bases his final judgment on materia medica and especially the mentals and the type of the patient, he will prescribe these well proved polychrests too often. Conversely, it must not be forgotten that some remedies, like *Tub.*, have but a fragmentary part of their proving in the *Repertory*, and that only a little more than 500 remedies are mentioned in the *Repertory*, and very few of the nosodes and double salts are adequately stressed. When the remedies have been reduced numerically to from three to five, these must be read in the materia medicas, especially their **Mentals**, and the original case as taken, reviewed and compared to each of the remedies. The miasmatic relationships of the patient and of the remedies that come out high must be considered. For future reference in treating the case, in acute as well as chronic prescribing, a list should be made on the chart of the constitutional remedies which come high, of the nosodes which most nearly apply, and of the acute remedies ranking highest. These, or complements of these, will often be found to fit any illness of that patient in the future, unless an epidemic remedy be called for.

Ideally, on the repertorizing record each symptom should be stated in the words of the patient in the symptom column, restated in the exactly corresponding rubric in the rubric columns, and the page where this is found after it. There are repertorizing

sheets\* on graph paper with the main remedies printed in, numbered places for writing in symptoms, etc., which are a great convenience and a time saver.

THE BÖENNINGHAUSEN REPERTORY ;  
ITS CONSTRUCTION.

Böenninghausen's *Therapeutic Pocket Book*, one of the earliest repertories, is based largely on Hahnemann's *Materia Medica Pura* and the idea of it was approved by Hahnemann himself. The book falls into seven distinct parts. Although each of these is complete in itself, "yet each one gives but one portion of a symptom, which can be completed only in one or several other parts". For example, the seat of pain is found in the second section, the kind of pain in the third, the aggravation or amelioration according to time or circumstances in the sixth, and the necessary concomitants in the various sections. The seven sections are : 1. The Mind and Disposition ; 2. Parts of the body and organs ; 3. Sensations and Complaints in alphabetical order, in general and then specially, of the glands, of the bones, and of the skin and exterior parts ; 4. Sleep and dreams ; 5. Fevers with chill, Circulation and Sweat ( the 2nd 4th and 5th sections have concomitants ) ; 6. Aggravations and Ameliorations from time and circumstances ;

\* These are obtainable from the American Foundation of Homoeopathy, 38. Elizabeth Street, Derby, Conn., for a reasonable sum.



7. Relationship of Remedies. In section seven under each drug the previous section headings, 1 through 6, are given and under each the remedies applying in that section which are related to the drug in question. At the end of each drug is given a list of other related remedies and the antidotes.

#### THE BŒNNINGHAUSEN REPERTORY : ITS USE

This Repertory is based on **Generals** even much more than the Kent. The rubrics in the different sections dealing with the different aspects of one symptom are used to eliminate all remedies but such as run through them all. This is a swifter, easier method than the Kent, but too general, and a great many symptoms can not be found in it at all. Also there are very few rubrics under **Mind**, only seven pages out of 482. Boger's *General Analysis* is based on this repertory and his unique method of working cases by it is also deserving of study.

#### THE BŒRICKE REPERTORY

The Kent *Repertory* in its present form is unwieldy for the physician to carry with him to the bedside. Neither the Bœnninghausen nor Kent repertories have any materia medica. Two books which combine materia medica and repertory are handy in the pocket or medical bag. One of these is Boger's *Synoptic Key* of which his *General Analysis* is an abridged form, and the other is

Bœricke's *Materia Medica with Repertory*. The *Bœricke Repertory* resembles the Kent rather than the Bœnninghausen but Bœricke has reclassified some of the anatomical sections. For instance, vertigo appears under **Head**; sinuses are grouped together under **Nose**; lips are under **Mouth** instead of **Face**; tongue has a section to itself as have gums; œsophagus is under **Throat** instead of **Stomach**; foods that disagree are in **Stomach** with the cravings and aversions; rectum and stool are under **Abdomen**; all the **Urinary system** is together under that heading; breasts are rightly classed under the **Female sexual system**; there is an admirable section on **Pregnancy, Labor and Lactation**; after **Genitalia** comes the section on the **Circulatory system** including pulse; then comes the **Locomotor system** including extremities, gait, neck, inflammatory rheumatism and arthritis, back, and axillae; then comes **Respiratory system**, including lungs, cough, expectoration, larynx, voice and respiration; following this is the **Skin**. The **Fever** section includes chill and sweat, the exanthems and various fevers such as influenza, typhoid malaria, etc. The **Nervous system** follows and includes epilepsy, paralysis, sleep, dreams, weakness, convulsions, goitre, sea sickness neuralgia, sciatica, spine, meningitis, etc. The **Generalities** section is much reduced and contains mainly diseases, tissues, poisonings, suppressions (under **CHECKED discharges**), glandular affections including mumps, goitre, a very interesting section on **COMPLAINTS** from winds, damp places, sudden, gradual,

injuries, prophylactics, and tumors. This section has been relieved of much misplaced matter and had added to it a great deal of interesting and valuable material. The last section is **Modalities**, first aggravations and then ameliorations, and time under these appears in alphabetical order morning, night, periodicity, etc., instead of altogether at the beginning of the section as in Kent

Under all extensive headings, such as **Headache**, appear definite captions in the following order: Cause, Type, Location, Character of Pain, Concomitants, Modalities, i.e., Aggravations and Ameliorations

This book is a clinical rather than a symptomatological index and has many technical terms as main headings. A tremendous number of remedies are given in the materia medica section, and well given, with plentiful mentals. Owing to its small size a great many symptoms have had to be omitted from the repertory. Its pretensions are not great but its usefulness within its sphere is tremendous.

This gives the beginner a bird's eye view of three of the most useable general repertories. It is strongly advised that every student master the Kent method, as it will reward familiarity more than any other. To the advanced student it should be added that many strange and peculiar symptoms can not be found in these three repertories and must be searched for in Gentry's *Concordance*, Knerr's *Repertory*, Leppe, Jahr, or the special repertories.

Card repertories have not been mentioned. There is one by Field, based largely on the Kent, but inaccurate. It is useful for hurried acute prescribing in the office. A new card repertory, exactly following Kent is now under construction by the Doctors Pulford of Toledo, Ohio. Boger's card closely follow his *Synoptic Key*.

These different methods of repertorizing will appeal to different types of minds and will also be suitable for different types of cases, the Boger method suiting those with much pathology and few other symptoms ; the Kent method suiting those with marked mentals and an intricate anamnesis ; the Bœnninghausen suiting conditions with acute pains and clear cut modalities, cases without subtleties. In closing this brief, suggestive method of repertory study we would reiterate, STUDY THE KENT METHOD FIRST, LAST, AND ALL THE TIME.

—The Homœopathic Recorder  
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## SPRAG.

The shifting vagaries of general medicine have had a distinctly demoralizing effect upon those among us who were poorly grounded in its actual work and many have been swept from their moorings by a tide that moves at once everywhere and nowhere. This instability has also discredited it in the public eye which does not easily see the finer shades of difference between spurious and genuine therapy — C. M. Boger. M. D.

## PRESENTATION OF PULSATILLA\*

( R. P. Patwardhan, M. B. B. S. )

*Pulsatilla* is one of the polychrest remedies in homœopathy and acts mostly on the blood vessels, mucous and synovial membranes and organs. *Puls.*, *Ignatia* and *Sepia* form a trio in homœopathy known as the woman's remedy, i. e., they are most commonly indicated in women.

Farrington says : "The relation of *Puls.* or *Sulphuric acid* calls for particular notice. The latter remedy follows the former in gastric troubles. *Puls.* is also antidotal to *Sulphuric acid*. When this acid has been used for the cure of the appetite for liquor, *Puls.* has been proposed as the remedy best suited for the diarrhœa which ensues "

"It is one of those remedies which we are apt to select by the predominance of the mental symptoms," viz., mild, yielding, tearful disposition, "*Puls.* patients are never irascible. although at times peevish." "Thus, in the case of a child with gastric troubles *Puls.* may be used when it is peevish, pale, chilly and satisfied with nothing. This is not *Nux vomica* or *Chamomilla* condition as both these remedies have decidedly more violence with their anger."

It would not be out of place if we compare some important remedies which have mental symptoms in common.

\*Read at the monthly Clinical Meeting of the Homœopathic Post-Graduate Association, Bombay, on 29th January 1940

1. *Sepia* :—"Differs from *Puls.* in the presence of irritability and anger." "There is also indifference to her household affairs, to which she was formerly attentive." *Puls.* cries when telling her symptoms and *Sepia* when asked her symptoms.

2. *Nat. mur.* :—Also has a tearful disposition but under *Nat. mur.* consolation aggravates, while under *Puls.* the patient seeks consolation.

3. *Ignatia* :—Here the patient is "sad and hides her grief from others."

4. *Stannum metallicum* .—"Likewise has this tearful disposition. The patient is very much discouraged or is tearful over his chest symptoms. He fears that he will go into a decline."

"*Puls.* is especially suitable for chlorotic, anæmic women when they complain constantly of a feeling of dullness, but inspite of this find relief for many of their symptoms in the open air." "It acts on the right heart more than on the left, consequently despite the chilliness which arises from the anæmia, the open air acts as stimulus to the venous circulation and this improves the symptoms depending upon the sluggish flow of blood." So *Puls.* is of great use when there is this sort of disturbance in the venous circulation. *Puls.* patient is easily led and persuaded and is touchy ; is relieved by slow gentle motion (*Ferrum* – reverse of *Arsenic*) ; is better by lying on painful side, like *Bryonia* ; by cool place and drinks (although patient is not thirsty) ; aggravated in a warm room ; also aggravated by lying on left side like *Phos.* and p. m. ; aggravated at the beginning of

motion (*Rhus.*, but *Rhus.* wants motion in warm dry air while *Puls.* is ameliorated in cool open air).

Dr. Nash describes it as a "changeable remedy, pains travel from one joint to another; hæmorrhages flow, and stop, and flow again, no two stools alike, no two chills alike, no head nor tail to the case mixed."

"Many of the complaints are associated with weakness of the stomach and indigestion, or with menstrual disorders." "*Puls.* like *Nux vomica* is a great remedy for disorders of digestion." There is "bad taste in the mouth, especially in the morning, or nothing tastes good, or no taste at all." "Great dryness of the mouth in the morning without thirst." "The stomach symptoms are worse in the morning and the mental symptoms in the evening." "Stomach disordered from cakes, pastry, rich food, particularly fat pork"—fat meats generally, fats. The stomach symptoms are ameliorated by walking slowly in open air. In dyspepsias *Puls.* has to be studied with other important remedies.

1. *Nux vomica* :—In *Nux vomica* heart-burn is more characteristic, while in *Puls.* waterbrash predominates. With *Nux vomica* warm food agrees best; with *Puls.* cold things. The mental symptoms of the two remedies differ widely.

2. *Bryonia* :—bad taste with coated tongue and thirst. *Puls.* no thirst.

3. *Antimonium Crudum* :—here the tongue is very characteristic. It "is coated white as though it

had been white-washed. Vomiting predominates over the other symptoms."

4. *Ipecac* :—"is a first class remedy in these gastric catarrhs caused by chilling the stomach with ice water, or by eating pastry or other indigestible substances. The tongue is clean. It seldom has the thick coating belonging to *Puls.* or *Ant. cr.* and nausea predominates over every other symptom."

5. *Arsenic* :—is complimentary to *Puls.* when gastric catarrh arises from "chilling the stomach with ice cream or ice water." It is peculiar that *Puls.* should have dry mouth and no thirst while *Mercurius* should have characteristically moist mouth with intense thirst.

"Headache in school-girls who are about to menstruate. Headache accompanying menstruation," or "associated with suppressed menses"; "not caused *from* them but associated with them." "*One sided headaches and one sided complaints are peculiar to Pulsatilla.*" Headaches ameliorated by cold applications and pressure.

There is no remedy like *Puls.* to antidote Sulphur when Sulphur has been used every spring to "cleanse the blood." A great remedy for affections consequent on the abuse of Iron. When inflamed parts look bluish like *Lachesis*, *Puls.* will promptly bring the condition under control provided *Puls.* temperament is present.

In fevers *Puls.* has been found very effective. Patient is chilly ( afternoon 2 p. m.; *Nat.-mur.*, chilly forenoon.); hands and feet numbed (*Cedron*,



whole body numb), heat in the afternoon and no thirst. But thirst may sometimes be present during heat (*Ignatia* has thirst only during chill). The sweat in *Puls.* is one sided and usually on the left side. It is also used after abuse of quinine.

THREE CHARACTERISTIC SYMPTOMS of *Puls.* are

1. chilly
2. aggravated by heat and
3. thirstless.

Patient feels chilly, covers himself, in a short time begins to perspire, removes the blankets, wants the windows open and after a little while he again feels chilly and covers himself. This is the type of chill seen in *Puls.* patient. (*Nux Vomica* : the least uncovering aggravates)

It has been greatly used for after-effects and mis-treated cases of measles and according to Pulford, as a preventive of measles, three times daily. In the initial stages of measles other remedies as *Aconite*, *Gelsemium*, *Bryonia*, *Ferrum phos* should be taken into consideration as *Puls.* will not help the condition. In its action on mucous membranes *Puls.* gives rise to "thick, green, yellow catarrhal discharges." "The catarrhal discharges are bland except the leucorrhœa which is excoriating. Remember, however, that *Puls.* has a bland leucorrhœa in keeping with the general state."

*Puls.* is more useful in nasal catarrh when the cold is ripe than when it is acute. In nasal catarrhs (chronic) *Puls.* vies with *Cyclamen* which has good many symptoms in common with *Puls.*, e. g., loss of taste and smell is common to both. But the

differentiating point is this that in *Cyclamen* there is spasmodic sneezing and aversion to open air. But *Puls.* is sometimes indicated in acute nasal catarrh. (Arsenic, Carb. v., Ceba, Euphrasia). In Arsenic and Ceba the nasal discharge is acrid. In *Euphrasia* there is acrid discharge from the eyes and bland, watery from the nose. In *Nat. mur.* there is loss of taste and smell like *Puls.* but in the case of *Nat. mur.* the aggravation is in A. M. while in *Puls* it is in P. M. The characteristic discharges of *Puls* are found from every mucous outlet of the body *Puls* is therefore our sheet-anchor in old catarrhs with thick yellow discharge and amelioration in open air. It is said that *Puls.* prevents whooping cough. Loose cough is more liable to be amenable to *Puls.* than dry cough. The expectoration of *Puls.* tastes bitter while that of *Stannum* is sweet and, that of *Kali-Hydriodicum* and *Sepia*, salty.

Invaluable in purulent ophthalmia when *Argent nitr.* fails. Also in cases of otorrhœa after measles. In suppressed gonorrhœa *Puls.* is indicated if orchitis or epididymitis ensues. In such cases *Puls.* will restore the discharge and reduce pain. Here it has to be compared with the following remedies.

1. *Clematis* :— “an excellent remedy for gonorrhœal orchitis when the testicle is indurated and is as hard as stone.”

2. *Mercury* :— “is called for when the glands are swollen and when what little discharge remains is greenish, and when there is phimosis.”

3. *Rhododendron* :—under this remedy the testicle tends to atrophy, sensation as if it were being crushed.

*Puls.* is the common remedy for enormously swollen testicles from mumps in a boy (a form of metastasis). Here *Puls.* is to be studied along with *Carbo veg.*, *Abrotanum* and *Rhus tox.* In the case of *Carbo veg.* you have a carbo vegetabilis patient. In the case of *Puls.* it changes location but not the disease, while *Abrotanum* changes both, e. g., arthritis developing after acute dysentery. "*Puls.* has complaints from exposure to rain; getting feet wet (*Dulcamara*)"; a prominent wet weather remedy; tooth-ache relieved by holding cold water in the mouth (*Bryonia* and *Coffea*) A great remedy for sub-acute types of ear-ache (*Chamomilla*.) *Puls.* is indicated in girls in derangements at the age of puberty when menstrual flow has not established itself normally. "Catamenia too late and scanty, or suppressed, particularly by getting feet wet." "The changeable characteristics in the flow of menses, viz., they stop, and flow, stop and flow again, etc." should be borne in mind. In delayed or suppressed menses *Sulphur* will follow when *Puls.* proves ineffective. Also fairly often required in the morning sickness of pregnancy and during labour when the pains are slow, weak and ineffective; and also in the after-pains after delivery. "In girls at puberty, milk in the breasts; a premature establishment of milk. In non-pregnant woman, milk in the breasts", (mammary glands affected by *Puls.* before, during and after pregnancy). *Puls.* is

many times the remedy in simple retained placenta (here competing with *Sepia*, *Sabina*, *Secale* and *Caulophyllum*). *Puls.* is indicated when mechanical irritation, e. g. carrying books, excites flow of milk. The pains in *Puls.* are accompanied with chilliness. The more severe the pain the harder the chill. Pains come suddenly and leave gradually in the case of *Puls.* There are certain remedies indicated in the manner in which the pains appear and disappear, e g.\* :—

(1) Pains appear and disappear suddenly, e.g., *Bell.*, *Cactus grand.*, *Mag. Phos.*, *Nitric acid*, *Rhodum*, *Sepia*, *Strychnine*.

(2) Pains appear and disappear gradually e.g. *Argent nit*, *Platina*, *Stannum*.

(3) Pains appear suddenly and disappear gradually, e.g. *Puls.*

(4) Pains appear suddenly but disappear in a variable fashion, e g., *Verbascum*

(5) Pains which appear gradually and disappear in a variable fashion, e. g. *Cale. carb.*, *Cinchona*, *Silicea*.

*RELATIONS OF PULS* :—*Kali mur.* is its chemical analogue.

(1). *Complimentary remedies of Puls.* are :

Sulphuric acid and *Lycopodium*, *Kali bi.*, *Kali mur.*, *Kali sul.*, *Sep.*, *Silicea*, *Stann.*, *Zinc*.

\*"The Remedies and Modalities of Facial Neuralgia"—J A Lathoud  
—*The Journal of the American Institute of Homœopathy*, January, 1937, P. 40.—L. D. D.

(2) Its antidotes are : Asaf., Chamomilla, Coffea, Ignatia, Nux vomica, Stann.

(3) *Silicea* and *Kali sulph* are the chronic of *Puls.* in nearly all ailments.

(4) "Follows and is followed by, Kali mur."

(5) "Ailments : from abuse of chamomile, quinine, mercury, tea-drinking, sulphur."

(6) "One of the best remedies with which to begin the treatment of a chronic case (*Calc.*, *Sulph.*)"

(7) "Patients, anæmic and chlorotic, who have taken much Iron, Quinine, Mercury, Tonics, even years before."

(8) "Follows well : after, Kali bl., Lycopodium, Sep., Sil, Sulphur."

Now I will describe a few cases treated with *Pulsatilla* :—

#### No. 1. *A Case of Headache.*

About a year back, a young person, aged about 22 years, came to me complaining of headache in both the temporal regions for one week. The pain was better by tightly bandaging the head and cold applications ; there was also slight yellowish discharge from the nose. On questioning further, it was found that the headache was relieved in the cool open air and that there was a strong desire for drinking cold water ; no other derangement was detected in him.

*Puls.* 200, one dose, was given on 15th Nov. 1938. Next day his headache was better but he began to

complain of severe pain in both his feet. On being questioned he said that the pain in both the feet was his chronic complaint for the last four years. Placebo was given for several days, after which the pain in the feet disappeared and there was no recurrence of the headache nor of the pain in the feet.

*No. 2 A Case of Measles.*

A child, about 2 years old, was entrusted to me for treatment in 1936 after a severe rash of measles had appeared on the body. The child had temperature 104°, and was drowsy. There was a bland yellow discharge from the nose, eyes and both the ears; there was no thirst. Bronchitic signs were present and the voice was slightly changed; no other symptoms could be obtained from the parents, e. g., time of aggravation of fever etc. *Puls.* 30, in 3 doses, was given 2 hourly, on the following indications: (1) yellow discharge from the mucous outlets, which was bland, (2) thirstlessness and (3) drowsiness during heat. The next day temperature came down to 100°F. and the child was free from drowsiness; on the third day, the temperature dropped down and the discharges gradually changed their colour and disappeared in a week's time, the child made an uneventful recovery.

*No. 3. A Case of Remittent Fever.*

On July 24th, 1939, a child aged about four years was seen by me for fever. There was slight cough; temp. 100°F.; onset of fever, sudden. Child drank about 2-3 teaspoonfuls of water, only once, and

had no nutrition after that, not even water ; used to cry when covered by warm wraps and refused to be in bed. A day before fever, the child was exposed to rains ; no other history could be obtained from the parents. Child was very quiet. Thirstlessness, aggravation by warm wraps and exposure to rains were the symptoms to base the prescription. *Puls.* 30 was prescribed in a single dose.

July, 25th—temperature 99.8° F. in the morning. Placebo was prescribed ; in the evening it rose to 100.4° F.

July, 26th—100.8° F. in the morning,—*Puls.* 30 was given again in the evening ; 101° F., in the evening.

July, 27th—Child drowsy, temperature 104° F., in the morning—*Puls.*, 30, was given in 6 doses, one every hour—Temperature remained 104° F. throughout the night.

July, 28th—Temperature 102° F. in the morning ; placebo prescribed ; rose to 104° F. at night.

July, 29th—Temperature 102° F. in the morning ; *Puls.* 200, one dose, was given. Temperature began to drop down slowly and came to 98.2° F. the following morning and did not rise again.

*No. 4. A Case of Pyelitis (B. Coli).*

This was the case of an infant, aged about 6 months. The infant was vaccinated when it was five months old. In Jan. 1936, the infant began to get fever about 100° F. with few bronchitic signs. It was treated allopathically for the first 2 days, with diaphoretic mixture and euquinine. This had

no effect on the fever and the temperature used to go up to 102°F., twice in 24 hours, once at 10.30 A. M. and then in the night at 1.30 A. M. The urine, on examination\* showed albumin and pus. The case was again "taken," with the following symptoms :—

1. Agg. of fever at 10.30 A. M. and 1.30 A. M.
2. Drowsiness, during heat.
3. Vomiting, on coughing.
4. No thirst at all.
5. Aversion for milk.
6. Urine, turbid.
7. Urine, albuminous
8. Urine, offensive.
9. Frequency of urine
10. Kidney

Pulsatilla stood very high on repertorization. It was given in the 30th potency, (single dose), on 12th Jan., 1936.

13-1-1936. Temperature dropped to normal, so placebo was given.

18-1-1936. Again the temperature rose. *Puls.* 30, repeated.

19-1-1936. Temperature, normal.

27-1-1936. Temperature rose again to 102° F. *Puls.* 30, was again repeated.

28-1-1936. Temperature remained the same in the morning.

Pyelitis is one of the obscure causes of fever in infants and children and even in adults. The essential thing for correct diagnosis is to suspect it and get the urine examined —L. D. D.



I thought the dose had no action and committed an error in repeating, Puls. 30, on the 28th morning, with the result that there was severe aggravation for three days. Child became more drowsy ; temperature rose to 104°F. and in spite of the ice, it remained at 104°F, for three days. I waited for three days with great anxiety and then on 1-2-1936 the temperature dropped down and the child was better in every way. Again, after a week, the child got fever ; the urine was again examined and found to contain pus, but this time there was no vomiting on coughing, i. e. the cough was much less. *Puls.* 200, was prescribed and the temperature dropped down but the child got stomatitis. I thought of giving the child a deeper acting remedy to prevent the relapse of fever. *Sulphur* 30. was, therefore, given in one dose and the mouth condition improved. *Silicea* is the chronic of *Puls.* but it did not cover mouth inflammation, hence was not given. I now thought the case would recover, but the temperature rose again on 26-2-1936 to 101°F., as usual, the urine was turbid and contained pus. Thirst was absent and change of posture aggravated the child. *Puls.*, 200, was given again and the temperature dropped down next evening. As *Sulphur* did not take hold of the case and as there were early relapses I changed the deep acting remedy. *Silicea*, 30, was given in one dose on 28-2-1936, particularly as the trouble had come on after vaccination but the child again got fever after 10 days. *Puls.* 200, was given again and the temperature dropped down after two days. But

on 13-3-36, there was pain in the left lower extremity ; a slight movement of the left lower limb would make the child cry with pain. There was no evidence of acute inflammation nor any cause for pain could be accounted for. So I consulted Dr. Dhawale. He diagnosed the case as that of scurvy and advised administration of orange juice. This was done and the pain disappeared in about two days' time and never recurred again. But the child could not be free from fever ; after a week or so the old symptoms would come up. I therefore went on gradually from 200 to MM of of *Puls.* But the child became very irritable, ; it always desired to be carried by somebody in the house, all the 24 hours ! Would sleep only on shoulders !! As this was harassing I consulted Dr. Dhawale. On his advice, Chamomilla, 30, was given to antidote the effects of *Pulsatilla* ; and then that symptom disappeared completely ! In 1937 the same child was attacked by measles, in about a week's time the rash and the other symptoms disappeared under *Puls.*, 30, but the temperature kept on and the following symptoms were noted.

1. Abdomen distended and child passing flatus frequently.
2. Child, cross, early in the morning.
3. Cough.
4. Liked open air.
5. Agg. of fever in the evening.

I thought that some other deep acting remedy, complimentary\* to Puls. should be chosen and then alone the temperature would drop. Taking into consideration the flatulence and the early morning crossness of the child, *Lycopodium*, 30, was prescribed in one dose and the temperature dropped at once. Child is now completely free from any kind of trouble. Here I have to thank Dr. Dhawale for the ungrudging help he gave to me in treating this case.

#### DISCUSSION.

DR. R. R. PAI : I would like to know whether Dr. Patwardhan has used *Pulsatilla* as a prophylactic against measles.

DR. R. P. PATWARDHAN : Yes, I have used it, when there was a case of measles in my family, to prevent the disease in other children who had not their turn till then ; and they did not catch the infection from the patient.

DR. J. N. KARANDE : *Pulsatilla* is a very useful remedy in gynæcology as well in pediatrics. I have found its mental symptoms to be the leading ones—'change of symptoms' being another characteristic which leads one to the selection this remedy. Earache, ameliorated by cold, when found in children, is very often successfully met with *Pulsatilla*. It has also helped me in pyelitis, when indicated.

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\*Complimentary medicine would act only when indicated by the presence of its characteristic symptoms. —L. D. D

Dr. L. D. DHAWALE : Pulsatilla is usually ameliorated by motion ; but when indicated on other symptoms, it has been reported to have helped pleurisy with stitching pains in the side of the chest during motion, cough or breathing. I have used it in pulmonary tuberculosis in a male patient, with a good sway, covering a long range, in potencies from the 30th to DMM. The symptoms would then alternate with *Bryonia*, in the same way.

I have used it in this epidemic of whooping cough in various cases even when complicated by broncho-pneumonia. The trouble was accompanied with yellow nasal discharge. In some cases it was followed with success by *Bryonia* when the typical thirst for large quantity of water ushered in.

I have also found it to be a good remedy in cases of high-blood-pressure as it has a marked action on circulation.

In a case of a menstrual disturbance associated with a severe upset in the digestion—before, during and after menstruation, it helped the patient when an allopathic line of treatment from various quarters proved of no avail. The remedy is not only indicated when the menses are scanty but also in cases of metrorrhagia. It has got such a strong action on the mucous membranes that even the menses, which are generally scanty, are slimy.

In the male generative organs it is indicated in *gonorrhœa* with a thick, yellow discharge from the urethra ; and it is also indicated in troubles resulting from suppressed gonorrhœa. But do not forget

*Clematis erecta* which I have used with marked success in cases of suppressed gonorrhœa associated with ilio-scrotal neuralgia with severities of a varying nature, when allopathic aid from the best hands proved useless !

I have also used *Pulsatilla* successfully in a case of *hydrocele* which was markedly better with application of ice. The disease used to be aggravated in summer. His circulation was sluggish as was noticed by the swelling on feet, pitting on pressure. When he improved, the swelling on feet also disappeared though the patient was attending, all the while, to his office work. Temperamentally he was of a timid nature,—a statement made by his wife and accepted by the husband without contradiction.

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### CAUTION.

The giving of too much medicine, as the too frequent repetition, or the giving of too low potencies, etc., is too often more dangerous than the disease itself. If properly done the door needs to be unlocked but once, if the right potency accompanies the indicated remedy. To try to force the lock with the wrong potency or by frequent repetitions is not only to wreck the lock but also to spoil the case.

—A Pulford, M. D.

## NUTRITION PROBLEM.

[ Continued from p. 182 ].

M. C. LAHA, M.B. (C. U.)

In the last discourse, I stated 60 gms in 24 hours to be the 'minimum' protein requirement for a maintenance of bodily health and 120 gms to be the 'maximum' amount which can be metabolised successfully by the body without producing ill effects. The 'optimum' amount, that is, the amount most suitable, as should be only too natural, still remains an open question. We are however, concerned much more with the 'minimum' question since the vital defect of our diet lies in a failure to reach this 'minimum' and not crossing the 'maximum'. We shall be much nearer a solution if we can prepare for the masses a diet-list containing this minimum amount of utilizable protein, which in the present diet is falling short. I would like to stress upon the word 'utilizable'. It has been clearly shown that some food proteins are better suited as human food than others, because, when broken up into their elementary parts or amino-acids, more of these can be utilized in forming body tissues than those derived from other foods. For this reason, milk, meat, eggs and fish, i.e. animal proteins, are most valuable; those of rice, dal, potatoes are next in value, while those of wheat, beans and other vegetable proteins are distinctly

inferior. Thus, mathematically, a diet may fulfil the minimum requirement for protein, but due to the excess of inferior proteins, its nutritive value is much lessened. This often happens actually with our diets. The vigilant eye that we, poor Indians, have to keep over the cost of foods, of which the proteins are the dearest, takes away much of the latter's quality. *Dal* is by far the chief protein of the masses. The abundance of rivers in Bengal has enabled us to supplement this with fish, as the next best protein consumed by the Bengalees. After this comes milk, which alas! is too costly. *Dal* and fish cannot by any means meet the protein requirement entirely, because, if such a thing is attempted the quantity would be enormous and to keep up the protein value, the quantity of carbohydrate, which occurs in high proportion in *dal* would be very big. But still, in case of the very poor, this has got to be managed when we prepare diet-lists. In fact, the proteins in the pulses (such as *dal*) are quite assimilable if boiled in steam for a very long time as done by our up-country Hindoos. This protein is very nutritious and stands them in good stead. But unfortunately, in Bengal, we have never learnt to take *dal* in its proper form, and consequently have to depend much more on milk and fish which are costlier. Milk and meat, as stated before, are the finest of the 'utilizable' proteins. In fact, animal tissues being already built up of the formed elements which are more akin to the human tissues, are metabolised with much less effort. They are thus a distinct advance and advantage,

particularly as these are endowed with specific dynamic properties yielding more energies than their respective calculated caloric strength. But to what extent these proteins find an entry into the average Bengali kitchen is not unknown to any of us. Few can afford them in proper quantities. Consequently they are growing under deficiencies and should not be expected to grow strong enough to fight either the enemies outside or those inside and the toll of ever increasing infectious and deficiency diseases is staring us in the face.

#### CARBOHYDRATE AND FAT REQUIREMENT.

The exact amounts each of carbohydrate and fat fit for healthy adults have not been specified definitely and a little difference of opinion exists on this subject. While it would not be well under ordinary conditions to omit from the diet either all the carbohydrate or all the fat, as a matter of practical experience on a mixed diet, the exact amount of fat or carbohydrate does not make so very much difference as long as the total number of calories, needed to be supplied in addition to that supplied by the protein, is covered. Fat is expensive as a foodstuff and it is difficult for the average people to go beyond 50 gms., many often failing to get even as low as 30 gms. in 24 hours. Fortunately, wide variations in the respective quantities of fats and carbohydrates may be allowed. If milk is excluded from the diet, the best method for providing the



necessary fat seems to be to take at least  $\frac{1}{2}$  chhatak each of *ghee* and oil ( $270 + 270 = 540$  calories) in 24 hours. And if we provide 50 gms. of protein, say, we add  $50 \times 4 = 200$  calories to the total. Thus for making up a total of 2500 calories, we have got  $540 + 200 = 740$  calories from proteins and fat. The difference, i. e.  $2500 - 740 = 1760$  calories are to be derived from carbohydrates. That gives us  $1760 \div 4 = 440$  gms. as the quantity of carbohydrate required for the present case. For providing a total of 3000 calories, basing upon similar calculations, nearly 500 gms. of carbohydrate need be given. This is to be met with mainly from rice, atta and sugar. This means nearly  $\frac{1}{2}$  a seer of rice or atta in 24 hours. It is an extremely bad custom in Bengali households to depend on rice at both the principal meals. It is too soft, requiring very little mastication and consequently, the salivary digestion, one of the essential requirements for carbohydrates, remains unutilized. Besides, for simple gulping down without proper chewing, more is taken in than is good. Also, being very quickly digested, it leads to a quick rise of blood sugar. Added to this the bewildering galaxy of sweetmeats in vogue amongst the Bengalees takes a heavy toll on our digestive organs leading to early exhaustion of the digestive glands with consequent dyspepsia and other troubles such as diabetes, etc. Atta has none of the drawbacks of rice mentioned above, and the rational method is to take rice in the morning and atta in the evening. This relation might with convenience be reversed.

## DIET LISTS

I now propose to chalk out a couple of suggestive diet lists based upon economic considerations, yet enough to meet the required calorific value. It would be much more helpful, perhaps, to append first a list of foodstuffs in every day use in our household, showing their respective calorific values per ounce (i. e.  $\frac{1}{2}$  chhatak), so that we would know the worth of the article we are taking.

|                         | Calories<br>per ounce. |                    | Calories<br>per ounce. |
|-------------------------|------------------------|--------------------|------------------------|
| Butter                  | 220                    | Bread              | 60                     |
| Cheese                  | 120                    | Biscuits           | 100                    |
| Fish (fat)              | 50                     | Jam (freshly made) | 80                     |
| Fish (ordinary)         | 20                     | Vegetables (fresh) | 12                     |
| Meat (Lean)             | 50                     | Potatoes           | 25                     |
| Do (with fat)           | 70                     | Apples             | 16                     |
| Eggs (2 oz.) each egg   | 80                     | Pears              | 15                     |
| Milk                    | 20                     | Grapes             | 20                     |
| Sugar                   | 116                    | Oranges            | 12                     |
| Honey                   | 80                     | Dates (dried)      | 84                     |
| Dried peas & beans      |                        | Banana             | 30                     |
| and pulses (e.g. Dal)   | 100                    | Raisins            | 92                     |
| Nuts                    | 100                    | Cocoonut           | 100                    |
| Cereals e.g. Flour,     |                        | Molasses           | 80                     |
| Arrowroot, Barley, etc. | 100                    |                    |                        |

A consideration of the cost of foodstuffs here and their relative merits gives one the idea that it is extremely difficult to prepare a menu for 24 hours, the cost of which will be below annas eight per head, yet will yield 3000 calories or near about. A menu costing annas ten seems just about equal to the requirement and I will begin by listing this first.

## ANNAS TEN MENU.

|                                  | Calories | Cost |     |    |
|----------------------------------|----------|------|-----|----|
|                                  |          | Rs.  | As. | P. |
| BREAKFAST                        |          |      |     |    |
| Atta Bread 3 oz. or 1½ chhataks  | 170      | ...  | 0 0 | 4½ |
| Butter ¼ oz.                     | 60       | ...  | 0 0 | 9  |
| Egg one = 2 oz.                  | 70       | ...  | 0 0 | 6  |
| LUNCH                            |          |      |     |    |
| Rice boiled, 8 oz. or 1 pow      | 280      | ...  | 0 0 | 6  |
| Vegetables, 6 oz. or ¾ pow       | 75       | ...  | 0 0 | 6  |
| Dal, 2 oz. or 1 chhatak          | 200      | ...  | 0 0 | 6  |
| Milk, 8 oz. or 1 pow             | 160      | ...  | 0 1 | 0  |
| Ghee and Oil, 1 oz. or ½ chhatak | 270      | ...  | 0 0 | 9  |
| Meat or Fish, 4 oz. or 4 chhatak | 200      | ...  | 0 1 | 0  |
| Sugar, 1 oz. or ½ chhatak        | 120      | ...  | 0 0 | 1½ |
| DINNER                           |          |      |     |    |
| Atta Bread, 6 oz. or ¾ pow       | 340      | ...  | 0 0 | 9  |
| Fish 2 oz. or 1 chhatak          | 100      | ...  | 0 0 | 6  |
| Ghee and Oil, 1 oz. or ½ chhatak | 270      | ...  | 0 0 | 9  |
| Vegetables, 6 oz. or ¾ pow       | 75       | ...  | 0 0 | 6  |
| Dal, 1 oz. or ½ chhatak          | 100      | ...  | 0 0 | 3  |
| Milk, 8 oz. or 1 pow             | 190      | ...  | 0 1 | 0  |
| Gur, 1 oz. or ½ chhatak          | 120      | ...  | 0 0 | 1½ |

Total calories in 24 hours - 2770,

Total cost per head in 24 hrs. 0 9 10½

Any attempt at providing for a cheaper menu, as observed before, will be a very tough proposition and even if prepared, will certainly mean definite deficiency, both qualitative and æsthetic. The excess of refuse matter in cheaper foods invariably gives it a bulk, and the roughages present are not always very good for the digestive organs. Besides, the food becomes less 'vital' in character. Still, with all these considerations in mind, I have

prepared the following practical menu which yields roughly 3000 calories, yet costs less than annas six per head in 24 hours.

## ANNAS SIX MENU.

|   | <i>Calories</i> |     | <i>Cost</i> |     |    |
|---|-----------------|-----|-------------|-----|----|
|   |                 |     | Rs.         | As. | P  |
| BREAKFAST   |                 |     |             |     |    |
| Cocoanut 2 oz. or 1 chhatak                           | 200             | ... | 0           | 0   | 4½ |
| Molasses 2 oz. or 1 chhatak                           | 160             | ... | 0           | 0   | 3  |
| Dried peas or grams 1 oz. or ½ chh.<br>(taken soaked) | 100             | ..  | 0           | 0   | 1½ |
| LUNCH   |                 |     |             |     |    |
| Rice, 8 oz. or 1 pow                                  | 280             | ... | 0           | 0   | 6  |
| Dal, 3 oz. or 1½ chhatak                              | 300             | ..  | 0           | 0   | 4½ |
| Fish (slightly inferior), 4 oz. or 2 chh.             | 180             | ... | 0           | 0   | 6  |
| Vegetables, 8 oz. or 1 pow                            | 100             | ... | 0           | 0   | 4½ |
| Oil, 1½ oz. or ¾ chhatak                              | 100             | ... | 0           | 0   | 4½ |
| Banana 1 only = 2 oz.                                 | 60              | ... | 0           | 0   | 3  |
| DINNER  |                 |     |             |     |    |
| Wheat bread, 8 oz. or 1 pow                           | 450             | ... | 0           | 0   | 9  |
| Dal, 2 oz. or 1 chhatak                               | 200             | ... | 0           | 0   | 3  |
| Vegetables, 8 oz. or 1 pow                            | 100             | ... | 0           | 0   | 4½ |
| Fish, 4 oz. or 2 chhatak                              | 180             | ..  | 0           | 0   | 6  |
| Oil, 1½ oz. or ¾ chhatak                              | 400             | ... | 0           | 0   | 4½ |
| Molasses, 2 oz. or 1 chhatak                          | 160             | ... | 0           | 0   | 3  |

Total calories in 24 hours 3270

Total cost per head in 24 hrs. 0 5 7½

Though the total calories in the above diet come upto more than 3200 calories, some part of it is liable to become unavailable. This is obviously due to partial indigestibility of the cheaper foods.

Alternative cheap menus costing six annas or thereabout will not be difficult to prepare by consulting the list appended at the beginning. In fact, it will be necessary to do so, because it will be quite a task to stick to the same menu month after month.

Very little help would be required, I think, for those who are ready to pay annas twelve or more for their daily diet. The listing would be quite easy if one carefully goes through the food list. A substantial and tasteful diet is quite easy of comprehension if one is ready to spare Rupee one daily. But this would be possible only for the rich, for whom this article was not primarily meant

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## REVIEW OF BOOKS

We have on hand a copy of **Fistula and its radical cure by medicine**, by Dr. J. Crompton Burnett, M. D.—the first Indian edition, published by Messrs. M. Bhattacharyya & Co., 84, Clive Street, Calcutta. Burnett's monographs are a class by themselves and need little introduction. The book contains abundant wealth of illuminating case-notes and is divided into two parts—bound in one volume. The author asserts that 'fistula may be medicinally treated without any operating or local messing and pottering at all, and not only medicinally treated, but also medicinally radically cured.' This very bold assertion has been undeniably con-

firmed by the profusion of evidence in the case reports that follow. This brilliant and useful treatise was out-of-print for a considerable length of time, and the profession is therefore beholden to the publishers for bringing out this Indian edition which they offer for sale at a remarkably cheap price, at -/12/- only. The printing, paper and get up leave nothing more to desire.

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**The Truth About Homoeopathy : How I Became a homoeopath**—the two educative brochures by Dr. Wm. H. Holcombe, M. D., bound together under one cover, just published by Messrs. M. Bhattacharyya & Co, Calcutta. This is the first Indian edition of the works of Holcombe who was a prolific writer of medical brochures, vividly appealing, and of outstanding merit. "The Truth About Homœopathy" is an unrelenting reply to an absurd and unreasoned attempt of a prize-winning allopathic graduate chartered for the demolition of Homœopathy. And here Holcombe completely vanquished the aggressor and left this precious literature to posterity in the family of Homœopathists. The regular homœopathists will find it instructive and interesting, and surely get new light from it. The part—"How I became a Homoeopath"—is indeed the romance of conversion. Such allopathic graduates as have just crossed the line of taboo, or are yet hedging, cannot do better than to read and re-read this narrative as often as they can and lend it to their friends. The publishers are to be appreciated for keeping its price as low as -/12/- only.

## RELATA REFERO.

When a homœopathic teaching institution dashinglly features a *three months course* of complete post-graduate study of homœopathy it only betrays its plight of being jockeyed by medical men innocent of homœopathic attainments. Before and during an intensive teaching of Hahnemann's *Organon*—the pivot of the science and art of Homœopathy, it will take a medical graduate twice three months to unlearn Galenism and spectacular heteropathy inlaid in his head and heart during six long years of vigorous allopathic pupillage. An additional six months will be required to learn *Philosophy of Homœopathy* (as advanced by Hempel, Dunham, Kent, Close and others, and amplified by numerous annotators) and to assimilate Hahnemann's theory of *Chronic miasms*. Then it will take him about a year to learn the *method* of studying *Homœopathic Materia Medica*, to study at least 25 of the important polychrests and to be put on the right track for a life-long work of comparative study of drugs; and the cleverest medical graduate will need at least further six months to be taught and exercised in *Case-taking*, *Evaluation of symptoms* and *Repertorizing* for gaining a workable knowledge of this important and indispensable art of applied homœopathy. That all this could be taught within the trivial term of three months would be either perversion of and a calculated insult to

Homoeopathy. Or, would it be an invention to fowl higher grade consulters ?

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The Government of India have very lately decided that in recruiting Officers for *Emergency Commission* in the Indian Medical Service the Selection Board will have powers to relax the age-limit upto 40 years up age, that is, medical men upto 40 years of age will be eligible for Commission on the same terms as younger men. They will also be eligible for disability pensions, while widows' and other dependents' allowances will be admissible under the same conditions as for permanent officers of the service... ..Now here is a rare opportunity for our medical graduates to be relieved of anxiety and embarrassment in which they throw themselves by adopting heretical practice of homœopathy *without a thorough post-graduate training and baptismal*. It will relieve them of the exigency of constantly romping ruse on patients, and relieve people of keeping constant caution against appearances

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There is flurry in some quarters over a not unusual incident at the Writers' Building The Hon'ble Minister, it is said, summoned a meeting of the members of the Advisory Committee of the proposed State Medical Faculty of Homœopathy, which was to be held on the 16th. May last, but it was rescinded without assigning any reason. Thus, anxiety and apprehension are in evidence in



regard to the fate the embryonic Faculty. Still, let us take hope with both hands. Any way, we are delightfully conscious of this success in our persistent effort to make the advisory committee members relax their stiff reticence.

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Intelligence Test is the latest craze in this country and has been fathered by the Calcutta University in its Psychological Department. Over 3000 Bengali students including about 700 girls of different schools of the city of Calcutta had been examined and the results obtained are said to be quite satisfactory, their Intelligence Quotient being found high as that of the American or English pupils. The examiner, however, noticed that a good many students of this country lack the enthusiasm befitting their youthful age. Reference is frequently made to the results of the competitive examinations held from time to time by the Federal Public Service Commission which exhibit a growing deterioration of quality of candidates sent up from Bengal. No one factor is responsible for this discouraging state of affairs. The direful economic distress perpetually present in one's family, the prolific growth of cinema show houses and various other distracting temptations make the student lose his love and link of study. It is, however, widely said that extra-academic interests slyly instilled into this credulous community by flaming megalomania of cranky politics is the most potent and peccant cause of their intellectual deterioration. But a decline thus brought about is beyond the pale of

medical interference and should be left to thoughtful guardians and the social hierarchy. Where there is genuine backwardness, intellectual and/or physical, the case is easily observed by the discerning physician without much ado or extravagant flourish. And of all schools of medicine Homœopathy stands supreme in effecting a radical improvement with minimum medicine and expense and within the shortest time.

“*Observateur*”

—o—

## A CASE REPORT.

[ J. Crompton Burnett, M.D. ]

I know a lady who in 1868 was abroad, and suffering from fistula, and the local family doctor ordered her home to London to be operated on for her fistula, he having previously tried diverse local applications in vain. She came home to London, was operated on, and *cured*—that is to say, the fistula with a good deal of trouble was got to heal up. After that the *os uteri* became gravely ulcerated, and the patient spent nearly two years for the most part lying on her back, and underwent an almost endless number of local manipulations and operations. At length the ulcerations in the region of the os were made to heal. Then came leucorrhœa without ulceration, and of a most distressing kind ; a very dapper gynecologist occupied several years in stemming this discharging tide, and when the unfortunate lady had been fairly

rid of the leucorrhœa by injections so long and so strong, she found herself used *surgically* and completely of—1st., *fistula in ano* ; 2ndly, of ulceration of the *os uteri* ; and, 3rdly, and lastly, of this severe leucorrhœa. And *then* ? health ? Not at all, but a hard tumour in the region of bowel and womb, which has rendered her state simply awful ; for, apart from the ultimate significance of the tumour *per se*, the exit of the bowel being almost obliterated, the going to stool can only be characterized as awful, so distressing, so tedious, and so painful is it.

Now, what is the meaning of all this ? Just this : the lady was ill in herself, and her organism tried to rid itself of some of (at least) the product of her ill-being ; to this end it constructed a fistula in an out-of-the-way district of the economy, through which it might drain off matter inimical to itself : the surgeons, in forcibly healing the fistula practically stopped the outlet pipe. Then the same process was repeated in regard to the said ulceration, and again with the surface outlet, which we call leucorrhœa ; and, finally, finding all direct outlets effectually blocked by the doctors, NATURE was fairly compelled to deposit *within* the organism the before-mentioned inimical matter in the form of a tumour, and at the next nearest point to the seat of the fistula, ulcers, and leucorrhœa respectively. CONTROVERT THIS, YE MEN OF THE KNIFE, IF YOU CAN.

—Excerpt from the "Fistula".

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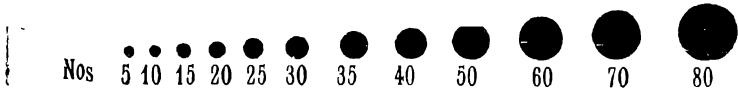
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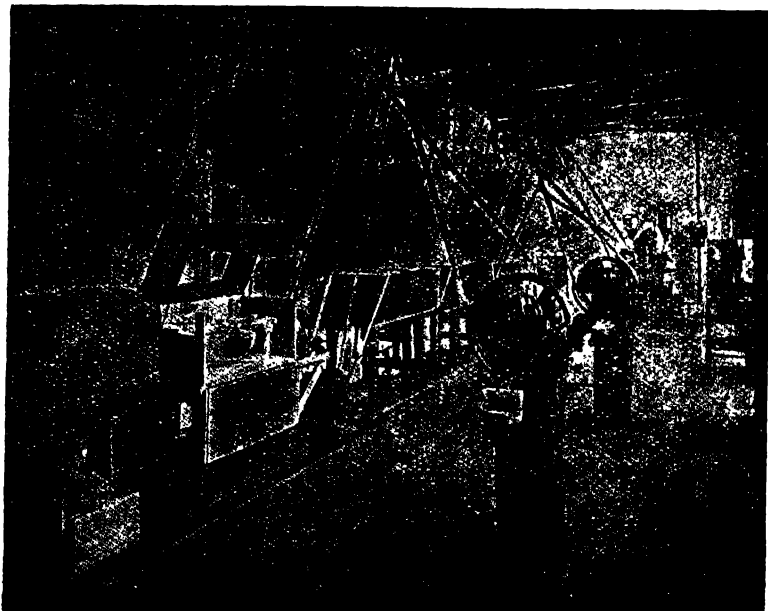
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**Editorial**

**Clogs in the wheel.**

It would sound rather queer that the progress of Bengal's homœopathy has been retarded during recent years, when one finds such prolific growth of teaching institutions of all descriptions as well as private agencies for pedling diplomas. Activities are not limited within these two spheres. Within a short space of time several so-called associations styled as Boards, Shabhas and Societies have grown like mushrooms under individual ægis, several such being located in one town or one city or even in one street, each having a small handful of members who happen to be either the most obliging friends or doctors of creation of the founders; and subscriptions being within the range of annas -/2/- to annas -/4/- per month and allowed to fall in arrear indefinitely, these societies do not bore their members. Yet, every growth is not conducive to the soil; and an unhealthy growth

is oftener than not a positive menace which should be weeded out as soon as possible, if integrity and fertility of the soil is desired.

But these do not constitute the only clog in the wheel of progress. There are others and bigger ones too. The conflicting class-interests are none the less responsible for the contumely which Bengal's homœopathy is facing on all sides. There are several classes of homœopathic practitioners in the province, and in the provincial capital itself class-conflict in all its bitterness is obvious more than anywhere else. Again, amongst members of one and the same class alienation is not less manifest. Let us take stock of the number of the diverse classes. We find : (a) Medical graduates bedecked with British medical qualifications ; their number though negligible, they hardly know each other, perhaps because of the reverses in their avowed allopathic practice as much as in their present unproductive labour in heretical homœopathic practice of adoption ; and therefore they seek to avoid each other for concealing their economic plight. (b) Medical graduates *sine* overseas qualifications, some even specialized in special subjects, equally failures in allopathic practice that forced them to make a circumstantial selection of homœopathy, doing a piebald practice for want of a regular grinding in Hahnemann's theory and art. They introduce themselves to the public by primarily abusing allopathy, then employ allopathic analgesics to relieve their patients and prescribe liniments, plasters and antiphlogistine in pneumonia

and antipyretics in hyperpyrexia ; and above all they recite pages of physiology and pathology to the relations and attendants of the patients, pointing out to these astonished people that such wonderful stock of learning is the monopoly of these heretic doctors. These medical men likewise avoid meeting each other of the same class, pretending to be too busy with roaring practice to exchange friendly visits. (c) American trained M. D.s of recognized Universities ; their number is dwindling, being not replaced by a new generation ; for people designing to adopt the homœopathic medical profession have learned by this time that the money required for the trip to and fro and for the expenses to stay in the U. S. A. four years, as well as for the study expenses, may be better utilized by investing the amount in a roomy and showy motor car, a well furnished chamber and tip-top stylish habiliment ; because doctors are now clever enough to comprehend the psychology of our modern society whose male and female members mostly 'think more about the fineness of the fabric than its warmth, and more about the cut than the convenience' ; above all, more about the doctor's make-up than his professional merit. Most of these M. D.'s keep themselves isolated from one another and from the rest in the profession with a view to enhance their individual market value. They wean each other's society to such an extent that when one presides at a meeting the others are religiously absent from it, for each wants to occupy the chair and others will not stand before him to



•  
speak or sit to listen ; and by queer coincidence the whole lot of them will get important professional engagements on that very day and at that particular hour compelling their reluctant absence. (d) American M. D's who only touched the soil there and came back within from 6 to 12 months, obtaining an M. D. from somewhere or from an unrecognized haunt. They are more irritating and irritable than those in class (c), but, in their garments they excel the style of all classes while at their residence they do not use the Indian *dhoti* but a sleeping suit of chequered pyjama and coat. They claim Rs. 16/- per visit, but generously accept Rs. 2/- in suitable circumstances (e) The Overland Mail M. D's who manage to obtain the "M. D. ( U. S. A. )" by the grace of International Postal Service at an incredibly cheap price, and without the bother of studying the alphabets of homœopathy. Stagnating in homœopathic squalor and basking in medical ignorance they are perilous to the genuine homœopathic profession. (f) The graduates of the authentic homœopathic colleges whose case we pleaded in our July number, and who suffer from the vicious intrigue of being perpetually placed upon a satellitious orbit. (g) The Accidental Doctors, who used to read vernacular homœopathic books on domestic treatment, and treated minor ailments in their own family and among the neighbours, before and after office hours, whom the people give the honorary title of 'doctor' for courtesy and for keeping their 'doctor' in good humour ; after

retiring from service they gather all the courage to contest registered medical graduates practising homœopathy, and thus build a nice superstructure of income over their pension or allowance.

Excepting the homœopathic practitioners in class (f) the rest do not care a straw for a State Medical Faculty of Homœopathy. In this country there is no law regulating and controlling medical practice, hence it is of little interest to other practitioners whether a Faculty comes into being or not. Their self-seeking interests form the biggest and worst clogs in the wheel of progress of Homœopathy. The Ministry only can save the situation by promulgating the Faculty by its executive authority, now and without procrastination.

# A Brief Study Course in Homœopathy.

ELIZABETH WRIGHT, M. D.

## VII

### PRESCRIBING : POTENCY SELECTION.

After thoroughly digesting the first six lectures of this brief course and doing wide collateral reading and studying one should be able to select the most similar remedy. The most similar remedy, however, does not become the *simillimum* until the potency is adjusted to the plane of the individual during his or her illness at the time of prescribing. Our philosophy teaches us that pathology, and even bacteria, are ultimates of disease and that the true cause is far deeper and less material than these. In order to truly wipe out the cause of a so called disease one must administer the remedy on or near the plane of the cause. It follows that for mental distresses and disease of manifestly psychic origin the high potencies (10M and upward) would be employed, other things being equal; and that for grossly material conditions, such as marked organic and pathologic changes, the lower or medium potencies would be selected. In general, then, functional diseases, where the symptoms are subjective or physiological, where the vital force is tactile, respond well to high potencies; and the organic conditions

to lower ones. It makes some difference whether the conditions be acute or chronic. For instance, diphtheria has marked pathology, as has pneumonia, yet the pathology is recent and swift in pace, and the high potencies are suitable. In general, acute diseases respond well to high potencies, especially of acute remedies (high potencies of deep acting chronic remedies, when these are indicated in an acute condition, may be dangerous). Certain acute crises, based on chronic trouble, such as cardiac asthma, would have to be treated with medium or low potencies because the high potency would stir up more than the vital force could cope with in the face of the advanced chronic pathology.

In chronic prescribing it is a safe rule to begin with the 200th centesimal unless this is dangerous because of the nature of the remedy, the degree of the pathology, or the depth of the miasm. One great object in starting at the 200th in chronic cases is that you then have an ascending series of potencies to use as treatment progresses. The Kentian ideal being to exhaust the action of one potency (see section on Repetition below) and then to step up to the next, exhaust that, and so on, if no change of remedy is indicated, to the highest potency. (Hahnemann places the upper limit of potencies suitable at the end of a series in any given case at the last potency which will produce a very slight aggravation of the symptoms. In our experience you can usually use the highest known potency of the true *simillimum* and still get action, although at times action will cease with, say, the CM

potency). When the top of the series has been exhausted and the same remedy is still called for you begin again at the 200th and repeat the ascending series.

Series of homœopathic potencies have been made by many famous persons, either by hand, as in the case of the Jenichen potencies, or by various machines. As a general rule it is best to stick to the potencies made by one man as you go up the series in any one case, as for instance, Kent's 200th, 1M, 10M, CM, etc. On the other hand, if a jolt is needed, although the same remedy is called for, a change from, say the Skinner to the Fincke potencies may whip up the case. For those who understand rhythms and cycles it may be well, after a patient has been through a course (ascending series) of a remedy from one source to change to one of the irregular potencies of the remedy from another source, for instance, we have seen Skinner's *Lyc.* 2M beneficial instead of Kent's 1M, or Fincke's 43M in place of a 50M. This change seems to start a new rhythm or cycle, it is as though the vital force became bored with the decimal system and responded with a renewed spurt to the alteration of potency. This is advanced doctrine.

In desperately ill cases, where the fight for life is active, in acute disease, the high potencies are indicated; also where the desperate illness is the terminal stage of chronic disease the very high potencies induce euthanasia. In chronically incurable cases, unless the vitality is very good and the pathology not yet too extreme, low or medium

potencies are suitable, and usually the deep acting *simillimum* must here be avoided and a palliative drug given. If such a palliative be not too searching a remedy, *Sang.*, *Rumex*, *Puls.*, etc., it may be given even to incurables in a fairly high potency.

The problem of potency selection to acute disease incident to chronic treatment is another snag. Patients long under correct chronic prescribing show less and less acute diseases, in other words their susceptibility is eradicated; however, explosions of latent psora do occur sometimes particularly when the vigor is increased by the proper chronic remedy, as a sort of vent or effort on the part of the vital force toward house-cleaning. The first problem for the prescriber in this connection is to determine whether the acute symptoms arising during chronic treatment are an aggravation following the remedy, and if so, whether they are an aggravation due to the reactive curative power of the body or a remedy aggravation due to over sensitivity or to *wrong potency*. If either of these be the case and the aggravation is not too severe no remedy should be given, merely *Placebo*. If the aggravation threatens life or is unbearably painful (this may have to be an antidote) or for some social reason, particularly intolerable for the moment, an acute remedy may be given in the medium low potencies, preferably the 30th or 200th, and this will probably not interfere with the action of the chronic remedy. In acute exacerbations or explosions of active chronic disease you can often give the acute

complement or cognate of your chronic remedy. In this case also the chronic remedy may continue to act undisturbed. In very severe acute diseases during the course of chronic treatment it will sometimes be better to give the acute remedy high and after the acute condition has subsided *retake* the chronic case which will often show a new picture. The new prescription takes into account the original chronic symptoms but lays more stress on the recent developments.

In many conditions with marked tissue change, such as adhesions, chronic cardiac decompensation, very low potencies, even tinctures may be useful. Potencies as low as the 12th or even the 6th are occasionally invaluable in single dosage in such grave conditions as tuberculosis where even a 30th or a 200th of such a remedy as *Phos.* or *Sil.* might set the economy on the down grade.

From this brief outline of the possibilities of potency it will be seen that we uphold the use of the high potencies mostly. The question of Potency is the most moot point in all homœopathy and even in our ranks today many strict homœopaths are so-called low potency men. These follow Hughes and are more pathological in their prescribing. The strict Kentians, almost without exception, are preponderantly high potency.

The degree of susceptibility of our patient also influences potency selection. Certain persons are over-sensitive (often owing to improper homœopathic treatment) and they will prove any remedy you give them; they require, therefore, medium

low potencies. Other patients are very sluggish (often owing to much alloëopathic drugging). These will often take a very high potency to get any action at all or they may need a low potency repeated every few hours until favourable reaction sets in. A third type of patient is the feeble one where the vital force can easily be overwhelmed. Repetition is the greatest danger here. Acutely sick, robust patients will stand repetition of high potencies until favourable reaction commences, although the ideal is the single dose. Children take high potencies particularly well, and in general the very aged require medium potencies except for euthanasia. Some individuals have idiosyncracies even to homœopathic potencies of certain substances. Some degree of idiosyncrasy to a remedy must be present or the patient will not be sensitive enough to be cured, but where this is extreme the law of medium potencies should be preferred. Where patients are habitually poisoned by a crude substance, as a general rule it is not advisable to give that substance in very high potency, it is better to give an antidotal substance high. For instance, patients long dosed with calomel are not relieved by high potencies of *Mercurius* but may be by *Hepar*. On the other hand exceptions to this occur as in chronic susceptibility to *Rhus* poisoning, *Rhus tox.* CM may eradicate the tendency. If not, a deeper antipsoric in accordance with the totality of the symptoms is indicated. Certain remedies are noted for their power to restore order after chronic poisoning with crude drugs, as *Natrum Mur.* after



the misuse of quinine or silver nitrate. The very low potencies, such as the 3 and 6x are very dangerous in the hands of accurate prescribers. This may be mainly due to the customary repetition.

Great care must be taken in potency selection of certain very deep acting remedies in serious chronic cases. For instance, *Kali carb.* in gout, *Sulph.*, *Sil.*, *Tub.*, or *Phos.* in tuberculosis; *Psor.* in asthma; and *Arsenicum* and *Lachesis* in many conditions. These remedies should be carried in the 30th potency even by those who give almost entirely the higher degrees.

#### REPETITION

The single remedy is the third member of the essential homœopathic trilogy. The reason for this is obvious: only one remedy can be the most similar at any given time with the condition of any given patient. If the physician can not decide between two remedies he has not gotten the totality of the symptoms, or the remedies which he has chosen are merely superficially akin to fragments or aspects of the case. Furthermore, the *simillimum* is a personality having a rhythm, one might almost say a permeating aura of its own, and in the fleeting instant of its administration it takes complete possession of the patient, thereby buoying up the vital force so that it can carry on the restorative process. To have two or more remedies would be to introduce two separate rhythms, partial and disharmonious factors. Moreover, if more than one remedy be

used the doctor cannot know which element was curative and one source of future guidance is thereby obscured. Lastly, since only one remedy can possibly be proved at a time, so only one can cure at a given moment. Some mongrel homœopaths when in doubt give mixed prescriptions. This means that they are merely prescribing symptomatically, one remedy for one symptom or organ, and another for another. Each of these, if homœopathically chosen may wipe out the fragmentary illness at which it was aimed but that which is profound, total, and primal, of which all these symptoms are but manifestations and will remain untouched and simply crop out through other channels as subsequent symptoms. Other half-hearted homœopaths, and even some with a wide knowledge of the materia medica but a relatively feeble grasp of the philosophy alternate remedies. This practice can not be too strongly condemned as it seesaws the patient into temporary ups without real progress. Many modern French homœopaths give a main deep acting remedy and one or more so-called drainage remedies with it, the chronic remedy in high potency and the drainage remedies in low potency, *the idea* being that the drainage remedy opens up an outlet for the exodus of the disease. These drainage remedies aim at the production of a discharge or the stimulation of the secretory organs, etc. This is a recent variant and does not appear in Hahnemann, the old masters, or Kent, and the self-styled purists of today do not approve of it.

The subject of the intercurrent remedy may well be mentioned here. Many pure Kentians hold that there is, or should be, no such thing, and that when, after a series of potencies of the same remedy, a new remedy is called for to stir up or develop the case, this is not an intercurrent but at that moment the *simillimum*.

There is some division of practice as to whether the single remedy should be given in one or more doses. The high potentists favor the single dose, although two, three or more doses of a high potency may be given at short intervals—every four, eight or twelve hours—especially in very acute cases with fever as the increased metabolism, so to speak, eats up the remedy fast. In such slow diseases as typhoid high potencies may also be repeated close together, but in every instance *it is an absolute rule that when favourable reaction sets in the administration of the remedy must cease*. So long as improvement is visible in the patient himself the remedy should not be repeated. Not only there is no need of “more of a good thing” but a repetition of a remedy which is still acting successfully defeats itself and actually hinders cure. Very occasionally, however, we have found that when a certain potency is aiding somewhat a higher potency of the same remedy will lift the case to speedier cure. In this connection it is of interest to mention the theory of double dosage recently promulgated by Gordon of Edinburgh. Gordon gives his remedy in two doses, eight hours apart, the first dose of a lower and the second of a higher potency of the same

remedy. For instance, *Phos.* 200 at bedtime and *Phos.* 1M on rising. This has not yet been sufficiently tried out for unqualified acceptance. Some of the masters use a lower potency after a higher one and claim good results. This seems in accord with the order of the progress of disease, from within and above, outward and downward, This has been even less used than the other method and we have no statistics as to whether these cases would have done as well or better on the lower potency originally.

Another method of multiple dosage which almost amounts to divided single doses is that of plussing. "Plussing" means dissolving your dose in a third of a glass of water, taking two teaspoonfuls, throwing away most of the rest, adding water up to the original quantity, stirring and succusing and again taking two teaspoonfuls as the second dose and so on. This raises the potency very slightly between each of the doses, gives somewhat wider range of plane, and is particularly indicated in stubborn and refractory cases. If very low potencies are used in ordinary acute illness, repeated doses are necessary until improvement sets in in most cases, for instance, a decompensated cardiac case calling for *Cratægus* might need two drops of tincture in water night and morning for a week. Where there is more pathology than vitality this might open the case better than a single high potency dose of *Cratægus*, although this latter might follow later. *Bryonia* 3x should be given as pellets or in water at intervals of one

to four hours according to the pace of the case, in acute cases calling for *Bryonia*, by low potency men. We would whole-heartedly advocate a single dose of *Bryonia* high under the same conditions. So much for the administration of the first dose or doses prior to the setting in of a favourable reaction.

Next comes the problem of when to prescribe again. *The rule here is never repeat or change the remedy while the patient himself is improving*. When the improvement has apparently ceased in acute diseases you may need to repeat the same remedy in the same or a higher potency or, if your remedy was not a true *simillimum*, you may need another remedy to round out the cure. You must be sure that the cessation of improvement is not due to the emotional mechanical or hygienic cause or merely to the aggravation or out-cropping of single symptoms. In chronic work you should wait some time, from three or four days to two or three weeks or more, as the vital force has cycles even on the upward grade, and true curative action must not be interrupted until it is certain that the reactive force is exhausted. Kent admirably stresses this in his injunction "to watch and wait".

As to the interval between repetition or prescriptions this may vary from a few minutes to a year or more and is entirely dependent on the general amelioration of the patient. When you have had true improvement and particularly, if, in chronic cases, you have observed the working of Hering's law of cure, sit tight. More cases are

bungled by too frequent repetition than by anything else. In this connection it is of course necessary to know which are the long acting remedies, although we have known of the good effect of *Bryonia* 30 one dose continuing two years in a chronic condition. Every student should own the little pamphlet by R. Gibson Miller on *The Relationship of Remedies* which gives approximate duration of action, but the only true guide to the duration of action of any remedy in a given potency on any patient is the cessation of the patient's general sense of well being. In general, if you are a good prescriber, one dose, single or divided as above, should cope with brief acute diseases to be followed at the termination of the disease with a chronic to set the economy in order. If a change of remedy is indicated in acute disease there will often be a reversion or return towards the close of the disease to the primary remedy.

The subject of the second prescription and of aggravations will be taken up in the next lecture. It remains only to say a word here about the place of *Placebo* in prescribing. A famous doctor said that "*Sac. lac.* is the second best remedy". Patients who understand homœopathy deeply may often be content with a single dose at long intervals without *Placebo*, but it is good policy to give even these a single powder of *Placebo* at every visit. Most patients require medicine often, not only so that they feel that something is being done but so that they may have powders for emergencies and it is not only honorable but necessary to give plentiful

*Placebo.* It is wise to train the patients to take powders or pellets as *Placebo* which are similar in appearance to the actual remedies, and not to give them the tempting brown, pink and green blank tablets.

Complicated as these elementary rules sound they are but the beginning of homœopathic wisdom. Every student should own and read at least once a year Kent's *Lectures on Homœopathic Philosophy* and should also be conversant with the writings of Stuart Close, Gibson Miller, John Weir, as well as the *Lectures on Therapeutics* by Dunham and by Joslin and, of course, with that keystone of our art-Hahnemann's *Organon*.

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# Homœopathy and Pregnancy.\*

Dr. J. N. Karande, M.D. (Bom )

In the practice of obstetrics the medical man is called upon to shoulder the responsibility of the pregnant woman during pregnancy, during labour and after labour. In addition he has to look after the care of the infant. It is not necessary to say that proper and intelligent care of the pregnant woman and appropriate homœopathic remedy will assure a normal labour with a healthy mother and child. Importance of antenatal care is now appreciated both by the public and the doctor. It would be a happy day when the doctors realise how by judicious use of a proper homœopathic remedy the complaints during pregnancy could be cured without the use of injections and nauseating drugs.

I intend to place before you my experience of some homœopathic drugs in my practice. I shall attempt to give in short the salient features of the individual drug and its application in practice.

## 1. Aconite

Mental symptoms of *Aconite* are very characteristic. She is anxious and restless ; fears of death, predicts death. She is peevish, oversensitive,

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cannot bear light or noise ; will not be touched or uncovered.

She complains of fainting on rising from recumbent position.

During pregnancy this drug has been used by me in patients who were anxious about their labour. Some of them said, "Dr., I am to die during this pregnancy" or "Dr., Do you think I shall survive this confinement?" This anxiety and fear has very often lead to selection of *Aconite*, which worked like a charm, the patients coming to me again with a smile on their face. These patients stood their labour well. Some of these women get symptoms from fright. They date their trouble from a particular incident, e. g., death of a relation, or sight of an accident.

During labour : The mental condition—great distress, moaning and restlessness with each pain, will help the selection of the drug. She fears she will not deliver. The pains may cease owing to the presence of the doctor which serves as fright. This condition is common in primiparas though I had same, in some multiparas too. These patients are covered with hot sweat all over ; they are thirsty.

Mrs. K., a primipara, of a short stature, came with labour pains ; she had slight dribbling of waters. The proportion between the passage and the passenger was normal. She was like that for two days in the hospital. On the third day the pains came on strongly ; the head had descended

into the pelvis. The patient was restless and moaning during the pains ; her body was covered with hot sweat ; she was thirsty. She resented being examined. Her mother told me that the patient thought that she would not deliver and would die. On the vaginal examination, the cervix was  $\frac{1}{4}$  dilated ; the pulse was 100. Temperature, 99°F. I prescribed *Aconite*, every hour. Two hours later I was surprised to hear that the patient had delivered normally without any tear.

*Aconite* is serviceable during puerperium for fever provided the symptoms agree.

For infants : I have used it for jaundice, with success. About 3 to 4 doses of *Aconite*, 30, will clear the jaundice. It is given as a routine to babies if jaundice sets in. Another use of *Aconite* is in retention of urine in infants. Those who are conducting a maternity home will very often come across such cases of retention of urine and where every other remedy fails. A case of a baby, 14 days old, was referred to me for retention of urine. The family doctor had given everything. The male child was brought to me for catheterization. I could not pass the smallest catheter. I then referred to Kent's Repertory, page 651, under 'Retention in new born infants', *Aconite* is given, in bold type. Yingling's Manual gives only *Aconite*. So it was given in the 30th potency. With the third dose, the urine passed ; the parents were very grateful for this magic result. *Aconite* is also useful for the darkgreen motions which infants get in early days, more like the meconium.

## 2. *Caulophyllum*

A woman's remedy ; want of tonicity of the womb. During labour, when the pains are deficient and patient is exhausted and fretful. Besides, it has a special affinity for the smaller joints.

According to Farrington, the main characteristic is intermittency of pains. They are sharp and crampy, and appear in the bladder, groins and lower extremities. Extreme uterine atony. Exhaustion of the whole system. She can scarcely speak at times, owing to weakness. Nearest specific for false pains. Stops false pains and develops real pains. It is useful for bleeding after labour due to uterine debility. It is a fine remedy for after-pains ; thirst is present. Rheumatism, especially of the small joints. Nash mentions a very peculiar symptom which has helped me in the selection of the remedy, viz. internal trembling of the body or extremities though one cannot see it externally.

This drug has saved many patients from Pituitrin injections and also from forceps deliveries. I use the mother tincture or the third potency. I will not omit it from my midwifery bag.

A Doctor's wife, a multipara, complained of pain in her left upper extremity. The pain was more marked in the index and middle fingers, shooting upwards. I had treated her some years back for the similar trouble by *Hypericum*, 6. This time the remedy was tried without effect. I was told next day that she was getting profuse lochia and that the smaller joints of both hands were affected. I gave

her *Caul.* 3, three doses, one every two hours, and the joint trouble and the excessive loss of lochia stopped. No other treatment was given.

It is of great use in cases of severe after-pains.

### 3. Pulsatilla

Is another woman's remedy. Mild, yielding, likes sympathy, easily moved to tears, are some of the characteristics. Thirstlessness and desire for open air are prominent symptoms. It is very useful for many complaints of pregnancy. I have used it with benefit for heart-burn which did not yield to allopathic medicines. Another drug for this complaint is *Merc.* Distention of the abdomen causing breathlessness, worse in the evening, is quickly and effectively treated by *Pulsatilla*. For vague pains in abdomen, false labour pains, *Pulsatilla* is a handy remedy. Urinary complaints of pregnancy, e. g. pyelitis, are promptly cured by *Pulsatilla*, provided the symptoms agree. Painful foetal movements, disturbing sleep, are benefitted by *Pulsatilla*. In Kent's Repertory Page 554-2, there are *Arn.*<sup>1</sup>, *Op.*<sup>1</sup>, *Puls*<sup>3</sup>, *Sil.*<sup>1</sup>. *Sil.* stands prominent and I have used *Sil.* 30, with marvellous effect in a primipara who was not relieved by large doses of sedatives. It may be remembered that *Puls.* is the acute of *Sil.* as *Acon.* is that of *Sulph.* I have seen a patient with a tumour in the breast who is being treated with *Sil.*, requires *Puls.* in some intercurrent acute complaints.

I have used *Puls.* for malpresentation before rupture of membranes with great success. Vary

recently I had a multipara who was being treated by her doctor on old lines. She was sleepless and had great discomfort in the abdomen; the presentation was breech and the mental condition was typical of *Puls.* I tried external version without success. She was given *Puls.* 30, 3 doses, and S. L. powders. Next time she reported that she slept better and her abdominal discomfort was gone. The foetus was lying in breech position. She had to be given the dose again for recurrence of her complaint. When she confined she had normal vertex presentation with no trouble whatsoever. She stood her labour well and reported that she had never such a trouble-free confinement, before.

*Puls.* is very useful in labour for weak, vague pains with no progress. The patient is thirstless, wants the windows open and is timid. *Puls.* will serve these cases and bring on normal labour pains.

*Puls.* is useful during puerperium for puerperal fever, worse from 2 to 4 P. M. Thirstless, shivering, but does not allow covering for more than a short time. It also serves as a galactagogue or brings on a flow after suppression of milk. It is useful for abnormal lochia—milky, scanty, suppressed lochia.

A very common complaint after confinement is retention of urine. Catheter is the last thing to be used in these cases as urinary infection is more likely at this time. I have found *Arn. m.* and *Causticum*, of very great use in these cases. I give *Arn.* as a routine to relieve pain and to counteract the effect of bruising of the soft parts. In these

days of war when Ergot is so very costly I would like to draw the attention of the profession to the use of *Arn.* in puerperium as a substitute for Ergot doses I think routine use of Ergot is unnecessary and that it could be omitted with no harm to the patient and great benefit to the doctor.

#### 4. *Magnesia Phosphorica.*

Another complaint during pregnancy is the pain in the calves. The pain is worse at night when the patient is resting. She is free from pain during the day while she is on her legs. The pain is ameliorated by heat. Allopathic treatment very often fails to give relief. I have used *Mag. Phos.* 6x, gr. 5, T. D. S. with prompt effect.

#### 5. *Calcarea Phosphorica*

This reminds me of another case who was complaining of pain in the lower limbs and left sacro-iliac joint. Her gait was like that of a case of Osteomalacia. She was given injections of Calcium, Calcium by mouth and Codliver oil. Analgesics failed to give her relief. In one of the so-called charitable hospitals she was told that she had an abscess in the hipjoint and required operation. Mind, she had no fever at all! I studied the case from homœopathic point and gave her *Cal. Phos.* 6x, gr. 5, T. D. S., for eight days. The patient got relief from the next day and had an easy delivery. In the second pregnancy the same drug was repeated when the symptoms recurred.

## 6. *Nux Vomica*.

*Nux vomica* is another useful drug. I have used it successfully in cases complaining of indigestion, pain in the abdomen and constipation during pregnancy. It is also useful in urinary troubles of early pregnancy. The patient is chilly, irritable, has to go to stool often without satisfactory result. Usually worse in morning or evening 5 P. M. onwards. During labour the patient feels like passing urine and stool but nothing results. The pains are not helpful to the progress of labour. The patient wants to be covered, wants the windows closed. I shall describe a case of puerperal fever treated successfully with *Nux vomica*.

A koli woman, primipara, normally confined, no tears, had severe rigor at 4 A. M. which came down with profuse perspiration. The patient did not like the windows open. She wanted to be covered even during the hot stage. She did not like her hand to be taken out of the blanket for the pulse reading. The temperature again shot up in the evening at 5 P. M. Her face was congested and she had headache. I studied the case and gave her *Nux vomica* 30, 3 doses, with very good results.

## 7. *Phosphorus*.

Another case which was saved by homœopathy was a multipara who gave history of profuse post-partum bleeding. She came to me for her fifth baby. She had no P. P. H. this time, so after seeing that she was o. k. I went to bed. Half an hour

later I was called to the case. She had vomitted 3 kidney-trayful of black coffee-ground stuff. The uterus also was enlarged owing to collection of blood clots. The patient was nearly pulseless, cold and her eyes were glassy. I still remember her deathly face. Veritol injection was given but without much effect. I studied Kent's Repertory. *Phos.* is the only drug which was prominent and was given in the 30th potency; only 2 doses were given. The patient regained her consciousness and colour and made uneventful recovery.

One can go on giving instances after instances of the marvellous cures with homœopathy.

I would draw your attention to a very important point, viz., a drug selected for complaints during pregnancy serves to fix the constitutional remedy. A constitutional drug may be indicated by the symptoms and the exhibition of such a drug not only ensures a normal pregnancy and labour but also the health of unborn.

Let Homœopathy be given a place in the maternity and gynæcological hospitals in Bombay. I am sure, in a short time, the authorities will find a great drop in expenditure and in the number of operative cases, as well as, in the maternal and foetal mortality and morbidity.

#### DISCUSSION.

DR. P. N. VAIDYA : I read in some magazine that during pregnancy the husband's constitutional remedy be given to the wife. Would this be of any use ?



DR. J. N. KARANDE : I have no experience about it.

DR. K. N. VAIDYA : The jaundice in the new-born infant is a physiological one, due to the destruction of a large number of red-blood-cells. In what way did homœopathy work in these cases ?

DR. J. N. KARANDE : Physiological jaundice disappeared earlier under homœopathic treatment than with the allopathic treatment.

DR. B. G. MARATHE : I had on hand a case of a woman with very painful fœtal movements. Two remedies were found to be indicated, viz., *Sepia* and *Psorinum*. The patient was also feeling chilly. *Gentry's "Concordance Repertory"* helped me in this case. Two doses of *Psorinum* were exhibited in the case and the remedy had almost an immediate effect on the painful fœtal movements.

DR. A. E. FERNANDIS : I would like to know whether it was possible to change the presentation during labour by homœopathic treatment.

DR. J. N. KARANDE : So far as the presentation is concerned, homœopathic remedies work so long as the presenting part has not descended in the pelvis, but once the presenting part has descended, it is of no use.

DR. PILLAI : *Pulsatilla* is a useful remedy in amenorrhœa. So, will *Pusatilla* start abortion if used in early cases of pregnancy ?

(The answer was in the negative, not unless the remedy was proved on her.)

DR. R. P. MAYENKAR : I used *Sepia* in a case of pregnancy with prolapse of the uterus. A lady

doctor who had seen the case said that abortion was inevitable. The patient was given *Sepia* in rising potencies going up to 10,000. The patient delivered a full term child.

DR. R. R. PAI : I had a case of a woman, pregnant 7 months, with cough alternating with diarrhoea in the beginning. Later, only the diarrhoea continued. Stools, watery and yellow 6 to 7 times a day, even on a strict diet. After repertorizing the case, I gave her *Pulsatilla*. Diarrhoea stopped but cough came up again. *Puls.* was again exhibited and the cough cleared up

DR. L. D. DHAWALE : With reference to the statement of Dr. J. N. Karande that *Sepia* should not be given in higher potencies in early pregnancy, I would like to say that *Sepia* could be given in higher potencies in early pregnancy, if that was the indicated remedy.

In reply to the query of Dr. P. N. Vaidya regarding the exhibition of a constitutional remedy of the husband to the wife during pregnancy, I have to say that I recalled an article, read some months back, by Dr. K. N. Vaidya, from the J. A. I. of Homœopathy, in our monthly Journal Meeting. Therein the author advised injection of husband's blood to the wife as a treatment for vomiting of pregnancy. By analogy it might appear to be possible to help the wife with her husband's constitutional remedy, in her ailments of pregnancy. But above all, the woman's constitutional remedy would be the paramount remedy for her ailments of pregnancy.

## INFANTILE CONVULSIONS.

D. C. Das Gupta, M. B. (Cal. Univ.)

Hardly is there any condition which upsets the parents of a child more than the convulsions of infants. The suddenness of its appearance, the clonic-tonic movements, the struggle, the fear of immediate death all contribute to their loss of mental equilibrium and utter helplessness. No less is the difficulty of the doctor, who has a double duty to perform to find out the cause of the convulsions of his little patient, who, in most cases, is not as yet gifted with the power of giving out his case and to quieten an equally convulsive parents. As we meet with cases of convulsions of children very frequently in our practice, we should have a thorough knowledge of the diagnosis, prognosis and treatment of infantile convulsions, so that we may do full justice to them, and that very quickly too when the occasion demands.

Dr. E. Feer, Director of the University Children's Clinic, Zurich, says, "General convulsions are extremely common during the first two or three years of childhood. The laity recognises them under the term 'fits' or 'spasms', mothers are in great fear of them. The clonic-tonic twitchings are most noticeable in the face, about the mouth, and eyes and in the hands and feet. Usually however the entire body is involved. Clinically all the convulsions resemble each other so closely that no

diagnosis as to the etiology can be made from one attack only."

Both sexes are affected equally. About a third of the cases takes place during the first year of life, two-thirds during the first two years. Apart from Epilepsy, convulsions are rare after the age of 5 or 6. They are of more serious import in infants under 6 months than in older children and also in anæmic and weakly infants. The more common age for convulsion is from the 7th to the 8th month and upwards. It is at this period that we meet not only severe and general convulsions, but many cases of local convulsive spasms or rigidity, e. g. strabismus, laryngismus, tetany or contracture (rigid inturning of thumbs upon the palms and rigid flexion of the feet).

Convulsions may occur in infants a few days or a few weeks old, they are often associated with unnatural drowsiness and very generally pass off in a few days.

In infants of several weeks, they are liable to come on suddenly, occur one after another in quick succession and associated with *Pyrexia*. These attacks are mostly due to indigestion from casein of the cow's milk and a wet-nurse is the proper remedy. Several such attacks that look alarming, do perfectly well by simple attention to diet and a few simple remedies.

General convulsions of infants and children may be seen in the following conditions :—

(1) Hereditary syphilis. (2) Congenital heart disease. (3) Cerebral paralysis. (4) Onset of

acute fevers. (5) Meningitis. (6) Drug poisoning. (7) Enlarged thymus. (8) Idiocy. (9) Rickets. (10) Epilepsy (minor and major).

In Hereditary Syphilis, convulsions often prove fatal during the first week of life. For the rest, in about half the patients, Rickets is the predisposing cause ; in many of the others, some local irritation, such as inflammation of the gums in dentition, of the nose and ears, the presence of irritating food or worms in the intestine, renal or vesical calculus or phimosis, can be found ; while convulsions at the onset of acute infectious diseases such as scarlet fever, pneumonia, measles, whooping cough or during their course and in nephritis are not infrequent. Overdosing with drugs such as strychnine, atropine, santonine, morphia or with alcohol may bring on convulsions. Fright and overstrung emotions are included among the causes of infantile convulsions. How far inheritance, the neurotic or neuropathic taint is responsible for them is uncertain. Convulsions occur in children with enlargement of the thymus gland, the so called *Status Lymphaticus* and in these not infrequently a fit is a fatal issue. It must be remembered that in any child there may be early evidence of Epilepsy or of organic brain disease. Their diagnosis demands a very careful examination of the child, and also of its diet and the hygiene of its daily life. They may be due to congenital heart disease, when there will be enlargement of the heart, cardiac murmurs, and some degree of cyanosis. In children with organic diseases of the brain (porencephalus, congenital or

acquired, cerebral paralysis, spastic paraplegia, etc.) there will be paralysis, spasm, muscular atrophy and probably mental defect. If the convulsions are due to the onset of some acute infectious disorder, they will come on suddenly in a child previously well and will be accompanied by high fever, followed by the characteristic rash. Similar convulsions and fever may occur in Meningitis, usually towards the end of the disease. They are not rare in whooping cough, particularly in rachitic infants, being precipitated by the asphyxia resulting from the whooping, and not rarely causing death. The diagnosis of fits due to drugs or alcohol, taken either by the child or by the mother if the child is being suckled, will depend upon obtaining an adequate history of the case. In what way enlargement of thymus brings about convulsions is not known; the condition is fortunately rare and is hardly ever diagnosed during life. The 'fits' occurring in hydrocephalus and the various degrees of mental defects need only to be mentioned.

Most convulsions occurring between the ages of three months and four or five years are due to *Rickets*. Normally, the nervous system is unstable in all young children—the power of cerebral inhibition is not acquired for several years. In Rickets this instability is much increased, and finds expression in irritability, fits of screaming, restlessness, inability to sleep well at night and in more serious troubles of tetany, laryngismus stridulus and convulsions. Any child with fits should be scrutinised for rickets. Though rickets is the main

predisposing cause of infantile convulsion, it must be remembered that they are actually brought on by some secondary exciting cause, such as gastro-intestinal disturbance with diarrhoea or vomiting or reflex irritation of any sort.

Then comes the idiopathic cases, for which we can find no cause. These arise in a child who is apparently in fairly good health and convulsions may pass off after a time or which not infrequently becomes established so that the child suffers from fits from that time onward at varying intervals. A considerable number of such cases are examples of genuine epilepsy. Sir William Gowers put the proportion of cases of epilepsy beginning as convulsions in infancy at 10 per cent. Epilepsy may certainly begin in early life, so that when we see a child who is suffering from violent convulsions for which we find no cause, we must bear in mind that we may be dealing with the first stage of epilepsy.

The age of the patient forms a valuable diagnostic aid. In the newly born, convulsions are most often due to birth injuries, with tetanus and meningitis in the second place. Even during the succeeding three or four months, most convulsive attacks are due to organic disorders, such as developmental defects of brain, hydrocephalus, syphilis, meningitis, etc. or they may be due to severe disturbances of nutrition or terminal in pneumonia. After the fourth month up to the end of the second year, the spasmophilic convulsions are the most frequent. During the first year, we may

have, beside the spasmophilic, convulsions without fever due chiefly to syphilis, hydrocephalus and sclerosis. In the last half of the first year, tuberculous meningitis must be added as a cause.

As regards prognosis—children often do not die in convulsions unless the convulsions are themselves merely the final scene in a mortal complaint—that is, unless they are simply a symptom of terminal asphyxia. Convulsions as a disease are not immediately fatal, unless when very severe and repeated and in quite young infants. Remember that in a considerable proportion of the cases the convulsions may persist in the form of epilepsy and remember that nearly all or quite a large number of children who suffer from convulsions, manifest in later life nervous disorders of different sorts. Convulsions if frequently repeated may cause permanent mental impairment and they often leave behind, too, traces of cerebral damage in the form of stammering or a squint.

[ To continue.



## Consumption and its real cause

S. Pattak, M. D. ( U. S. A. )

### III.

( Continued from page 67 )

In my previous articles I tried to elucidate the theory of DR. R. R. GREGG on the etiology of Consumption promulgated some 50 years ago. My long experience extending over 25 years in treatment of Tuberculosis has led me to believe in that theory which is quite in consonance with the Homœopathic principle and idea of diseases and their treatment. The theory is ; "the cause of Consumption is a loss of albumen from the blood and a consequent disproportion into which such loss must necessarily throw all the other constituents of blood ; and the terrible bacillus is nothing but a softening or suppuration of the tubercle, simple rod of fibrin." Eminent Homœopathic Physicians like Kent, Burnett, and other notable Homœopaths did not support the bacteriological origin of Tuberculosis.

#### TREATMENT OF CONSUMPTION.

I have also shortly dealt with the treatment in my previous article. Traditional treatment of Tuberculosis, viz., — change of climate, closed establishment, special diet, movement cure, oxygen treatment, Electricity, Calcium and Gold injection,

Personal Hygiene, etc., etc., in their individual sphere, will, no doubt, accomplish something towards cure, for each has more or less effect on the activity of cell-life. But we may be able to control and eventually eradicate and cure many phthisical cases by skillful application of the *Smillimum* and by judicious individualisation of all the aforesaid agents, combined with the correcting of the underlying psoric diathesis.

#### CONCLUSION

I am really indebted to DR. GREGG for his able exposition of the nature and treatment of Consumption and I do appeal to my Homœopathic brother physicians to follow that great doctor closely in their daily practice in the treatment of Tuberculosis cases. Not only loss of albumen but also deficiency in the formation of albumen in the blood predispose a man to attacks of Tuberculosis. So my view is that in treatment of Tuberculosis cases, the physician should always have in mind as how to improve the albumen in the blood of the patient. Each individual case should have, of course, distinct method of treatment--but generally, the following course is advisable in the treatment of Tuberculosis. To push albuminous food into the system ; to advise for change of climate adaptable to each individual case ; judicious selection of Homœopathic medicines ; first, to control the urgent distressing symptoms by acute remedies and then, to treat the constitution by constitutionally

indicated remedies. Try to avoid repetition and frequent changes of medicine in your prescription—always conscientiously and judiciously select the remedy and closely follow its action. Any medicine selected on pathological and bacteriological basis must result in failure.

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## Some Infection Remedies.

ROBERT L. EMERY, M. D.

SO MUCH has been written of late concerning the curative beliefs of sulfanilamide, sulfapyridine, *etc.*, as a “cure-all” in different infections, that it might be well for us to review a few of our many remedies for infection.

There is no doubt that sulfanilamide and its derivatives have a very serviceable place in medicine when applied and used correctly. They seem to be of especially great benefit in pneumonia, gonorrhœa, and other infections. In order not to be prejudiced without reason or knowledge, I purchased 1,000 each of sulfanilamide and sulfapyridine and in selected cases used them in pneumonia, gonorrhœa, and some acute and chronic infections. Possibly my technic was not perfected, as it was fairly early in their introduction into the medical armature. In pneumonia I had fair results. In gonorrhœa it acted very quickly, but there was a recurrence. In other infections it reduced the

severity, but did not bring about an absolute cure. Perhaps I am a coward—perhaps I did not have the patients in a hospital where I could have them under good control—but I made up my mind that if, in order to bring about a cure I must first poison or bring my patients to death's door, I would let somebody else do the experimenting for a while, as my experience in bringing about cures with remedies has been much more pleasant, more normal, more permanent, and nearer to nature's way.

Possibly some day when I tire of studying our many remedies, in order that I may know how to apply them according to "similia similibus curentur," I may go back to sulfanilamide, *etc.*, and see if I have better and more lasting results, but not until the "chaff has been separated from the wheat."

I wish to speak of hepar sulphur in respect to the sinuses: frontal, ethmoid, sphenoid, antrum, and mastoid. In reviewing the articles on treatment of accessory sinuses in the two leading homœopathic magazines—the JOURNAL of the American Institute of Homœopathy, and the *Hahnemannian Monthly*—including 1937, 1938, and 1939, very little appears on their treatment except surgically. Most of the writers feel that drainage by physical means, local applications, or surgery are the leading requirements. One writer speaks of several remedies, but fails to mention one which I believe leads all others, and which in my hands during thirty-two years of general practice has saved me from ever having an operation on the

frontal, ethmoid, sphenoid, maxillary, or mastoid; nor has there ever had to be drainage by puncture, and the best of all, there have been no deaths or even near deaths by this method.

I have seen frontal sinuses bulging half the size of an egg; I have seen the antrum of Highmore so swollen and tender that you would think pus was very near the surface. I have also seen the mastoid so painful, so swollen, and so tender that you would almost think the bone had decayed through, but with the persistent exhibition of *hepar sulphur 2x*, all bad symptoms had disappeared and the tissues returned to normal in a few days.

A few years ago when we were having quite an epidemic of mastoids, I was talking with one of my old school friends who had just had one of his patients operated on for a mastoid, and I told him of my use of *hepar sulphur* and how I had avoided all operations. He said, "Some day you will have a brain abscess, meningitis, and death." I told him that I would let him know when it happened. As yet I have not had to break the unfortunate news.

Always giving *hepar sulphur* may not be good homœopathy, but in several cases I have given other remedies which seemed indicated, but I cannot recall a case being cured without *hepar sulphur*, especially in the acute stage. In a number of chronic infections of the frontal sinus and antrum, I have given such remedies as *silica 30th* to *200th*, *calcareo sulphur 3x* to *30th*, but at some time during the treatment have given *hepar sulphur 6th*

to 200th so I cannot say which had the most influence. There is no doubt but that in the chronic cases the higher potencies should be used.

About two years ago, a woman came to me from a distant town. Two years before she had had a very acute antrum. It had been punctured by three different specialists. The last two told her that nothing could be done to cure her but a radical operation and curetting. When she first visited me, the tissues over her right antrum were badly swollen and boggy, and there was continuous pain. On holding her head to the left, a green, foul-smelling pus would run freely from her right nostril. After she told me she had been treating for two years with a specialist, I asked her to give me six months to bring about a cure. I gave her three remedies: sulphur 200, hepar sulphur 200, and silica 200. My records prove to me that hepar sulphur did the most good. She was entirely cured in four months.

Twenty-two years ago I took a year's work with one of the leading nose and throat men in the hospital, then called "The Massachusetts Homœopathic Hospital." I fully intended to specialize in nose and throat work, but I saw so much of unnecessary cutting of the sinuses, turbinates, septum, *etc.*, that I became disgusted and continued general practice.

It is true that the many specialists could not exist if they did not cut, and merely depended on medicine. It is true that the greatly increasing number of hospitals could not exist if surgery were

not rampant. (Not that I am opposed to surgery if it is absolutely necessary, but God did not make the human body to be cut at will; he gave us other means, and that is the application of the right remedy, chosen according to homœopathic principles.)

Let us now discuss where hepar sulphur is indicated in infection of the respiratory tract below the sinuses: In a cold following an acute inflammation of the nose and post. pharynx, we find it indicated where there is a thick, pusy discharge or where that discharge blocks the nose so that first one side and then the other is blocked; the whole head feels full and heavy; the patients are very chilly and feel that every bit of air is cold or sends a chill through them. At night they are sweaty and have a clammy feeling. In the throat and larynx there is a rough, harsh voice; a tight feeling as if the mucous surfaces were swollen; a thick, heavy pus will be raised with difficulty; there is choking with the cough and of course the outstanding aggravation of a worse cough when any part of the body is uncovered or gets very chilly from the slightest draft. Right here I would like to compare hepar sulphur's nearest similar remedy, and that to my mind is calcarea sulphur, especially in conditions following the prevailing colds of this winter. Where there is a thick, yellow, lumpy discharge, very tenacious and sticky, that just won't seem to respond to any remedy. Also most of the cases have inflammation of the eyelids with thick yellow matter. The great

difference between the two remedies is that the hepar patient is very chilly and feels the least draft of cold air.

Our picture of real infection remedies with suppurative processes would not be complete without mentioning silica, which in most cases should be given above the 6th. This remedy has been called "the medical lance." I like to think of the person who needs silica as lacking in physical grit; they become tired very easily; they can't stand any mental or physical strain; they are chilly all the time; their hands and feet are cold and probably clammy. They have a general infection which may manifest itself on the surface at any time by pus in the kidney or bladder; an abscess or boil in most in any part of the body. In women there is likely to be a thin, milky discharge which causes redness and itching in vagina and labia.

Nash, one of the men who had a deep understanding of remedies, says, "Silica ranks among the first of our remedies for inflammation ending in suppuration. It seems to come on at a later stage than hepar sulphur or calcarea sulphur which expedites the discharge of pus already formed, while silica comes in for healing after the discharge has taken place."

I began this article by speaking of sulfanilamide. About a year ago a Boston urologist did a prostatotomy on one of my old patients. The pus in his bladder would not clear up and was as thick as mud. The surgeon advised me to give a course of sulfanilamide, which I did for a long time. At first



it did reduce it and then was of no avail. I gave him hepar sulphur 3x with a grand response and his urine became free of pus.

Many of us think of silica as a great constitutional remedy. We have seen, under its continuous use in different potencies ; a weak, frail, pale body made over into a robust, disease-resisting person. When properly indicated, I have seen the same happen with hepar sulphur in persons who had been susceptible to infections of different kinds for years.

Recently I saw an article in which the writer was trying to determine the action in the body of sulfanilamide in bringing about a cure. Finally he came to the conclusion that he did not know. Gentlemen : Do we have to admit the same ? I think not, for we have a scientific law for each remedy, "similia similibus curentur," which, if every homœopath knew and studied accordingly and taught to all of his patients, could make us one of the strongest and most influential medical bodies in the world.

## RELATA REFERO.

India will very soon have an enlarged Central Cabinet. H. E. The Viceroy has already announced it. According to present indications 4 to 6 members are likely to be added to the Governor-General's Council which is now 7 strong. Political parties are busy discussing the situation and speculating upon the probable who and who and who. We are not concerned in the least that way. We shall be intrigued only with who takes over the Medical portfolio and how he brings to bear upon the Provincial governments the wisdom of recognizing the Homœopathic school of medicine.

\* \* \*

During its July session the Bengal Assembly was busy with various Official and Non-Official Bills. The Homœopathic Medical Faculty Bill was not staged in this session. In one way it was lucky indeed that it was not re-introduced for futile discussions and sent out again for circulation. That would be as ludicrous and purposeless as has befallen the lot of Mr. Aftab Hussain Joardar's Bengal Marriage Dowry Prevention Bill which has been relegated to circulation on the motion of the Hon'ble Nawab Mussaraf Hussain. The specious reasons of the Hon'ble Minister do not, however, soften the hypocrisy and the hard facts of relentless avarice and extortion in the society which have impoverished the majority of the well-to-do families and have completely beggared the middle-class. In papers and on platforms perfunctory vows are

often blandly taken to abolish and eschew the ignoble dowry system, but in practice a groom's father with his unflinching devotion to matrimonial cupidity Jewishly extorts the little wherewithall of a bride's widowed mother. If such a Bill was practically thrown out in the Upper House, as the Hon'ble Minister says, it reveals that the House was too assuming even to acknowledge such colossal outrages and vicious practices prevailing in society, or that it was too timid to entertain any Bill that might disturb the convenient vices of notorious extortionists in the constituencies. If the provision in the Bill was to immure a man for taking dowry and the penalty was too ghastly to the tender-hearted Upper House, was there none generous enough to substitute it with the restitution of the whole amount of the extorted dowry and then in default to provide rigorous imprisonment? Occasional incidents amusingly unmask the real make of persons and things, as incidents did also in the case of the embryonic State Medical Faculty of Homœopathy.

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The 185th. Birthday anniversary of Hahnemann was duly celebrated at Hariganj (Khandwa) under the presidency of Mr. T. L. Namjoshi, B. A., LL. B. The meeting also passed a resolution requesting the Government to grant recognition to the Homœopathic system of medicine.

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The University of Calcutta, it is said, have under contemplation a proposal to introduce a course of

Post-Graduate training in Medicine, and also a Refresher Course for medical graduates who are general practitioners. An expert committee, consisting of Sir U. N. Brahmachari, M. A., M. D., PH.D., the Principal of the Calcutta Medical College, and the Principal of the Carmichael Medical College, was of late set up to go into the question and to report.

\* \* \*

As regards the scheme of Post-Graduate training in Medicine, the Committee recommends that a sum of ten thousand rupees should be provided by the University as honorarium to the staff who would be appointed for undertaking the Post-Graduate teaching in medicine. The committee finds that a scheme for Post-Graduate Research in medicine could only be formulated when provision for the appointment of Research Professors, Readers and Lecturers etc. is made ; and if these persons have to be whole time men then they must be highly paid officers of international reputation in research, but until such men are available and a large sum of money provided for the purpose there is no point in formulating such a scheme. The committee says that in the meantime a start may be made with a limited number of medical graduates, in co-operation with the Calcutta School of Tropical Medicine and the All-India Institute of Hygiene.

As regards the Refresher course the Committee observes that it should be the function of the Medical Colleges, and which the University need not, therefore, discuss.

\* \* \*

A tremendous lot of homœopathic research work awaits being undertaken in India in the vast field of its indigenous herbs, The senior practitioners are the men to take the lead in this work and carry the juniors with them. But the former are unblushingly busy with hoarding money and zealously guarding their individual coops of practice, Their avidity makes them too pachydermatous to sense the wants and wails of the school of medicine which is so liberally enriching them.

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Would it not be possible for the progressive homœopathic colleges in Calcutta to introduce a Refresher course for the benefit of their old students ?

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The annual convocation of the Ashutosh Homœopathic College was held at the college hall on the 1st August, 1940, at 7-30 P. M.

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We have received a report from the Chief Medical Officer, The Homœopathic Free Dispensaries, Delhi, for the month of June 1940, giving statistics of new patients treated at the five dispensaries, viz: (1) Central Dispensary, Kucha Brij Nath, 2321 ; (2) Village Barwala, 542 ; (3) Faiz Bazar, 698 ; (4) L. Ram Roop Dispensary, Subzi Mandi, 2076 ; (5) Karol Bagh, 504 ; making a total of 6141 new patients during the month.

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We offer our sincere thanks to our numerous patrons for their steady support to **M. Bhattacharyya & Co.** and hope they would, with equal zeal and kindness, extend their help to this new but worthy venture also. We take this opportunity to mention that we shall always welcome visits by our friends, particularly the medical friends to our laboratory and would be most thankful for their valuable suggestions.

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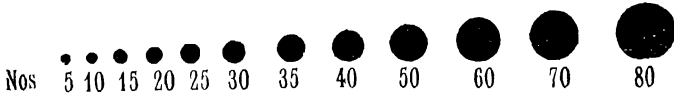
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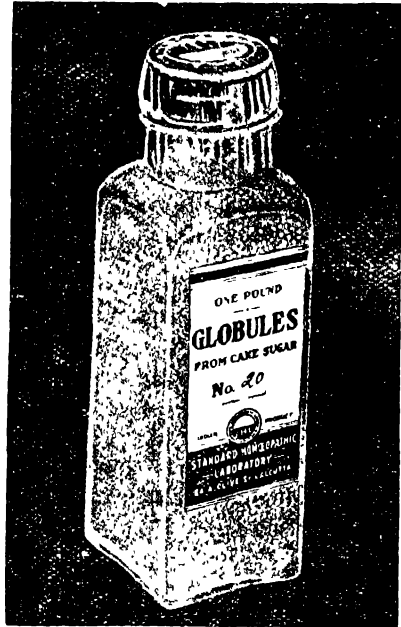
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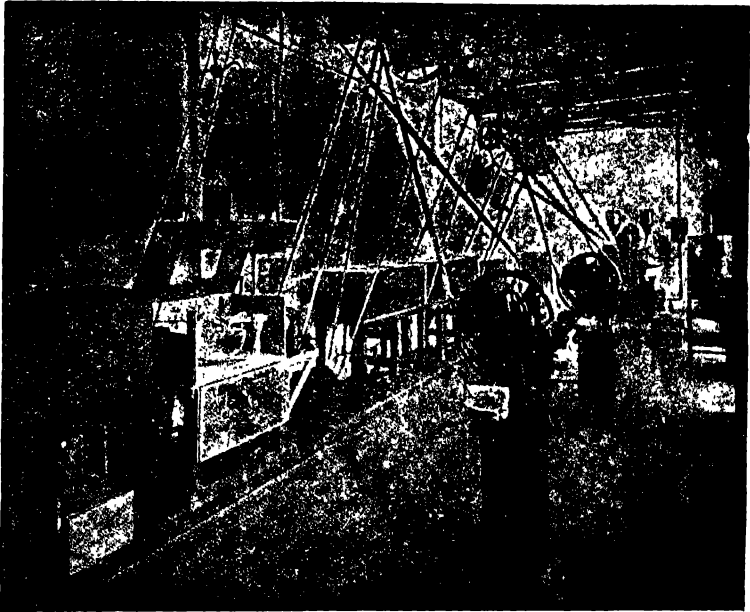
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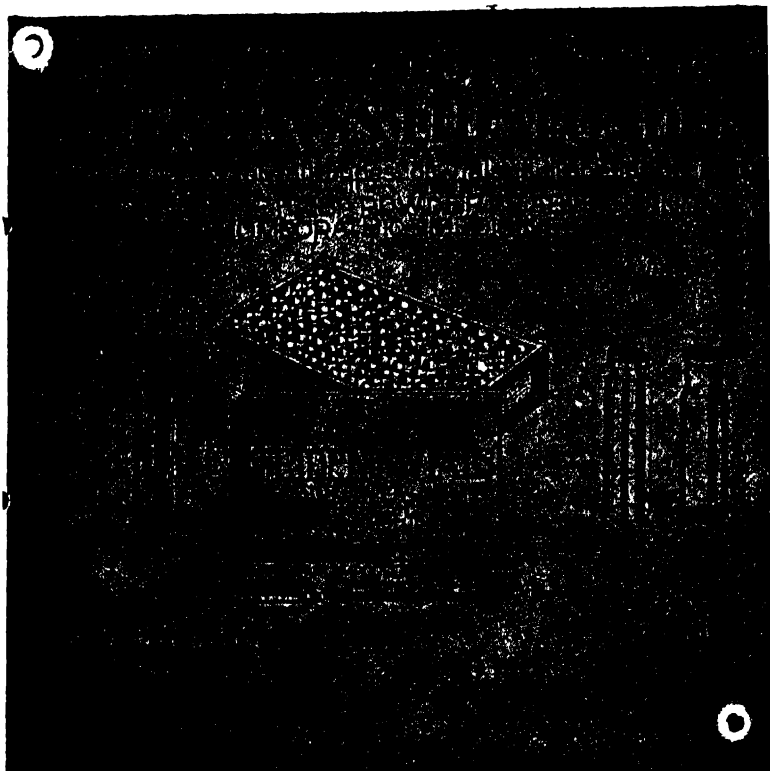
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**Editorial**

**Indolence or Indifference ?**

We revert to the subject of India's indigenous drugs which we dealt with under the caption "Danger Ahead" in the July number of 1938.

At the present moment there are in the market more or less 65 tinctures of indigenous herbs and salt, and most of them are in use, but only eclectically, depending completely upon the therapeutic uses laid down in the Ayurvedic Materia Medica, excepting only a very limited few, for instance, *Acalypha Ind.*, *Azadirachta*, *Fiscus R.*, *Justicia A.*; but even with these few the provings had not been carried to such extent and to a completion as with *Aloe*, *Rhus t.*, or *Nux vom.*, etc. of our Materia Medica. Here the question arises whether those incomplete provings and desertion of such work by others were due to obese indolence or serene indifference on the part of the high, medium and ordinary homœopathic practitioners. One thing is, of course,



obvious ; it is that for want of a Proving Society it is not practicable for an individual to push his provings to completion by his isolated personal endeavour. But who bids him to make isolated and secret experiments ? When one is actuated by any immediate or remote material gain his pecuniary appetites must hold superiority over moral principles and must consequently fail to enlist such confidence of the Homœopathic medical world as would secure for him and his drug an abiding place at the forum of Homœopathic Materia Medica. At the present world crisis it is exigent to abdicate private interest and lust for money and fame, and combine to form a Proving Society of scientific inspiration and unimpeachable integrity.

The retirement of Col. R. N. Chopra, C. I. E., I. M. S., presents a rare opportunity to India's Homœopathic profession to found a Proving Society. His magnificent works in the domain of Indian indigenous herbs and drugs have won universal recognition. If the Homœopathic profession can secure even his part-time help to supervise the work of a Proving Society and to test and certify the drugs employed in the provings the worth of the Society's reports will carry great weight and obtain a world-wide estimation. Simultaneously with this outstanding scientific triumph, it will yield an economic gain to the country.

Will the profession respond and move ?

# Homœopathy Acts At Childbirth.

EDWARD M. MEAD, M. D.

Since the time when records were started women have found it difficult to bear labor pains. There are evidences of this before Biblical times ; it is mentioned in the Bible and in the records from which early medical history has been garnered. Regardless of the age in which she lived she has always expressed her resentment that a natural function should be accompanied by such pain.

Scholars have ventured hypotheses to explain why labor pains exist but have failed to furnish a satisfactory answer. It would seem that with truth and safety we can say they have been present since the Creator molded human beings. Whether the Creator intentionally planned that women should have pains during labor, or whether it evolved as an unintended imperfection, or as an unavoidable by-product, human beings have never known.

But just as man has striven to create higher standards of living for woman so he has striven to free her of this bond which has been so distressing. In the last century, since anesthetics have been studied so consistently, the most progress has been made. The mental consciousness of these pains can now be relieved completely by drugs such as chloroform and ether ; partially by such combinations as produce twilight sleep and spinal anesthesia,

and by local anesthetics to the separate nerves in the perineum. But each one has its just criticism and must be branded imperfect. Discussion of these separate items is outside the intended scope of this paper, however interesting it would be. The writer rather intends to record experiences in treating the accompanying mental and nervous distress with homœopathic remedies. These observations may enlarge upon the present knowledge bearing on the homœopathic remedy at the delivery room and may call attention to Chamomilla as worthy of further study. It is most often the only treatment needed for easing the fear and nervousness which seem to play such havoc by making the mother uncomfortable at the time of delivery.

In 1921 the writer first used Chamomilla in confinement cases. The success in these cases was so good that he has used it ever since. Not having heard it mentioned, or seen its action or use recorded in the literature since that time, the addition of a few deductions from personal observation of its use may be of some benefit to the medical profession.

In many instances in private practice Chamomilla has eliminated the necessity for using more expensive drugs such as ampule pituitrin. Chamomilla has been found most useful when one drop of 3x or 6x dilution was placed in a half tumbler of drinking water and then given orally, in teaspoonful doses. In mild cases one dose is sufficient and

two or more seem to aggravate the condition. I prefer the 6x dilution. As many as five or six doses at intervals of five to thirty minutes have been administered in exceedingly severe cases. I have tried the mother tincture but nothing higher than the 6x. In the fourth clinical case mentioned below, Chamomilla was used but did not give complete results, and because of the history of previous attacks of colds and cramps, Cimicifuga 3x tablet triturate was found to be successful. This relieved the condition which caused the blocked action and the case was shortly delivered. Chloroform, ether and pituitrin have been used with Chamomilla without signs of antagonistic action. I have never known of Chamomilla being used with spinal anesthesia, twilight sleep, or the locally anesthetized perineum. My cases have nearly all been those where deliveries were made in the private home. In the hospital there is always delay and sometimes difficulty in prescribing it. The percentage of my cases in which it has been used runs as follows: 1935—12 per cent; 1936—5 per cent; 1937—75 per cent; 1938—58 per cent; 1939—53 per cent. This covers about 200 cases.

*Opinions of Patients Who Have Experienced Reactions After Chamomilla Was Used.*—Mrs. M., thirtytwo years old, white, blonde, six children, five alive; very nervous, seemed too scared to move, somewhat restless, last confinement was very difficult as she had lost a child recently and having a new doctor affected her; was afraid her delivery would cause her as much distress as the last one.

Between her fear and anticipated pain, anxiety and uncertainty, her breathing was short, like a panting dog's ; her respiration rate was 100 per minute ; she had chills between labor pains and could hardly talk ; moaned almost continually. This was the condition at 8 A.M. There had been only four or five pains within the hour preceding. At 8.20, she was given one dose of Chamomilla and in about five minutes pains began. She said. "They feel like cramps across the top of the stomach. That ain't the way they been comin' ; they have been starting in my back." Objectively I observed she was not as restless and did not breathe as rapidly. By 8.35 the labor pains had started in earnest. By 8.45 she had no more chills and had the second hard labor pain since the single dose of Chamomilla was given. At 9, she was given one more dose of Chamomilla following which her nervousness, moaning and panting breathing stopped. At 9.30, she was given one-half ampule pituitrin and at 9.50 birth occurred without laceration or other complication. The husband gave all the assistance the doctor had and there was no need of more. Both the mother and her husband said this was the easiest labor she had ever experienced. The day after the delivery I asked the patient to explain to me any sensation she had experienced the day before, after taking the Chamomilla. All she could say was : "I was not so nervous after taking it."

Hazel M., aged twenty-eight, Negress, ninth child, having previously lost three ; large stature. Bag of waters had broken four days before my call

to the case. This was the most marked illustration of the results obtained by Chamomilla yet experienced and also the one where the patient was probably the most grateful. On first examination, about 11 P.M., the cervix was hard and resistant and I expected a long-drawn-out labor. Her cervix was so tender that she said she could not stand it to have a birth pain. She yelled when my gloved finger touched the cervix at examination. She was given five teaspoons of Chamomilla between 11.30 P.M. and midnight and after each one she had a hard labor pain with firm bearing down and little or no objection from tenderness of the cervix. She was so nervous she could not close her mouth and bear down. At 11.40 dilatation was found to be complete ; on examination there was no tenderness of the cervix and the head had started through. After the case was finished and she was free from pain, I asked her if she could give me any idea what sensations she had after I gave her the medicine, and, starting with both her hands at her knees she drew them up the sides of the body and to the top of her head, saying, "It made me feel different all over." She circled her breasts and seemed to think there was a changed sensation there. She said it made her feel better through her chest and heart : "They did not feel so funny." Then, "Why do mothers have to suffer so to bear babies?" Her cervix was the most sensitive I have ever known but she was able to bear down hard after the Chamomilla was given.

Mrs. P., aged twenty-five, brunette, second child.

She had been in labor some hours and pains were not progressing. She complained of being all fagged out and was pleading for chloroform or something to give her rest—which was not given. Instead at 2.50 A. M. she was given one dose of Chamomilla and her pains began to be effective. A boy was born at 3:07 A. M. and there were no lacerations or complications. After the delivery the patient was jovial and talked and laughed freely. This one dose was the only medicine given before the delivery. On December 4, while making a postpartum call (the delivery was on November 27), the patient was asked if she could notice any change in her feelings after receiving the medicine at the time of delivery. She said, "It made everything more clear, I became more interested in what I was doing. It seemed as if I had more strength. I seemed tired before taking it. It affected me all over. It seemed as if everything was all right. It seemed as if I could go through with the delivery. I felt much as if I was waking up. It seemed as if someone had turned on a light. I just felt different."

Mrs. T., aged twenty-four, blonde, primipara, in labor four hours. At 1 A.M. dilatation was complete but all pains were in her back and so severe they drove her almost frantic. After some hours of this cramping pains started in her legs. She was almost hysterical. She was given a dose of Chamomilla every half hour for three doses. At 6.15 she said she was exhausted and was crying from the pains in the lumbar and sacral areas. A life history of

colds and cramps being obtained, she was given one dose of *Cimicifuga* 3x tablet triturate. This turned the tables and at 9.39 an eight and one-half pound boy was born and produced a second degree laceration. When inquiry was made, she stated that the pains changed after the one dose of *Cimicifuga*.

Mrs. P., aged twenty-nine, brunette, second confinement, in labor eighteen hours. She was markedly nervous and fretful. Had prolonged labor with the previous child. One dose of *Chamomilla* increased the dilatation from the size of a dime to that of a silver dollar (5 cm.) in one and one-half hours. The nervousness left and she worked hard with the pains. An ampule of pituitrin was later given which seemed unusually slow in acting, but the delivery was made in about one-half hour.

Mrs. G., aged eighteen, blonde, primipara. Had pains two days, was nervous, fretful, anxious, pulse 86 irregular and skipping. At her fifth month vomiting of pregnancy started; then later she was in bed six weeks with a condition diagnosed as nephritis. At 7.56 A.M. she was given one dose of *Chamomilla*; in five minutes she drew a long breath much like a sigh, then started to move and talk more freely. She progressed gradually to delivery at 3.40 P.M. The writer handled only the delivery and after-care. Following delivery she developed septic endometritis from which she recovered after taking homœopathic remedies.

Now what do the textbooks give us as indications for *Chamomilla* at the delivery table? The *general action* of this drug on the body is on the mental and



emotional phases. This is an important point. It tends to indicate that the symptoms we find in our patient are expressions of a part of the body other than the musculature of the uterus and the nerves supplying it.

*Mental symptoms* are: Whining restlessness, impatience, extreme sensitivity to every pain. The patient is nervous, strung up, hyperesthetic about examinations, decidedly snappish, sensitive and irritable.

*Indicating symptoms during labor* are: Pains begin in the back and travel down the thigh (the inner side of the thigh), nervous excitement is great. Labor is especially painful. The patients are cross and declare they will not stand the pain. The pain is in the small of the back. Labor pain is spasmodic, pains seem to press upward, there is an expression from the patient that the pain is intolerable and unendurable.

*The nipples* may be inflamed; they are tender to touch.

*Sleep*—The undercurrent of fear is even shown by these patients in their sleep by their moaning, weeping and wailing during sleep. The dreams show anxiety and fright.

The physician in charge can recognize the action of Chamomilla both objectively and subjectively. Among the objective changes, the first change usually noticed is sometimes a sigh, the patient involuntarily takes a deep breath. Usually the patient, instead of jumping or moving around in the bed, is twitching and squirming. In one case that

I was observing, I wanted to check my own observations so I said to the nurse, "She does not seem as nervous and jumpy as she was. What do you think about it?" After observing for two or three minutes she said she thought so too. Next you may notice that where she had been complaining of her plight or possibly moaning and keeping her mouth open, she will close the mouth tight and bear down with the pains. Also the type of conversation that had been scolding or, as the textbooks speak of it, whining restlessness, will change to more determined words and be less continuous because she seems to want to spend her time helping those pains. The *subjective changes* are accompanied by objective changes: the cervix that was so sensitive that it caused the patient to scream or jump when your finger touched it, will become more soft and thin and painless. In a few of these cases it seemed, before the Chamomilla was given, that the cervix drew up into a spasm, a *strictura cervicis*, became firm and hard to touch and almost as thick and long as though there were no effacement at all. Effacement will be rapid and dilatation complete in a relatively short time. Chamomilla does not stop the labor pains but seems to permit them to work in the correct channels. Dystocia is brought to a minimum.

These patients do not want to be examined but when the examiner's finger reaches the cervix, the patient moves and objects. You press lightly on the cervix and they object again. If you pull on the edge of the cervix with the tip of the finger,

they cry out quick and may even scream. You relax your pressure and ask them what the trouble is and they say, "That hurts." The patients are very few whose minds allow them to become "decidedly snappish," or even "irritable" in their remarks. But when this does happen you have a specific indication for this remedy.

Now a little bit about the psychology of our patient. What part does *fear* play on the minds and nerves of these cases? The provers found that the guiding symptoms of Chamomilla are mental and emotional and also that fear is one of the basic indications. It would seem that fear plays a large part in the attitude of the expectant mother toward pregnancy and childbirth. The primipara, of course, has never felt delivery pains but has heard stories of their severity. Some of them have come from her girl friends and some from her sisters who just want to impress her during a moment of playful sport. This kind of discussion is almost sure to be marked by gross exaggeration of the facts regardless of how seriously their victim is going to take them or what the effect on her future mental attitude is going to be. This reminds me of a story that has been circulated in my neighborhood which illustrates this point. It occurred in another doctor's practice so I am passing it along but not as an absolute fact. A young lady became pregnant and her sisters told her, in a sportive mood, that when a child was delivered it was taken out through a cut made in the abdomen. The expectant mother tucked the

idea back in the memory cells and quietly proceeded to do her daily duties while the fetus developed to maturity. The doctor was ready for delivery and gave an anesthetic. On waking, the mother said "Have you cut me open?" "No," said the doctor. She said, "When are you going to cut me open?" The doctor said, "We are not going to, the baby is delivered now." She said, "How did it come if you did not cut me open?" It was not until then that she learned the facts. My heart goes out in sympathy to those who are so grossly deceived in their teaching on such important subjects.

There are many other sources of chagrin and fear. The young woman who is pregnant and has the idea that pregnancy is something to be shunned and ashamed of. She avoids meeting her customary friends and this deprives her of companionship. She avoids going out on the street for fear the neighbors will see and talk behind closed doors. If she must go to the store, an attempt is made to hide the enlargement by arranging the clothing. And so one could go on and on. Fear, chagrin, mental reaction are not only predominant in the mind but almost an obsession. Along this same line I have a lot of respect for the doctor's wife who said she felt like pinning an American flag to the projecting abdomen as she walked down the street.

Of course it is natural to avoid pain. Even the little boy avoids going to the dentist because he knows the drill in that tooth is going to hurt. A pregnant woman has nine months of anticipation

of pains which her mind is keyed to know as severe and agonizing. Sometimes it is the primipara who presents the greater problem for this homœopathic prescription but by no means always. Just as an estimate I should say that the multipara would give the higher ratio by about 75 to 25 per cent.

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 —The Journal of the Am Inst of Homœopathy, Vol XXXIII, No 6



## THE ANTIDOTE.

The commonly accepted idea of an antidote is that it is something to change the character of the agent to be antidoted. This common concept of the operation is, we think, entirely wrong. Again, each drug represents a fixed power that can under no circumstance be changed. But no operations can take place in this antidoting. First, if the two opposing forces are equal in power, they bring each other to a standstill ; second, the opposing or antidotal drug may so change the bodily secretions as to render them incapable of acting on the drug's physical container thus rendering its power inescapable and thus the drug passes out of the body an inert mass.

The so-called homœopathic antidoting is an entirely different proposition. It does not neutralize anything, for there is nothing there tangible to be neutralized or opposed. The so-called antidote merely sets up an effects of its own to neutralize, not the preceding remedy, but the result of that remedy's action.  
 —A PULFORD, M.D.

The Homœopathic Recorder, vol. XLV., No. 12.

# A Brief Study Course in Homœopathy.

ELIZABETH WRIGHT HUBBARD, M. D.

## VIII

### PRESCRIBING : AGGRAVATION

Having learned how to select the remedy and the potency, and in how many doses to give it, the next step is to know how to watch your case. The physician must be able to determine whether the remedy given is acting at all, and, if so, whether favorably and what prognosis may be expected. He must know how to determine the length of action of his remedy in each individual case, in short, having started the journey to cure, he must be sure he is in the right train and that he knows when and where to change. Two things help him mainly in these decisions and both are determined by careful observation based *on seeing* the patient, for what the patient will tell you is often misleading. The first sign-post to guide you is the aggravation. A discussion of this is best given in chapters 34 and 35 in Kent's LECTURES ON HOMŒOPATHIC PHYLOSOPHY, from which we have taken much of what follows.

The types of aggravation which may be observed are as follows :

1. A prolonged aggravation with subsequent decline of the patient. This means either that the

patient is incurable or that he has been overwhelmed by the turmoil ensuing on too high a potency. This usually occurs in cases of marked pathology, yet whose vitality is able to emit symptoms. Under the second prescription we will take up what to do in such exigencies, but the doctor must be sure before resorting to a second prescription that he truly has an aggravation of the first and not the second type.

2. This second type is a long aggravation followed by slow improvement. This means a serious case on the border of incurability but caught just in time.

3. The third type of aggravation is quick, brief and vigorous, followed by speedy relief of the patient. This type is much to be desired and is a sign that the improvement will be of long duration, and that structural changes are in non-vital organs. Abscesses and suppurating glands appear at times in these cases as part of the aggravation. This is a good sign and should not be interfered with.

4. The fourth type is where there is practically no observable aggravation and yet the patient recovers steadily. This is ideal and shows that there is no great organic disease and that the potency chosen exactly fitted the case, especially if during recovery the symptoms follow Hering's laws, which will be discussed later.

5. The fifth type is where brief amelioration comes first and aggravation afterwards. This means either that your remedy was only palliative and did

not touch the true constitutional state of the patient, or else that the patient was incurable, or else that some deeper miasmatic remedy is needed like a mordant to enable the indicated remedy (or dye, to follow out our simile) to take hold. For example, a *Silica* case of ours would be markedly ameliorated for a week or ten days and then slip back, nor did a change of potency hold longer; however, *Tuberculinum* took hold and kept it, and since then other remedies held.

6. Another type of aggravation is where the symptoms developed turn out to be a proving of your remedy. This may be due to an idiosyncrasy to the particular drug on the part of your patient or the patient may be an oversensitive who proves everything given him. These patients need the medium low potencies and are often incurable.

7. Another apparent form of aggravation is where new symptoms appear after the administration of a remedy. This suggests that the prescription was incorrect and will be dealt with under the second prescription.

8. There is a type of aggravation in which the individual symptoms stand out clearer while the patient himself feels better. This is often followed by old symptoms reappearing in the reverse order of their coming ( see Hering's laws of cure ). This is highly favorable. The physician must note the direction of the appearing symptoms. If they go wrongly, *i. e.*, from without inward, it is dangerous; if from within outward it is favorable.



Another variant, which is without actual aggravation, is too short relief of symptoms without any special aggravation. This is very similar to the fifth and causes the physician to cast about for a miasmatic remedy.

Sometimes there is a full time amelioration of symptoms without any special relief of the patient himself. This shows a case that is only open to palliation, the vital force cannot make the grade of cure.

An unnecessarily severe aggravation is caused by too high or too low potency. A well chosen potency will give, as above, either no aggravation or a quick short one. Too prolonged an aggravation may be caused by giving too low a potency or by repeating. In the aggravations after high potencies, such as CM in curable cases, the patient feels distinctly better even during the aggravation, as it is the characteristic symptoms and not the disease or the patient which are aggravated.

A very feeble vitality may not be able to throw out an aggravation and such must be given a single dose of a really high potency and watched for the minutest signs. On the other hand a strong vitality may have marked tissue changes which will produce a violent aggravation so that the physician must bear in mind the two factors, the vitality of the whole and the pathological changes, and balance these carefully in his choice of potency.

If there is no aggravation in cases of vigorous vitality, it is probable that your remedy was only

partially similar ( the ideal cases of recovery without perceptible aggravation are usually not those with especially marked vitality ). In acute diseases an amelioration without a slight initial aggravation often means that your remedy is not deep enough and another dose of it will probably be needed.

#### THE SECOND PRESCRIPTION.

Kent defines the second prescription as "the one after one that has acted". This means that a bungling prescriber may have given four or five remedies and the sixth, if it takes hold, should be classed as the first prescription. Granted that according to the above observations on aggravation your remedy was well chosen and has acted, *let it alone*. "Watch and wait". Before making any second prescription *re-study the case*. According to Kent there are three possibilities for the second prescription, either *repetition, antidoting or complementing*.

The prime indication for the second prescription which is a *repetition* is the return of the original symptoms of the patient ; They have been better, with or without aggravation, and then they tell you, and you observe, that the original symptoms have reappeared, whether identical, less severe or more severe than at first. This calls for repetition in the same potency after you are sure they have returned to stay. It should here be added that if the patient returns telling you that their general

sense of well being has come to a stand still but their original symptoms have not yet returned you should wait, as often improvement goes in cycles and the good work will begin again of itself. Even if they tell you that they themselves feel worse, wait and watch for the return of the original symptoms before repeating. Moreover, even if the symptoms change, but the patient feels and seems still improved do not change your remedy. It would be chasing will-o'-the-wisps to do so and you would ruin your case. While well being increases wait; when it comes to standstill, wait. If the general state is worse and the symptoms have changed then consider a new second prescription as follows :

The prime indication for a change of remedy in the second prescription is where new symptoms crop up after your first prescription, without amelioration in the general well being of the patient, and remain. This means the first prescription was unfavorable and you must antidote it. The selection of this antidotal second prescription is based on the original symptoms plus the new symptoms with more emphasis on the new ones. This second prescription, then, should wipe out the new symptoms and modify the old.

The prime indication for a change to a complementary remedy is where your first prescription, especially in acute disease or if it was not a deep acting remedy, does not seem to have fathomed the case. Here a complementary remedy will take deeper hold on the life. For instance, in an acute throat

*Belladonna* may have been the *simillimum*, but after the acute attack passed, a chaser was needed to prevent recurrence, to eradicate predisposition, and, if the symptoms agree, your second prescription would be the chronic complement of *Belladonna*, which is *Calcareæ*.

There is another indication which goes deep into the philosophy for a change of remedy in your second prescription. This is likely to be a remedy from a different miasmatic group and it entails a change in the plan of treatment, consequent to the cropping up of a different miasm after the clearing away by the first prescription of the miasm which was at first on top of the case.

This subject of the second prescription was to me the most difficult in homœopathy. Every beginner should read and re-read his Kent's *Philosophy*, re-study his cases, and above all "watch and wait".

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## REPETITIONS.

Do not repeat so long as improvement is perceptible. In acute attacks of cholera, colic, croup, etc., it may become necessary to repeat your remedy every few minutes or hours, according to the severity of the case, while in chronic disease the intervals may be extended to days, weeks or months; indeed, may brilliant recoveries from inveterate maladies have followed the curative impulse aroused by a single dose of the highly potentized drug.

—A. R. MORGAN, M. D.

## CLINICAL CASES\*

Dr. G. K. Kale, M.B.B.S.

*Case No. 1.* A patient, 98 lbs. (weight), came to me on 2-11-39 with following symptoms :—

Attacks of coryza, for 7 years ; the attacks used to come every month or every second month. During the attacks he used to sneeze a lot and the discharge used to be very thin and watery. He used to feel feverish and was having pains all over the body ; used to feel burning of hands and feet and top of the head, always. The attacks used to begin generally in the morning ; his breathing was of an asthmatic type in the morning, after waking, for an hour or so, and the cold used to last for three or four hours. He liked salt much ; did not like sweet articles ; liked chilli and sour articles : liked warm drinks ; always liked to sit under the fan ; He was given Sulphur, three powders per day for 2 days. There was a slight relief. He had an attack of asthma with severe cold on 8-11-39. Sulphur, 30, one dose only was given and an improvement set in, next day, in all respects. He had good sleep ; no asthmatic feeling, and cold was much better. Again on 24-11-39 he had a similar attack and Sulphur 30, one dose, was repeated, and improvement set in again from the next day.

On 5-12-39, he developed pain in abdomen  $1\frac{1}{2}$  hours after food. In fact, after a day or two he

\* Paper read at the Clinical Monthly Meeting of the *Homeopathic Post-Graduate Association*, Bombay, on 24th June, 1940.

noticed pain after eating anything. Pain was better by pressure and by fomentation. The patient insisted on the diagnosis of this new ailment and that I should do something to relieve the pain. I told him that he was suffering from "Gastric Ulcer" (?). I gave him MAG. PHOS. 6x, three powders, but there was no relief. After four or five days he discovered that the pain was better temporarily by eating anything solid or liquid. I told him that an X-Ray will settle the diagnosis but I assured him not to go in for this extra expenditure as medicine will soon relieve him. He agreed. On inquiry, I learned that he was having same type of pain about five years back, lasting nearly three weeks, and it was relieved by some medicine. On referring to Kent's repertory p. 513 I found CHELIDONIUM very prominent. I gave him CHELIDONIUM 6, three powders for 3 days and the pain disappeared completely. During this period there was no attack of cold. The patient was kept on liquid diet. Patient reported on 17-1-40, that there was no complaint and weight became 100 lbs. Again he reported to be well on 1-3-40 weight being 105 lbs.

*Case No. 2.* Age 28, unmarried, came to me on 17-5-40.

He had patches of eczema for last five years. No history of asthma. (Father asthmatic and is still getting attacks of asthma). The patches originally started on the dorsum of both feet and extended over the legs and as far as the middle of both the

thighs, also on face, since December '39. Practically, half the face was covered with them. There was severe itching followed by burning all over the body. The burning was more marked on areas which were scratched. The itching was relieved by hot fomentation. He was very thirsty and liked cold articles. He had constipation for the last three years ; felt extreme exhaustion after work ; took lots of tea and coffee ; enjoyed cool breeze ; not addicted to alcohol ; liked sweet things very much ; He had insomnia for many months ; generally worse in winter ; there was very little perspiration on the body ; I gave Sulphur, 3, three powders. There was a severe reaction within three days and good many pustules developed on all the patches ; I assured the patient that it was a good sign and a sure sign too that he would recover soon. After a week, he was relieved of constipation ; he began to perspire freely, the pustules began to disappear gradually, but the itching was still intolerable. I waited for about four days more, and again prescribed, Sulphur, 3, three powders. On 1-6-40 he reported that the itching was very much less ; no constipation ; very sound sleep ; no exhaustion after work.

He reported again on 16-6-40 that the patches on face were very much better and that there was no itching of face ; patches on legs and thighs were also fast disappearing.

*Case No. 3.* Patient came on 25-12-39, with pain in the right hypochondrium on deep breathing,

coughing, and sneezing, for the last one year. Better by lying on right side. Liver enlarged and tender. Severe thirst for large quantities of water. Liked cool drinks and cool breeze. Dryness of mouth, constipation for the last eight years, and was always taking laxatives ; perspired freely ; was having headache on left side, generally worse after constipation ; there was always burning of hands and feet. I gave him BRYONIA, 3, three powders. I examined him again on 30-12-39. Pain on coughing better and slight improvement in constipation. On 7-1-40, he reported that there was no constipation ; thirst was less ; pain on coughing, better. Again he reported on 12-1-40 that constipation was not relieved completely and that there was slight pain on coughing. I gave him BRYONIA, 30, one powder, which relieved all symptoms after a couple of days. There was no relapse afterwards.

*Case No. 4.* A lady came on 20-4-40 with pain in the back on the right side in the scapular region ; worse by deep breathing and bending forward ; worse on coughing ; better by lying on the back. Very much thirsty for large quantities of water. I gave her BRYONIA, 3, three powders. There was complete relief after 2 days.

*Case No. 5.* A lady reported on 30-10-39, that she had swelling in the right breast. She had delivered about two months back and she was feeding the baby with that breast and the flow of milk had stopped since the appearance of the swelling. There was temperature upto 101° in the evening, severe thirst for large quantities of water.



There was shooting pain in the breast worse by any movement of the body ; if she would lie on the right side with the affected breast touching the bed she would get relief. I gave her BRYONIA. 3, three powders and the flow of milk was re-established after 12 hours with relief from pain, and she was all right after two days.

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### Certain Homœopathic Therapeutics in the Disturbed Mental State of Childhood

WILLIAM B. CRIGGS, M. D.

In this paper I am presenting, in my humble way, some strict Homœopathic Therapeutics in the disturbed mental states of childhood, which has been one of my hobbies for over forty years. In these days, the care and treatment of the mentally deficient child has passed very largely into the hands of education authorities, psychological investigation, and a specialized system of education is attempting to remedy the defects and has been met with some success ; there is, however, among the more intelligent workers, a feeling that they are not achieving the success they expected from their methods. The subject matter placed before you, in this paper, will suggest that anything which accepts the extrinsic factor as of final etiological importance, must fail or be very limited in its

application to treatment. The diseased mind presents a diseased individual for which the cure is only completely made by a prescription based upon a sound therapeutic law. The *results* of Homœopathic treatment suggest that the Hahnemannian doctrine is sound—that an intrinsic factor, an inherent potentiality to diseases “The Miasm”—plays a very important part as an etiological factor in the causation of amentia.

As I am not a specialist in psychiatry or psychology, but just a plain honest disciple of Hahnemann, I have left the diagnostic work to these specialists and when they came to the end of their mission, I attempted, by the most scientific therapeutic method that I know, to find the curative remedy, if it was available; and the results, that have so surprised those concerned with these cases, has been the motive for writing this short paper. I cannot include complete histories or recite some wonderful recoveries, as time will not permit, but I do hope it may inspire those interested in the disordered mental states of children, to seek help from the simillimum after the psychiatrist or psychologist has prescribed his nonmedicinal training measures, etc. The Homœopathic remedy so often is of positive value in the neuropsychiatry of childhood from the milder to the more severe types including hysteria, neurasthenia, the psychoses, neuropathic or psychopathic personalities, temper tantrums, etc., and special mental disabilities. I am still believing, as the older school physicians did, that heredity is a strong factor in the production

of disease, mental and physical. Particularly is heredity an important factor in the production of amentia, because most of the cases I have worked with, I have found the parents to present neurotic tendencies and surely we must come to believe that "The child can but assume the type of the soil upon which it is made," that is, the diathetic taints or or miasms must and will show up in the child sooner or later in life. The first case I want to present in abstract, I think, will bear out this point: Miss C. W., was first seen by me, August, 1921, when she was 9 months old ( I am taking this case because I have had this patient under my care for 17 years ). Her chief complaint was a high grade malnutrition, intestinal dyspepsia and fermental diarrhea.

Family History : Father died of tuberculosis a month before child was born, he was high strung, taciturn type in disposition, and his widow says he was called neurotic. Mother very nervous due to death of husband.

Past Personal History : Natural birth but slow, mother was in labor for 30 hours. Patient has been difficult to feed since birth—present weight is ten pounds, one ounce, having gained only four pounds since birth—now nine months old and has no teeth.

History of Present Illness : Represents one of number of similar attacks since birth. Patient is an emaciated baby, restless, apparently hungry but vomits sour curdled milk. Also has a thin yellow

watery diarrhea, a sour odor with curds or else is constipated, sweats about the head, abdomen is distended, feet cold and clammy. The previous diet was : boiled skim milk and barley water, mutton broth, cod liver oil and yolk of soft boiled egg. The latter she would always take even though she refused the formula. For this picture, the child received *Calcarea carb.*, which in due time completely cured the disordered digestion, and seemed to start the child on the road to complete recovery when it was put on the full orthodox diet for its age. I did not see the child then until three months later when it had its first digestive upset, which consisted of a very foul dark watery diarrhea and the aspect of the child was bad. It presented a dirty looking yellow skin with excoriations about the ear. Here, *Psorium* promptly checked the diarrhea and cleared the skin condition. I did not see the child again for four months when the mother became anxious because the infant, now past 14 months, neither talked or made any effort to walk, and did not grow, but developed some cervical adenopathy. Here, *Baryta carb* was used for two months, with some improvement particularly in growth, but the child was very much under weight, and as soon as the patient improved the mother would discontinue medical treatment and took the case in her hands. I did not see the patient again until she was two years old, and her chief symptoms were emaciation, enlargement of the submaxillary glands, spells of irritability with crying and screaming. Mother said child would

scream and cry when the pet dogs came near porch, also, the child made no effort to walk or talk. Taking into account the history of the father's health, I prescribed *Tuberculinum*, which completely removed the adenopathy and the child made a slow progressive gain in weight—this improvement continued for 6 months, and then she began to make efforts at walking and began to articulate in single syllable words. I then lost sight of the patient until two years ago, she was now past 16 years of age, when the mother returned to the city with a neuropathic daughter. She told me she had been under continuous medical care in Kentucky, at the home of her grandmother, and was told she ought to be placed in an institution for care and treatment. Her mental and physical condition presented the following picture.

A sallow anemic girl, 17 years of age, with a thin wrinkled neck. Her chief complaint was headache and weakness. She wanted to be alone, quite melancholy, weeps frequently and does not wish to be talked to, for weeks would not leave her room, marked hysterical weeping alternating with laughing—prolonged spasmodic laughter followed by weeping—great sadness--joylessness. She weeps over nothing or old unpleasant circumstances are recalled ; she grieves and weeps over them until she would walk the floor in a rage, she would apparently then make a bid for sympathy and then get mad when it was given. This had been going on for two years according to the mother's statement. Her first menstruation, her mother says, was

brought on when she was 16 years old, by some endocrine injections. Since then she has changed her affections and could not control them as she fell in love with the colored chauffeur. This gave her dignified southern mother great concern and when her mother would reprimand her, her emotional nervous system would get all in a fret and irritation. This present picture coupled with the symptoms complex of her childhood, the late learning to talk, led me to prescribe *Naturm mur.* Two months from the first dose of *Natium mur.* the whole family relationship were amazed. The disposition began to change, her bodily nutrition became better and she began to gain in weight. At the end of the fourth month, she had normal menstrual flow although not mentally on an even keel. She voluntarily told me, some months after taking *Natrum mur.*, that she was so sorry she showed affection for the chauffeur, she knew it was unwise, but could not help it. She looks back now and wonders why she was so silly. I am thoroughly convinced that *Natrum mur.* turned her mind into complete order and rejuvenated her prostrated mind. It is now over three years and she is mentally alert, very happy, is in her second year of College and is becoming very popular in social functions and in sports, because of her much improved mental and physical condition. I met the psychologist who treated her while she was in the Kentucky home, on my second visit to the patient, and he told me that no medicinal substance could have any effect upon the working of the subconscious mind, that I

could not remove mental fears, etc., with my Homœopathic medicine.

*I leave the proof of the cure before him !*

Considering the family history in this case, is it not the basis of our Hahnemannian doctrine—the Miasm—a constitutional state recognizable as a clinical entity, and transmissible from the parent to child by direct inheritance? The actual existence of a neuropathic state is generally admitted as factor in amentia, while the Hahnemannian Miasm, “sycosis,” has been shown to be the one where such evidence is easiest of observation.

Another case in short abstract.

Leo J., male child, 6 years of age, the oldest of three other children who are apparently well—all have had normal births. The parents both living and well but very excitable and impulsive.

Past Personal History : Apparently was a well-nourished baby at birth, but had staring spells, did not talk until past two years of age—no acute disease.

History Present Illness : Began about 3½ years ago, mother thought child was deaf, would only stare when his mother talked to him. Occasionally would awaken parents with a groaning noise and stare, could not be made to understand or answer parents. About 2 years ago, he began drooling at the mouth, and sat apparently listless when he would take a convulsive seizure—at times without losing consciousness. These increased in frequency until they reached 20 to 30 a day, when they came

on like a shot and he would dive to the floor. He was frequently taken to the Jewish Hospital in Philadelphia to have a suture put in chin, face or head. The mother said this was done probably 20 or more times. Then he would lay for a day or two, fairly stupid after a bad day of convulsive attacks. I was asked to see him about 3 years ago, when he was in a very bad condition. He had several previous medical advisors, and had been fully dosed with bromides, luminal, etc., with no apparent benefit. I could get no more history from the parents, than I have related here, nor any direct history of traumatism to account for the symptoms. The neurological findings were very uncertain as occasionally there would be positive Koenig or Babinski. Never any cervical rigidity, reflexes sluggish at times. I did a spinal tap with clear fluid under much pressure but the laboratory report was negative, two cells, no globulin, normal sugar reduction. I began the case with *Nux vomica* because the child had been drugged and there was no complete symptom picture for me. After seven weeks on *nux vomica* the child became very restless jumping up and down, moving about and would hide for no apparent reason, at times, he would destroy things. The type of convulsions had not changed and as it always is better to do nothing until you are satisfied that you are doing what is right, I made no prescription until I made a careful repertory analysis which gave me *Tarantula hisp.*, all other medication was stopped. Needless to take up time and space in writing a long clinical



history, it is sufficient to say that a slow but progressive improvement was established with lessening of the severity of convulsions and symptoms. He is now attending school regularly, mentally alert, is happy, plays with the other children at school. occasionally has a very mild petit mal condition developing for a few minutes, but during the last year, has not had the signs of one of the original type of convulsions. *Tarantula hisp*, has been continued for at least sixteen months in potencies from 30th to the 1000th repeated as needed.

The benefits of the homœopathic remedy in this case, cannot be expressed in words as interested neighbors and relations believed this child was doomed to institutional care. Many cases could be cited but time will not permit, but I have tried to show the usefulness of Homœopathy in my meager way, in some of the neuropsychiatric diseases of childhood. I feel sure that many neurotic children could be made more useful, self-dependent and of less care to their parents by the timely use of the properly prescribed remedy according to the law of similars.

—The Hahnemannian Monthly, Vol LXXV., No 6

## INFANTILE CONVULSIONS.

D. C. Das Gupta, M. B. (Cal. Univ.)

Continued from page 323.

TREATMENT—The remedies that are mostly useful, are—Belladonna, Mag. Phos, Calcarea Carb, Chamomilla, Cimicifuga, Cina, Coffea, Opium, Stramonium, Hyoscyamus. Bell. is undoubtedly our first and best remedy. The child starts suddenly when asleep or stares about wildly. The pupils are dilated ; stiffness of the whole body or of one or more limbs Red eyes and flushed face. The slightest touch sometimes provokes a new fit. The convulsions of Nux vomica are also renewed by least touch and followed by deep sleep but they are mostly caused by indigestion and lack in the wild look of the patient and the attendant congestive symptoms Indigestion of the mother or of the wet nurse may also cause spasms in a child when Nux v. should be given. Sopor after spasm ; or involuntary discharge of urine after return of consciousness. The fits are sometimes preceded by smiles or laughter. The child is very drowsy, but cannot sleep ; sudden twitchings or jerks while asleep or awake. CIMICIFUGA\*—irregular motion of

\*The following brilliant cure with Nux vom. may be cited here—  
A child, aged 5 months, with two teeth, had from 25 to 30 convulsions a day Left arm and hand small and emaciated, fists continuously clenched, limbs emaciated and useless ; was deaf except when cramped ; voracious appetite, and moaned every moment when

limbs, worse left ; legs unsteady. According to Hering, alternate tonic and clonic spasms are characteristic of this drug. Mag. Phos., is to be thought of where Bell. was apparently indicated but failed. There is excessive sensitiveness after the spasms, specially to touch and noise. Mag. Phos. is very useful for convulsions during dentition. Calc. c. generally needful after Bell. and useful for a scrofulous constitution and convulsions in rickety children. It is also useful for convulsions during dentition, specially when the teething process is either very slow or too rapid. CHAM. for convulsions during dentition and convulsions from anger, not only of the child but also from the anger of the mother or wet nurse. The child makes itself stiff, bends backwards, kicks with his feet, convulsive jerking of limbs, grasping and reaching with hands, twitch of muscles of the face and eyelids, constant motion of the head from side to side, constant moaning and screaming immoderately. Fits are followed by loss of consciousness and twitching and jerking in the limbs. CINA, for intestinal irritation from worms ; the child suffers more from series of spasms than from a marked convulsion ; the arms and legs are thrown from side to side or the child stretches out the feet spasmodically ; the child is cross and has a

awake, day or night, with constant rolling of the head and shoulders ; had not smiled since the first attack, had a calomel sore throat, so that upon opening the mouth the saliva would pour out, the sublingual glands were enlarged ; the eyes looked bright. Nux v. 6 was given. No fits or spasms after the first dose was taken.

variable appetite. *COFFEA* is frequently serviceable in weak and nervous children who are subject to convulsions without any apparent cause other than weakness. *OPIUM* after the failure of *coffea*. *OPIUM* is particularly useful in convulsions caused by fright, and attended by much trembling over the whole body, tossing of the limbs and loud screaming during fits ; there is foaming at the mouth, the face becomes dark-red or even purple and the body is often bathed in a hot sweat ; the child lies as if stunned and deep snoring sleep follows the spasms ; the abdomen is distended and all evacuations are suppressed. Opium does little or no good for the protracted effects of emotion ; it is for the immediate effects of emotion that it should be used. Opium is very similar to *Ignatia*. The distinction from *Ignatia* lies in the fact that the Opium face is dark red and bloated and the spasms are more frequently associated with loud screams than under *Ignatia*. Dr. T. D. Pritchard reports of the case of a baby who was subject to spasms for about a year. Afraid of strangers, cries at their approach ; holds its breath and goes into a spasm ; as soon as the spasms begin to abate he falls asleep. Opium cured permanently. *STRAM.* sudden convulsions from fright or with fevers or from repelled eruptions ; convulsions with cries as if from the sight of hideous objects ; tosses the limbs, specially the upper ones ; involuntary stool and urine ; moving the fingers in sleep as if searching for something ; grinding of teeth, stammering when trying to talk ; desire for light and company. *HYOSCYAMUS*, sudden

starting and twitching of muscles (more so than in Ignatia); convulsions starting with twitchings of muscles of face, specially about eyes; pressing of gums together, putting fingers into mouth; difficulty of swallowing; the patient seems to be wild; great deal of frothing at the mouth, bloated appearance of the face and deep sleep after the spasm passes off.

The other useful remedies for Infantile convulsions are—Cuprum met., CICUTA v. Helleborus, Platina, Verat a. and Zinc met. CUPRUM MET.—The spasms are preceded by violent vomiting, marked blueness of the face and mouth. The spasm begins with cramps in lower extremities with twitchings of toes and clenching of fingers with much throwing out of the limbs; frothing of mouth and choking in throat; after one spasm the child screams, turns and twists and runs into another spasm; there is rolling of eyeballs during convulsions; unconsciousness comes early; stupor follows and is of long duration. A very diagnostic symptom of Cuprum is—"any attempt to swallow fluids causes a gurgling in the throat" Useful for convulsions after suppression of eruption. CICUTA v., the patient first becomes rigid, with fixed staring eyes, bluish face and frothing at the mouth and unconsciousness; the jaws are locked and the patient bites the tongue; violent shocks through the head, arms and legs, which cause them to jerk suddenly. The spasmodic symptoms are followed by profound exhaustion. It is mainly useful for epileptic convulsions and convulsions caused by

worms and dentition. HELLEBORUS, for convulsions of children with extreme coldness ; constant chewing motion ; automatic motion of one hand and foot spasmodically ; boring head into pillow and rolls head. Constant craving for meat. PLATINA is specific for convulsions arising from anæmia ; there may be lock-jaw during the spasms ; also used for spasms caused by nervous excitement when they are preceded or followed by constriction of the œsophagus and respiratory embarrassment. VERAT ALB. is suitable for convulsions after sudden, violent emotions ; face is cold and blue with cold sweat on forehead ; it will prove particularly useful in convulsions caused by rapid loss of vital fluids during the course of a specific infectious disease. ZINC MET., the child is cross and peevish for days previous ; cries out during sleep as if awakened by fear and rolls its head anxiously from side to side ; automatic motion of different parts of the body, great prostration ; convulsions during dentition or from suppressed eruption.

The following two reported cases will further enlighten the reader on the subject :—

Woodward reports the case of a baby who had been suffering with his teeth for more than a week. Salivation was copious ; he was constantly working at his mouth and crying piteously much of the time. He was extremely restless, had lost his appetite, could not sleep, and was getting very nervous. Finally, an attempt to eat induced convulsion involving the entire body ; for a time he was insensible. The spasms were repeated at intervals

for several hours, until *Mercurius* was given; this relieved the painful gums and in two days he was free from any convulsion.

Dr. Rummel had a brilliant cure of spasms in a child with *Ipecac*. A child aged 4, had most frightful spasms of the entire left side of the body. Paralysis of the convulsed side supervened. The eyes were fixed and pupils dilated and insensible. The lids opened and shut tranquilly; there were occasional contractions of the right side of the face and also of the right arm. The pulse was feeble and frequent; tracheal rale constant, with some coughing; respiration regular; inspiration short, followed by slow, sighing expiration, as if each one would be the last. Skin hot; much dark mucus in the mouth. *Ipecac* was given in the morning, and in the afternoon the child was convalescent.

## INDEX INDICATORS.

SKIN.

[Continued from page 96]

ERUPTION, copper-coloured : Alum., *Ars.*, Calc. c.,  
Cann. sat., *Carbo. an.*, Carbo veg., Corall.,  
*Kreas.*, Led., *Mez.* Phos., *Rhus tox.*, Ruta,  
Syphil., Verat. alb

ERUPTION on covered parts : Led., Thuj.

ERUPTION, Dry : Alum., *Ars.*, *Bar. c.*, *Bov.*, BRY.,  
CALC. c., Carbo veg., Caust., *Cupr. met.*,  
*Dule*, *Graph.*, Kali bich., Led., Lyc., Mag. c.,  
MERC. SOL, *Mez.*, Nat. mur., *Petr.*, *Phos.*,  
Phos. ac., Psor., *Rhus tox.*, Sarsap., SEP.,  
SIL., Stann., STAPH., Sulph., VERAT. ALB,  
*Viol. tr.*, Zinc-met.

ERUPTION, copper-coloured, about mouth and chin :  
Verat. alb.

ERUPTION, dry and scaly, on lower lip : Plant. maj.  
,, dry, on arms and legs. like *Zona* : Dolich.  
,, fiery, red, like nettle-rash : Acon.  
,, fine, around eyes and nose : Euphras.  
,, fine like sand, in bends of knees : *Ars.*  
,, ,, on forearms and wrists, backs of  
hands, between the fingers, and on scro-  
tum and ankles : *Rhus. Vene.*  
,, fiery, scarlet all over, or consisting of  
small vesicles, with red areola : Sulph.  
,, as if excoriated : *Graph.*, Lyc.  
,, fine : *Agar.*, Alum, *Ars.*, *Bell.*, Bry., CARBO  
VEG., Caust., Clem., Cocc., Dulc., *Graph.*,



- Iod., Led., Merc. Sol., Nux vom., Puls.,  
Rhus t., Sulph., Zinc. met.
- „ fiery red : Acon., BELL., Stram , *Sulph.*
- „ FLAT : *Amm. c.*, *Ant. cr.* , *Ars.*, *Asaf.*, *Bell.*,  
Carbo an., Euphorb , *Lach* , *Lyc.*, Merc.  
sol , Nat. c., Nitr. ac., Petr., Phos., *Phos.*  
*ac.* Puls, Ranunc b., *Selen.*, *Sep.*, *Sil.*,  
Staph., Sulph., Tart e , Thuja.
- „ GRANULAR : *Amm c.*, *ARS.*, *Carbo veg.*,  
Graph., *Hep.*, *Natr. m.*, Phos., Tabac.,  
Zinc. met.
- „ grape-shaped : Agar., CALC. C., Rhus t.,  
Staph., Verat. alb
- „ on hairy parts : Kali c , Lyc., Merc. Sol ,  
Natr. mur., Nitr ac., Phos ac., Rhus t.
- „ HARD : Ant. c., Aur. fol., Mez , Ranunc  
b., Rhus. rad., Rhus t., Spig., Val.
- „ HERPETIC : *Amm. c.*, *Anac* , Aur. mur.,  
Chin., Dolich., Ipec., RHUS TOX., Sep.,  
Staph
- „ HUMID : *Boc.*, Bry., CALC. C., Carbo an.,  
CARBO VEG., Caust., Cic , *Clem* , Con.,  
Dulc., GRAPH., Hep., KALI C , Kreas., Led.,  
LYC., MERC. SOL , MEZ., *Natr. m.*, Phos ,  
RHUS TOX , Ruta, *Selen.*, SEP., Sil., Squill.,  
STAPH., SULPH. Sulph. ac., Thuja, Viol. tr.
- „ INFLAMED : Ars , Calc. c.
- „ MILIARY : AGAR., Ailanth., *Amm. c.*,  
„ *Amm. mur.*, Ant. c., *Ars.*, Cham., Coff.,  
Hyosc., Ip., LED., Mez., *Natr. m.*, Nitr.  
ac., Nux v., Sang., Sec., Staph., Tart. e.,  
Val., Verat. alb.

- „ OBSTINATE : AMM C., BAR. C., BORAX,  
 CALC. C., *Cham.*, *Clem*, *Con*, *Croc.*,  
 EUPHORB., GRAPH., Hell., HEP., Kali c.,  
*Natr. c.*, *Nitr. ac.*, PETR., *Rhus t.*, SIL.,  
 SULPH., *Viol tr.*
- „ MILIARY, WHITE : Agar., Nux vom.
- „ „ on forearms : Selen., Tarax.,  
 Tart. c.
- „ „ on wrists : Led.
- „ PALE : Ars.
- „ PURULENT : ANT. CR., Ars., CIC, *Clem*,  
 „ Cycl., *Dulc.*, Euphras., Hep., Iris vers.,  
 Kali c., Led., *Lyc.*, Mag. c., *Merc. Sol.*,  
*Natr. c.*, RHUS TOX., Sec., *Sep.*, *Staph.*,  
 Sulph., *Viol. od.*, *Viol tr.*, Zinc. m.
- „ RAISED : Ars., Asaf., Calc. c., Caust., Chel.,  
 „ Copay., Dulc., Lach., Merc. sol., Mez.,  
 Nux v., Op., Phos., Sulph., Tabac., Tar.,  
 Val.
- „ RED : ACON., AGAR., AMM. C., Ant. c.,  
 ARN., ARS., Bar. c., *Bell*, BOV., *Calc. c.*,  
 CLEM., Cocc., Coff., Con., Croton tig.,  
*Cycl.*, DULC., *Graph.*, Iod, Ipec., KALI C.,  
 LACH., *Led.*, Lyc., *Magn. c.*, MERC. SOL.,  
 Mez., *Nitr. ac.*, PHOS., *Phos. ac.*, Rhus rad.  
*Rhus tox.*, *Sabad.*, SEP., *Sil.*, STRAM.,  
 SULPH., SULPH AC., Verat. alb., Zinc. met.
- ERUPTION REDDISH, on penis : Petr.
- „ of small red papillæ ; Mag. mur.
- „ RED, on palms of hands : Magn. arc.
- „ humid, bad smelling, with much vermin  
 on head, face, and behind ears : Vinca min

- „ SCALY : Agar., Amm. c., Amm. mur., Anac., Antim. c., Ars., Ars. iod., *Aur. fol.*, Bar. c., Bar. m., Bell., CLEM., Cupr. met. Dulc., Graph., *Hep.*, Kali c., *Led.*, PHOS., Plantago maj, Plumb. met., Sep., Staph., *Sulph.*
- „ on affected knee, scarlet and spreading all over : Terb.
- „ suppurating, ulcerated : Ars., Caps., Carbo an., China, Cocc., Commoc. dent., Graph, Iris. vers., Hep., Squill., Syphil.
- „ suppressed, receding : Apis, Cupr. acet., Cupr. met, Dulc, Gelsem, Ipec., Phos., Psol., Puls., Sulph.
- „ in scarlet band, about three inches wide, around waist like zona : Polygon. punct.
- „ scaly, on lips, backs of hands and fingers : Mur ac.
- „ SYPHILITIC : Iris vers., Kali chlor., Kali hyd., Syphil.
- „ like sycosis on vulva : Anatherum mur.
- „ on scalp ; suppurating : Ars., Cic., Clem., Graph., Hep., Lappa maj., Vinca min.
- „ after vaccination : Sil., Sulph.
- „ like a zone : Ars., Bry., Cham., *Graph.*, *Merc Sol.*, Nat. c., *Puls.*, Rhus t., Selen., *Sil.*, Sulph.
- „ on head : Ars, Bar. c., Bar. m., CALC. c., *Carbo an.*, Cic, *Olem.*, LYC., MERC. SOL., OLEAND., PETR., *Rhus. t.*, *Ruta*, Spig., *Staph.*

[ To continue.

## RELATA REFERO.

“The United Press” propagates the joyous news that the Government of Bengal have sanctioned the proposal for establishment of a medical school at Barisal. It is also learnt that the proposal will involve a capital expenditure of about Rs. 2½ lakhs and an annual expenditure of about Rs. 65,000/-.

\* \* \*

On the reverse side of it, Medical Licentiates all over India have been exhausting a lot of wind to get this “Sub” cadre abolished and to have one uniform medical education. Bombay and Madras have already renounced the “Sub.” In Bengal, it is blowing hot and cold with one and the same bellows.

\* \* \*

Perhaps this is only a step forward with a view to founding a Medical College at Barisal by and by. And why not Barisal should have a Medical College, if the district is rich enough to endure the colossal cost of a fantastic system and its captivating curriculum and to pay superior fees to its graduates? But the district alone is not to bear the expenses; it is the provincial exchequer which will be milked to nourish the scheme.

\* \* \*

Mark the contrast between this and the Ministry's treatment to the proposed State Medical Faculty for Homœopathy where it was decreed that the 'pathists must find the preliminary fund of Rs. 10,000/-; yet, after this was found, it has only had a soporific effect on all concerned.

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The Lucknow University has started this year a diploma course in experimental psychology with a view to intensifying research in such problems as industrial fatigue, child delinquency, etc. The Calcutta University has been running a similar department for the last few years. Child delinquency seems to be the line of least resistance down which both these universities are sliding and gliding along. Leaving alone the school-going children for some time to come if they turn their attention to the school-authorities, their labour will surely yield valuable and benign results.

\*                     \*                     \*

A glance at the advertisements in the 'wanted' column of the dailies, where M.A.,B.T. Headmasters are wanted to serve on Rs. 60/- per month, will convince the Psychology research scholars and their universities how the loud advice of the Vice-chancellor and Dr. S. P Mukerjee is disdainfully flouted. The advertisers must be many times less qualified and therefore do not think twice before lowering the dignity of the headmasters and exploiting the penury of the educated. Search, research, and reform this psychological delinquency.

\*                     \*                     \*

We felicitate the Mayor, Mr. A. R. Siddiqui, on his humanitarian venture *par excellence* in organising a blind relief camp in Calcutta to work from the next month. It will make expert aid available to the indigent sufferers from cataract and other serious eye diseases.

\*                     \*                     \*

In a densely populated city like Calcutta, there should be at least two Antenatal treatment centres in each ward, with a *child welfare clinic* attached to each centre. Adopting the Homœopathic system of medicine, these centres could be run efficiently at a wonderfully cheap cost. The Mayor or the Ministry will earn Divine Grace and humanity's gratitude by founding these centres and clinics. THE HOMŒOPATHIC HERALD will cheerfully furnish estimate of the capital and running expenditure.

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We wonder if the High Priests of Homœopathy in Calcutta have read a brochure entitled "Reorganisation of Rural Public Health Services Scheme" lately brought out by Lt Col. A. C. Chatterji, Director of Public Health, Bengal. There is no indication of an improvement having been made in the syllabus of Hygiene and Sanitary Science in the Homœopathic Colleges for qualifying the alumni for the duties of Rural Medical Officers and Sanitary Inspectors. Thus, a good field has so far been lost to the students.

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The annual general meeting of the Dunham College Student's Association was held on Sunday, the 15th September 1940, under the presidency of Dr. P. Sur, M.B. ( Cal. Univ. ). An important feature of this meeting was the co-opting of ex-students in the Executive Committee.

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—————  
"Observateur"

## NOTATU DIGNUM,

“The action of *Calendula* on lacerated surfaces is very beneficial, and is more potent than iodine. *Calendula* has a direct germicidal action in clearing up suppuration, Iodine acts as an irritant on lacerated surfaces, and has no greater antiseptic power. On punctured wounds it is much better to use *Ledum*. However, in all these conditions, ‘cleanliness is next to godliness,’ and the action of the internal remedy in dynamic form is much more potent a healer and protector of the whole economy.”--H. A. ROBERTS.

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“The dimensions of power are not weighed by scales, or told off on graduated bottles, but reckoned by deeds done. When I am called to an inflammation, I know that *Aconite* and *Belladonna* in billionths of a drop are a vast healing power, because I have cured, and daily do cure, formidable inflammations in their outset by these means. I look upon my little bottles as giants—as words that shake great diseases to their morrows, and into their ashes, and rid the whole man of a fœ life-size. Away, then, with the bigness based on quantity, and which sits like a vulgar bully in the medical shops. Great cures determine the only greatness which sick men or their guardians can recognize in medicine.” —J. L. GARTA WILKINSON.

# Standard Homœopathic Laboratory.

( Registered under Govt. of India  
Act XVI of 1908 ).

TRADE



MARK

A laboratory has to fight hard to establish its name and fame. But the name of **M. Bhattacharyya & Co.**, of Calcutta, the proprietors of the laboratory, is so well-known to the medical profession as well as laymen, for their integrity and high standard, that it is hardly necessary to do anything more than remind them of their unimpeachable reputation for quality, ranging over half a century. So, it would be, we hope, no impertinence if we say that the **Standard Homœo. Laboratory** should not be judged like other concerns that have no tradition to fall back on.

This laboratory was started for supplying fresh and genuine **Indian Tinctures, Biochemic & Homœopathic Triturations and Tablets** to the market which had been infested with spurious products of all description. A new item as important as **Globules** has of late been added to the line—a land-mark of progress in the history of Homœopathic manufacture in India.

We beg to draw the attention of our medical and lay-friends to the fact that the **Standard Homœopathic Laboratory** is the biggest of its kind in India, is fitted with the latest and most efficient apparatus and

M. BHATTACHARYYA & Co.



appliances. Every detail of the manufacture is conducted by a trained staff under the direct control of a veteran graduate of science. Thus we are in a position to guarantee the potency, stability and uniform accuracy of all our products

It is most gratifying to note that we have been exporting the products (particularly Mother Tinctures from Indian fresh plants) of the **Standard Homœopathic Laboratory** even to America and Europe to the entire satisfaction of our clients there. It may be news to many, but surely is a thing which India may be proud of.

We offer our sincere thanks to our numerous patrons for their steady support to **M Bhattacharyya & Co.** and hope they would, with equal zeal and kindness, extend their help to this new but worthy venture also. We take this opportunity to mention that we shall always welcome visits by our friends, particularly the medical friends to our laboratory and would be most thankful for their valuable suggestions

## **INDIAN GLOBULES.**

We feel pleasure to announce that we can confidently recommend the use of Globules made in our "**Standard Homœopathic Laboratory**"

Our Globules have been kept under close observation for some years together under various conditions and atmospheric changes. They have stood the tests most successfully.

Our Globules are highly absorbent, when medicated stand for years. They do not dissolve nor do they turn yellowish like others in the market.

The brilliant white colour and hardness of our Globules are maintained all through.

Use of inferior quality of Cane Sugar, the use of Beet Sugar, metallic contamination and defective processes followed in the manufacture are the causes of early deterioration of the Globules. Our trained staff after successive attempts and strenuous research through a long period have at last been able to produce these Globules, which, we are sure, will compare most favourably with the Globules of the best manufacturers of the world.

Our Globules or Pilules as they are called, are made from highly pure cane sugar. The whole operation of the manufacture is carried on in a most neat and clean room especially set apart for the purpose. Specially lined kettles are used in the manufacture and the heating is done by up-to-date electrical appliances. Thus the chance of any contamination have been eliminated as far as humanly possible.

Hundreds of our customers including eminent doctors all over India have already begun using them in preference to foreign staff. The users are all satisfied with the fine quality of our globules, so we have no hesitation in safely recommending them to the public. Price is most moderate.

**HELP SWADESHI INDUSTRY.**

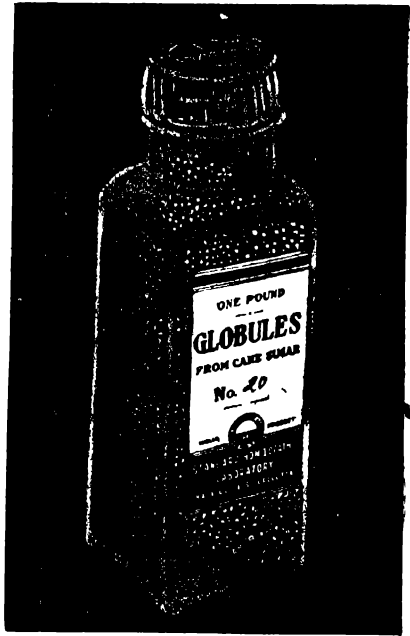
Actual sizes are :—



In one pound  
wide mouth  
square bottle,  
Re. 1 per lb.

In strong card-  
board carton  
As. 15 per lb.

*Special rate for  
large quantities.*



N. B. Globules taken in paper carton may not last long as there is every likelihood of moisture being absorbed, especially in wet weather.

## OUR MACHINES.

In order to get best result everybody should use the most correctly and scientifically prepared drugs. At a great cost we have installed Tablet and Trituration machines in our **Standard Homœopathic Laboratory** and so we are in a position to supply first class medicines which can well vie with any foreign make. No wise man should use hand-made trituration, when machine-made is available. For, there are more than one disadvantages in hand-made triturations. First, they remain exposed during the process, so that moisture, dust and foul air come in contact with them. Secondly a man cannot move his hand round and round at the same pressure and pace for hours together. So you can hardly expect to get even-pressure throughout the process. In machines the process goes on inside glass fitted boxes. So there is much less chance of any contamination. And you know that an electrically driven machine will not feel tired of working for hours together. The pressure and the rate of motion is always the same, the mixing is perfect and so the drug is most effective. Hence make it a point to use Trituration & Tablets, made **in our laboratory** and be convinced of the wonderful result they produce on patients.

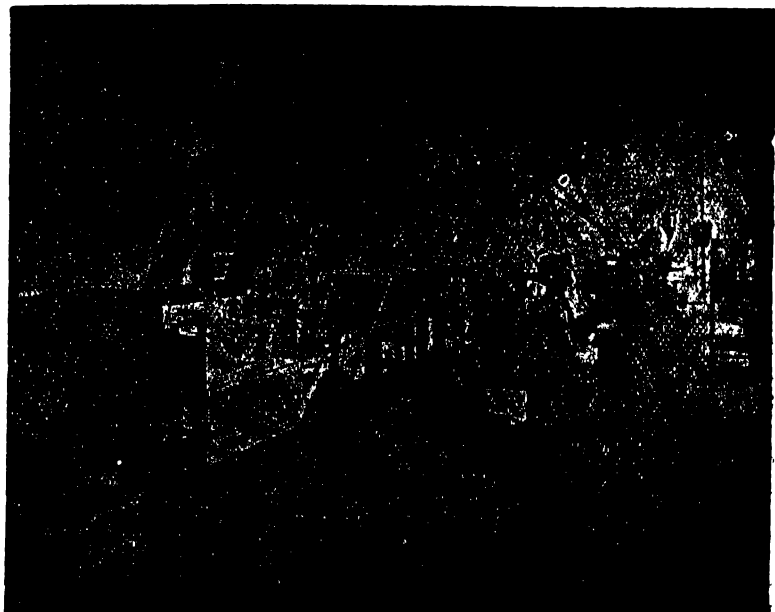
# OUR PRICES.

It was we who pioneered the sale of Homœopathic drugs in India at the lowest prices consistent with genuineness. Our remarkable prosperity in business inspite of a drastic reduction in price, incited jealousy in others in our line and they began to carry on mischievous propaganda far and near so as to imbue the minds of our simple-hearted customers with misgivings as to the efficacy and genuineness of our drugs. But, thank God! We have stood the test, and those mean efforts have proved futile, and truth has its triumph at last. The cheapness of price combined with efficacy, has contributed a great deal to the extreme popularity of our drugs with all classes of people in India and Burma.

We made a small beginning in a small room with a small number of workers. But the small shop has, in course of time, developed into a huge business firm served by hundreds of honest and earnest workers and is now located in a spacious mansion and has attained the eminence of the biggest Homœopathic Drug House in India.

It indeed affords us a great pleasure to realise that our honest and humble efforts in bringing down the prices of Homœopathic Drugs to a low level, have led to their extensive use in millions of families in this country. The mean and the selfish with a mentality to debase this honest effort on our part, have at last been found to have followed in our foot-steps in earning their livelihood.

All sorts of business of our firm are conducted neatly and faithfully under the direct supervision of a number of educated men including graduates in arts, science and medicine. We give our workers a thorough training and carry them through business from the lowest ring of the ladder and do not entertain the services of any one from any other firm, while others are eager to employ workers of our own training whenever they find an opportunity.



*A side view of our Biochemic department*

**Rates of our machine made Tablets.**

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**Editorial**

**The Faculty.**

In course of its evolution, slow but sure, the embryonic State Faculty of Homœopathy has now reached a stage that compels the concern of all teaching institutions—good, bad and indifferent. We understand certain statutory conditions must be fulfilled by these institutions for qualifying themselves to be recognized and affiliated ; the first and foremost condition being that these must shed their cloak and untwine their warp and woof of ownership. We do not know if there exists in the whole of India any allopathic medical teaching institution of proprietary character enjoying affiliation to the State Medical Faculty, and this is certainly in the interest of medical education and of the medical students. The intrinsic character and the medico-legal status of a medical academy forbid the State to permit proprietors to run it and make the most profit out of it. No amount of

governmental supervision would prevent corruption and camouflage which proprietary avarice is prone to introduce. We extend our complete support to the Ministry in its endeavor to create a clear and undeluded atmosphere preliminary to the launching of the Faculty.

The condition for annexing a hospital to each college is a necessary and essential hypothesis. Of course, the latitude of expectation should, in this case, be within reasonable contour in the beginning, and a time-limit may be stipulated for its expansion to a certain dimension. We are conscious of the fact that without the imposition of a time-limit, nothing can overcome the inertia of and quicken activity in the happy-go-lucky habit of many such institutions.

The next session of these teaching institutions is timed to commence in June 1941. We hope and trust the Ministry will be able to complete its work with this Statue and implement the Faculty with the beginning of the next financial year, i.e., April 1941.

# A Brief Study Course in Homœopathy.

ELIZABETH WRIGHT HUBBARD, M. D.

## IX

### REMEDY : RELATIONSHIPS.

The subject of the relationship of remedies is one of the most fascinating in homœopathy, and many aspects of it have been developed in the literature. Long before Hahnemann, Paracelsus wrote much on the doctrine of signatures and the old herbalists determined the uses of their remedies partly from those suggested signs. A vast amount of work on the relationship of remedies to each other, rather than to symptoms, has been done by such men as Bœnninghausen, Hering, Clarke, Gibson Miller, the Allens, Kent, Guernsey, and Lippe. Most of this work has been along one main line, that of COMPLEMENTARY remedies, in other words, those remedies which carry on or complete most successfully the action of other given remedies. Certain disparities exist in the list of the above men, and the lists in the original should be studied by the student. The best sources for this are : Gibson Miller's little pamphlet, *The Relationship of Remedies*, printed in London but obtainable from Bœricke and Tafel in Philadelphia, (no homœopathic practitioner should be without one.). When your case has been repertorized out to three or

four remedies and it seems evident that no *simillimum* will unravel the whole condition, and, at the moment, it is impossible to decide which of the two to give first, Miller's tables will often indicate that one follows the other to better advantage than *vice versa*); the fourth volume of Clarke's *Dictionary*, the *Clinical Repertory*, which contains the same type of tables and material on a greater number of remedies, although we feel that Gibson Miller has pruned wisely ; \* and the very suggestive grouping of remedies by Teste, in his *Materia Medica*, (unfortunately he does not explain how he arrived at his groupings).

There are several classes of complementary relationships. A word of explanation about the practical application of each is in order ; A plain complementary remedy, such as those listed immediately below, is related by symptomatology and sometimes, as in the case of *Ars.—Phos.*, by occurrence in nature, and sometimes by constituents, *i. e.*, *Badiaga—Iodum*. In explanation of this type of complementary remedy, it may be said ideally "one remedy, one dose," should cure, but most cases are so mixed, so confused by miasms, drugging, etc., that one must tack against the wind, using more than one remedy. Some of the main complementary relationships of this type are as follows :

---

\* Compare Olds' Complementary Remedies, Homoeopathic Recorder, April, 1928, p. 205.

|                     |                      |
|---------------------|----------------------|
| Ant. tart.-Ip.      | Iod.-Lyc.            |
| Apis.-Nat. mur.     | Lach.-Lyc.,-Nit. ac. |
| Arg. nit.-Nat. mur. | Med.-Sulph.          |
| Ars.-Phos.          | Mez.-Merc.           |
| Bar. carb.-Dulc.    | Nat. sulph.-Thuja.   |
| Berb. vulg.-Lyc.    | Op.-Plb.             |
| Bry.-Rhus.          | Petr.-Sep.           |
| Calc.-Rhus.         | Phos.-Carbo veg.,    |
| Cham.-Mag. carb.    | and Ars.             |
| China-Ferrum,       | Puls.-Kali sulph.    |
| Con.-Bar. mur.      | Sab.-Thuja.          |
| Cupr.-Calc.         | Stann.-Puls.         |

A more specialized class of complementary remedies is the *acute complements* of chronic remedies or the *chronic complement* of acute remedies, according to whether our patient is first seen as an acute or chronic case. For instance, an acute *Bell.* throat, to prevent recurrence and finish off the case, may need the chronic complement *Calcarea*; or a chronic *Natrum mur.* case may develop an acute cold which will call for its acute complement, *Bryonia*. One of the confusing points is that a chronic remedy may have more than one acute complement, for example, *Natrum mur.* *Bryonia*, *Ignatia* and *Apis*; *Lyc.* has *Rhus. Chel.*, and *Puls.*, and sometimes *Iod.* Some of the best known examples, putting the acutes first, are;

|                          |               |
|--------------------------|---------------|
| Acon.-Sulph.             | Coloc.-Staph. |
| Ars.-Thuja.              | Hepar.-Sil.   |
| Bac.-Calc.,-Phos.        | Nux vom.-Sep. |
| Bell.-Calc.              | Puls.-Sil.    |
| Bry.-Alum., or Nat. mur, |               |

The third type of complementary remedies is one on which the least work has been done, most of the data being found sprinkled around in Kent's *Materia Medica*. This is 'remedies *in series*.' For instance, Calc. Lyc. Sulph. ; (it will be noted that all three of these are chronic remedies. They must be used in this order and not the opposite one) ; *Ign.-Nat. mur.-Sepia* ; *Puls.-Sil.-Fluor. ac.* ; *Ars.-Thuja.-Tarant.* ; *All. cep.-Phos.-Sulph.* ; *Acon.-Spongia.-Hepar* ; and many others.

Of course only a few examples from among those listed in the suggested study books have been given here. The student will notice that for the most part the nosodes have been omitted, also the tissue salts ; moreover, certain notable remedies, like *Kali carb.*, for which many complements have been suggested but none seems wholly satisfactory.

In the above sources certain remedies are listed as *incompatible*. This means not only that these cannot be given together—for no two remedies are ever given together by the true Hahnemannian Homœopath—but it means that they must not follow each other without an intervening remedy or considerable time. Some of these are as follows :

|                         |                       |
|-------------------------|-----------------------|
| Acon.-Acet. ac.         | Ign.-Coff., Nux, Tab. |
| Amm. carb.-Lach.        | Lach.-Dulc., Psor.    |
| Apis.-Rhus.             | Led.-Chin.            |
| Aur. mur. natr.-Coffea. | Lyc. after Sulph.     |
| Bell.*-Dulc.            | Merc.-Sil.            |

\* For *Bell.* see under acute and chronic.

Calc. after Kali bi. or Nit. ac. and before Bar. carb. or Sulph.

|                    |              |
|--------------------|--------------|
| Caust.-Phos.       | Phos.-Caust. |
| Cham.-Nux or Zinc. | Psor.-Sep.   |
| Cocc.-Coff.        | Rhus.-Apis.  |
| Ferum after Dig.   | Sep.-Lach.   |

The subject of *remedy analogues* in the animal, vegetable and mineral kingdoms has been but little studied and offers a fruitful field. Theoretically some hold that there should be a remedy in each of the three kingdoms for every ill. Examples are: *Ignatia* is the vegetable analogue of *Natrum mur.*; and *Phytolacca* of *Mercury*.

The relationships of remedies according to their chemical constituents is a highly interesting and all too undeveloped subject. It illuminates relationships, as for instance, *Pulsatilla* contains *Kali Sulph.*, and *Bell.* has much *Mag. phos.*, *Allium cepa* and *Lyc.* contain *Sulph.* Quantitative chemical analyses should be done on all our vegetable remedies. Among the animal remedies, *Badiaga* and *Spongia* contain *Iodine*.

The botanical relationship of the vegetable remedies is very suggestive. These are to be found in Clarke's *Clinical Repertory*. The student would do well to familiarize himself with the better known remedies in this group, a few of which are given below:

|              |            |
|--------------|------------|
| LOGANIACEÆ : | Mitchella. |
| Brucea.      | China.     |
| Curare.      | Ip.        |



|                     |                         |
|---------------------|-------------------------|
| Gels.               | Galium.                 |
| Hoang nan.          | Rubia tinct.            |
| Ign.                | SOLANACEÆ :             |
| Nux.                | Bell.                   |
| Spig.               | Caps.                   |
| Upas.               | Duboisin.               |
| RANUNCULACEÆ :      | Daturas.                |
| Adonis.             | Dulc.                   |
| Clem.               | Hyos.                   |
| Hepatica.           | Lycopersicum (tomato)   |
| Hydrastis           | Mandragora.             |
| Puls.               | Pichi.                  |
| Ran. bulb.          | Solanums (potato. etc.) |
| Ran. scel.          | Stram.                  |
| Aconites.           | Tab.                    |
| Actea rac. (Cimic.) | BERBERIDACEÆ :          |
| Actea spic. .       | Berb.                   |
| Aquil. vulg.        | Caul.                   |
| Caltha pal.         | Podo.                   |
| Helleboras.         | MELANTHACEÆ :           |
| Staph.              | Colch.                  |
| Pæonia.             | Helonias.               |
| RUBIACEÆ :          | Sabad.                  |
| Cainca              | Verat.                  |
| Coff.               | Yucca.                  |

Some of the therapeutic snags in connection with the relationship of remedies will be taken up in a later lecture on the dangers of homœopathic prescribing.

—The Homœopathic Recorder.  
Vol. XLVI, No. 2.

## Homœopathic Philosophy

### Symptomatic vs. Pathologic Prescribing

HARVEY FARRINGTON, M. D.

Continuing our account of the views of early homœopaths on the theory and practice of homœopathy, we come to Gottlieb Rau (1779-1840), who practiced allopathy for twenty years before he adopted the new method of healing. Like Hahnemann, he advocated the use of the simplest remedies and gave free play to the healing power of nature. In all doubtful cases he preferred as far as possible to let nature take its course without the use of medicines. His one stumbling-block to complete acceptance was the smallness of the dose. However, by careful experimentation, at first in cases not serious, he was convinced of the power of infinitesimals and became a most zealous defender of the new doctrine. Through his unusual ability and great personal charm his reputation spread far and wide.

Rau sets forth his interpretation of the theory and practice of homœopathy in his "Organon of the Healing Art." This excellent book remained on a shelf in my library for many years before I even opened it. I took for granted that it was a plagiarism of Hahnemann's work bearing the same title. The perusal of a few paragraphs changed my opinion. While Rau differs from Hahnemann upon many important issues, in the main he has

written a very creditable exposition of homœopathic philosophy and method. In fact, he goes into some phases of the philosophy of cure more deeply than did Hahnemann, and quotes many authorities for and against his contentions. In the preface he states that he was induced to devote himself "for seventeen years to the study of propagation of the new doctrine . . . by an intense conviction of its high worth." He says: "My gratitude to Samuel Hahnemann, the author of the new doctrine, has not allowed me, however, to close my eyes to its existing imperfections . . . I have called this work 'Organon,' not because I considered it the last development of homœopathy, but simply because it is a record of my own experience. I am convinced that homœopathy is capable of progress and consider it as anybody's right to proclaim his honest and earnest meditations." Space forbids more than a brief account of the author's most striking statements and a few instances wherein he is at variance with the teachings of Hahnemann.

Rau declares that similia represents the only true healing principle. He teaches that disease is not an entity but an internal dynamic alteration of the vital force, "which manifests itself to our senses by symptoms, which ought not to be confounded with the proximate cause." Since the vital force cannot be divided, there can be no local disease. He queries, "Has nosology been so far of any real use in the treatment of disease? I should rather say 'no'." However, he believes that it would be useful to divide disease into genera, species and

varieties according to their general differences ; such as, sthenic, asthenic, *etc.*, But attempts to treat diseases upon this basis alone have resulted in "enormous mistakes . . . The great use of pathological anatomy," he says, "cannot be doubted ; we should guard, however, against attaching too much importance to it." He believes that the physician should study pathology and symptomatology in what he calls their true relations. To make his meaning clear, he describes the difference between aconite and belladonna in their action on the circulation. Yet, he says, there are many pathologic conditions which cannot be explained ; as for instance, shuddering in the pit of the stomach as ice-cold water were poured over it, a characteristic of phosphoric acid ; forgetfulness with ischias, coldness of the parts affected with rheumatic pains which were cured by *cocculus indicus*. It is his opinion that the term "specific" treatment is preferable to "homœopathic" and that Hahnemann was wrong in designating the old school systems of medicine by the collective name of "allopathy." "The revulsive method is similar to the homœopathic, inasmuch as its object is, in many cases, to excite similar affections, though in different parts of the organism." But he is convinced that the combination of the old and the new schools would constitute "a miserable abortion." Still, he thinks that "the idea of antipathic treatment should not be rejected generally as has been done by some vehement members of the specific method . . . It is not difficult to understand that a disease might be

cured antipathically, provided we knew its proximate cause, but a treatment which is directed only against isolated symptoms, is always incomplete and frequently pernicious . . . Moreover, the antipathic method cannot be applied in every case because we do not know the contrarium of every anomalous condition of the organism, particularly in disturbances of the sensitive sphere and a majority of the dyscrasias . . . We may state it as our opinion that the appellation of 'specific doctrine appealing' would have secured a larger number of converts." The remedy should not be selected simply "because it is capable of producing symptoms similar to the disease, but because the general state of the organism arising from the action of the drug is similar to the general character of the disease."

Rau is willing to concede that cures have been made without a correct diagnosis, but this is only by a mere chance. By studying the symptoms in conjunction with nosography or pathology, the science of diagnosis is elevated to a higher rank. "Homœopaths should be at least as careful diagnosticians as are their opponents."

The writer is aware of the evil effects which result from the suppression of scabies and other cutaneous eruptions, and adduces a number of illustrations from the writings of ancient and contemporary authors as well as from his own experience. He recognizes latent syphilis and psora and the fact that a large number of disease conditions result from psora, syphilis and sycosis, and adds that the obstinacy of chronic diseases cannot

be accounted for except by the presence of a chronic miasm. He thinks that Hahnemann's conception of psora is too inclusive but is to a certain extent true. His remarks concerning the relative value and importance of symptoms agree with Hahnemann's teachings on this subject. He points out that so-called accidental symptoms are frequently of the greatest value as indications for a remedy and gives some excellent illustrations of this, concluding the paragraph with others in which the pathology could not be explained.

Several paragraphs of this work are devoted to isopathy. The author relates several cures of drug diseases by high potencies of the drug itself ; of the cure of snake bites by parts of the reptile , the amelioration of smallpox by its vaccine ; of malignant pustule by its virus, and of the itch with psorin.

While he condemns indiscriminate venesection, he argues that bloodletting in certain cases of congestion of the noble organs, as for instance of the brain threatening apoplexy, may avert a crisis. The remaining symptoms may then be treated homœopathically.

In general, he disapproves of cathartics, moxas, setons and other pelliative measures as they frequently do great harm. "Homœopathic palliatives are vastly superior to the usual antipathic anodynes." Nevertheless, he deems useful the application of a "sinapism" when the eruption of measles fails to appear, or in a case of suppressed *tinia capitis*.

Rau believes that the "lowest as well as the highest preparations" of the remedy are two extremes which are "condemnable . . . . It is likewise false that any dose, were it ever so small, is yet powerful enough to overcome the morbid influence." Age, constitution, sex, the nature of the disease or its location, and inherent power of the remedy must be taken into consideration in determining the dose to be employed. Thus he says, "Balladonna, nux vomica, lachesis, phosphorus or arsenicum are still efficacious in the 20th or 30th potency : whereas the higher potencies of other drugs such as euphrasia and taraxacum would be of very little use."

The ideas of von Grauvogl received wide attention throughout Germany and other European countries in the late 'sixties, and in the United States with the publication of the English translation of his textbook of homœopathy by Shipman<sup>b</sup> in 1870. This scholarly work of over 450 pages is now out of print and considered out of date even by those who are aware of its existence. Yet it inaugurated a dispute among the members of the homœopathic profession which lasted for several years. The subject is treated from a philosophic standpoint and with much cold logic. In fact, this work comes nearer to placing homœopathy on a truly scientific basis than any other in homœopathic literature, but despite the clearness and soundness of the writer's discussion of principles, and the masterly way in which he shows the absurdity of the theories of methods of the

physiologic school of medicine, as he terms it, he too has his own pet theories, some of which might be held untenable even by his confreres of the natural scientific movement, as for example his theory of three general constitutions which he terms hydrogenoid, oxygenoid and carbo-nitrogenoid which received attention on the chapter on psora ( JOURNAL of the A. I. H., January, 1939 ). Puhlman<sup>3</sup> believes that Grauvogl in formulating these three constitutions was endeavoring to combine Rademacher's idea of three universal remedies and Hahnemann's three chronic miasms.

Nosologic names, Grauvogl calls mere empty words. Diagnosis in his opinion has its place in medicine but is of minor importance as an aid to prescribing since it fails to individualize the case. The homœopath by high intimate knowledge of symptomatology is able to define the essential indications for remedy selection. His masterly analysis of the potency question will appear in a future article on that subject.

(1) Translation by Shipman of von Grauvogl's Text Book of Homœopathy

(2) Transactions World's Homœopathic Congress, 1876. Vol II

—The Journal of the American Institute of Homœopathy  
Vol XXXIII. No. 7.



## Strange, Rare and Peculiar Symptoms.

( Elizabeth Wright, M. D. )

A pupil, well along in homœopathy, has recently told us that one of his stumbling blocks is the "Strange, rare, and peculiar" symptoms. He wants to know what such a symptom is, with examples, whether it may be both a general and a particular, how it affects the evaluation, whether it is equivalent to a key-note, etc.

A "strange, rare and peculiar" symptom may be of two kinds. It may be a symptom which is weird, fantastic, unheard of, rarely found, such as "sensation in a non-pregnant woman of something alive, jumping about in the abdomen," or "sensation of the whole body being brittle." The second class is that of symptoms which though not fantastic in themselves are unusual, unexpected and even contrary to what you could rationally predicate in a given condition, for instance, "laughs and sings when in pain"; "thirst for cold drink during chilly stage only, with no thirst during fever". This latter type, as you will see from the two above examples is peculiar because of the juxtapositions, it is the concomitance that is queer, "laughter with pain, thirst with chill".

Such a symptom can be a mental, a general or a particular; in the nature of things it cannot be a common symptom. As an example of such a mental, take sensation "as if she were double in bed", or "constantly washing the hands"; as a typical

strange general take the well known *Camphor* symptom, "desires heat during the hot stages and cold during the cold stages", or "thirsty with aversion to water"; as a rare particular take "empty sensation inside the head", or "blueness of the nail during chill", or "temporary blindness which passes off as the headache develops", or "epistaxis brought on by washing the face in cold water".

A "strange, rare and peculiar" general, such as "chilly but aggravated from heat", outranks other ordinary generals of the same class, unless there is a general which runs through so many particulars that it is the leading feature of the case, for instance the case has "suicidal on waking"; "homicidal impulses on waking"; "chilliness only on waking"; "restless when he wakes in the morning". Here it is the aggravation on waking in the morning which is the most marked symptom, and it outranks, for repertorizing purposes, even the mentals, suicidal and impulses, because these are modifiers of the patient's state on waking rather than his constant condition. Among particular symptoms, also, you give preference to the "strange, rare and peculiar" ones. Angina pectoris with pain extending up into the occiput would take preference over heart pain extending down the arm, because the former is more strange and unusual. The strange mental symptoms may often be of less value than the peculiar generals and particulars. This is especially true in neurasthenic cases which often invent or embroider symptoms. In the realm of mentals, especially, we must be sure that a symptom is

viridical as we said in a former lecture. Some wise homœopaths claim that in mental cases it is safer to repertorize by strange and prominent generals and particulars, and to consider the myriad mental symptoms only as part of the general picture when choosing from the materia medica study of the remedies that come out highest from the repertory study. As a rule, then, we select the generals and the particulars which are most peculiar, provided always that they are prominent features of the case.

“Strange, rare and peculiar” symptoms often become keynotes although not all keynotes are strange symptoms, for instance, “hunger at 11 a.m.” is a keynote of *Sulphur* but it is not a “strange, rare and peculiar” symptom; the same with the 4-8 p. m. aggravation of *Lycopodium*, but a keynote which is also a peculiar symptom is the well known aggravation from downward motion of *Borax*, or “the more you belch the more you have to belch” of *Ignatia*, or the peculiar symptom which is also a keynote of *Calc.*, *Alum.*, and *Nitric acid* “craves indigestible things like chalk, earth and slate pencils.”

This individualization which is so essential a part of homœopathy is greatly helped by the understanding and use of “strange, rare and peculiar” symptoms, which Hahnemann himself especially stressed. It is needless to say that if strange symptoms, found under only a couple of remedies, are permitted to eliminate they may mislead the student; for instance, we had a case

which kept telling us that his twitching was worse during eating and when he sat down at the dining table. This symptom is to be found in the Kent repertory under only one remedy, *Plumbum*, which is not at all the remedy for the whole of this case. These strange symptoms are often difficult to elicit as patients feel ashamed of telling anything so peculiar, so inconsequential or absurd, yet especially in simple people they will crop out, and especially where they are generals they prove of enormous value as parts of the totality of the symptoms.

———The Homeopathic Recorder,  
Vol. XLV, No. 8.

# Vital Resistance, Hypersensitivity and the Essential Nature of Disease.

EUGENE CARMICHAEL M. D.

We all recognize the difference between a living and a dead body. We know the first is filled with vital resistance or vitality, while the second has none. Vital resistance or vital force, then, is that inherent yet undefinable life principle in all organism which differentiates, in different degrees, a living from a dead body. When the individual possesses full power to resist the ordinary insults arising in his environment, he may be said to have an average normal resistance. When an individual is in a state of reduced general vital resistance, it follows that he is in a state of general hypersensitivity, that is, more susceptible to ordinary insults than the average normal individual. When he has the power to resist specific insults, such as certain micro-organisms, he may be said to have a specific vital resistance, even to immunity. When his specific vital resistance is reduced he is in a state of specific hypersensitivity to noxious agents or influences. An example of specific hypersensitivity is a person who has inherited a tendency to tuberculosis and is, therefore, hypersensitive to the toxins of the tubercle bacillus.

The peak of vital force or vital resistance requires a resilient and finely adjusted mechanism designed and organized to maintain the defence of the organism against the army of invaders mobilized

and ever ready to attack and break through the individual's weakened lines of defence. Some of these enemies are within, some without the body.

The first and most important requisite for vital resistance, either general or specific, is a strong hereditary defence against disease and old age. While heredity must be considered in the treatment of chronic illness, it is a factor over which the physician has no control. The results of inherited hypersensitivity may be combated on a symptomatic basis, best done with the properly selected homœopathic remedy, one that arouses the reserve vital resistance and as far as possible desensitizes the individual. The next requisite is proper environment. This includes living quarters, diet, occupation and other factors that enter into living a normal, satisfactory life. The mental and physical life of an individual determines to a large extent state of his vitality and health. The factor environment is somewhat more under the control of the physician and often may be corrected by frank discussion of its harmful influence on the health and life of the patient. Dietary deficiencies in vitamins and minerals, and hormone imbalance are recognized as important factors in lowering vital resistance and in creating hypersensitivity to noxious agents.

Broadly speaking, infection with micro-organisms is not a primary process but one secondary to reduced general or specific resistance of structure in which bacteria find nutriment and other condi-

tions suitable for their growth. However, specific hypersensitivity may occur as a result of contact with bacteria of extreme virulence, virulence having the power to break through the individual's normal average defence resistance, as in syphilis, and in cholera or yellow-fever epidemics, diseases in which the causative bacteria have repeatedly passed through many human culture media, going from person to person, acquiring added virulence with each inoculation. In some cases the individual has not sufficient reserve vital force to successfully combat the invader, even with the aid of remedies to arouse it, and the patient dies.

Modern medicine almost universally accepts the dogma that most diseases are the direct result of bacteria. While this is true regarding some diseases due to bacteria of more than ordinary virulence, yet it is clear to homœopathists that seed must be sown upon fertile soil to grow, that most cases of infection must be preceded by a lowered state of resistance, that a primary cause provides suitable conditions for the infection which is a secondary result of this cause. Were this not true, everyone coming in contact with pathogenic bacteria would develop an infectious process. Hahnemann calls this state "conditional."

Many hold that the causative factor in all chronic functional diseases is an active or latent focus of infection, the toxins from which produce *all* general and local symptoms. Nothing is farther from the truth. The writer can agree with this

view regarding certain cases in which heredity or improper environment may reduce general vital resistance and result in general hypersensitivity. But specific, structural hypersensitivity, manifest by symptoms at a local site, is logically due to some directional force, some force that directs the influence of the abnormal noxious agent to a local site, renders it hypersensitive and excites local reaction and local symptoms. I am aware that the toxins of streptococcus are said to have a special affinity for joint structures, but there must be some force that first weakens the structure and that precedes and directs the attack of toxins on a left and not a right knee joint, for example, since toxins have access to all joints through the blood stream.

Experience has taught me that this directional force arises from morbid anatomy in most cases, a lesion which acts as a stimulus to the vegetative nerves and creates hypersensitivity through these nerves supplying a local site of symptoms, in compliance with certain physiologic principles, rules and laws. It has also taught me that the majority of chronic functional cases are sensory, motor, secretory, sensory-trophic or trophic reflexes. In trophic reflexes the trophic nerve fibres—those which control cellular nutrition—carry abnormal nervous impulses which disturb the normal function of the cells of a part, lower their vitality and render them hypersensitive to noxious influences. Reflexes are the end-result of nervous impulses which arise from pathology in some distant part. Reflexes



account for the constancy of local symptoms in many cases.

We should keep in mind that reflexes play a most important role in chronic functional disturbances; that all cases of chronic illness are not caused by toxins; that an active or latent focus of infection occurs in a site previously prepared for it by abnormal trophic nervous impulses flowing to the part and disturbing cellular nutrition. In other words, we should first remember that all tissues and organs are supplied by the involuntary vegetative nervous system, that the nervous control of all functions comes from this system and that reflex disturbances of function occur through the vegetative nerves as a result of a pathologic stimulus. Dr. F. M. Pottenger, in "Symptoms of Visceral Diseases," describes tuberculous laryngitis as a trophic reflex the stimulus of which is a tuberculous process of the lung of the same side. The larynx is hypersensitized to the toxins of the tubercle bacillus by trophic nerve impulses coursing to the part through the fibres of the parasympathetic nerves and lowering the resistance of the tissues. I might cite a case of inflammation of the left antrum of Highmore with intense pain, pus and blood discharge for three months. I injected a small, irritable left anterior pile, one in the corresponding vertical zone. Pain ceased before she left the table. Later reports said she had no more pain, pus or blood after that one treatment. I simply destroyed the characteristic lesion that was sending sensory-tropic impulses up to the antrum and

normal cellular nutrition was soon re-established. Having been treated on a toxic basis, the underlying trophic factor had been entirely ignored and that was the factor that made it possible for the pus germs to thrive.

The primary cause of general and specific hypersensitivity in many cases of chronic functional disturbances with lowered vital resistance is anal pathology. The anal region is almost exclusively supplied by the same nerves, the vegetative system, that supplies the rest of the body. Because of certain physiologic principles, rules and laws, anal lesions may exercise an influence over every tissue and organ in the body by creating excess nervous impulses which course over the vegetative nerves to the various parts. An excess of nervous impulses in one or the other division of the vegetative system disturbs function. Disturbed function when long continued reduces vital resistance and results in hypersensitivity. The symptoms produced may be partly due to toxins superimposed on an anal reflex or they may be pure anal reflexes without any toxic factor. In the vast majority of cases the removal of anal stimuli results in restored normal resistance, restored normal sensitivity and freedom from symptoms. But this is another, a longer story.

Having in mind this view of vital resistance, vitality or vital force, as a background, let us inquire into the essential nature of disease.

But first, let us examine Hahnemann's proposition that "diseases are dynamic aberrations of our

spiritlike life, manifested by sensations and actions." Patently, he means that disease is a disturbance of vital force, that indefinable principle of life and defence of the living organism. He says this disturbance is manifested by symptoms but does not elucidate the fundamental nature of the disturbance, the "morbid affection."

Let me, if I may, in the light of present-day science, go somewhat farther than did Hahnemann in defining the essential nature of disease, in this formula: *Disease is a state of reaction of the vital force of the organism against a noxious agent or influence which has reduced the vital resistance; an attempt of nature to repair the damage to the organism caused by an insult; an effort of vital force to restore structure and function to a normal state.*

The noxious agent ACTS The organism REACTS.

The tubercle bacillus is a noxious agent. The disease called tuberculosis is the reaction of the organism against the toxins of the tubercle bacillus.

The symptoms of "disease," the signs of reaction, are subjective and objective manifestations indicating that the organism is reacting against an insult which has disturbed vital force and normal function.

Hahnemann speaks of the disease as the "natural morbid affection," and of the similar drug as the "artificial morbid affection which is implanted upon the vital power deranged by the natural disease," and says: "This artificial affection is substituted, as it were, for the weaker, similar disease (morbid excitation)."

Accepting his statement concerning the "natural morbid affection," the disease, and the "artificial morbid affection," the similar remedy, it is evident we have two similar insults, two similar noxious agents against which the organism reacts similarly, two agents which have done injury, reduced the vital powers, incited reaction and created similar symptoms. Obviously, both the original noxious agent and the drug are of the nature of a foreign body introduced into the organism, neither of which has any place in the normal physiologic economy. Being foreign bodies, the organism attempts to rid itself of them by the process we call reaction, and symptoms occur. When the similar-acting remedy is administered it is, according to my conception, not "substituted" for the weaker, similar "natural disease," but comprises a similar noxious agent superimposed upon the original insult, an added drug insult that incites further reaction similar to that created by the original noxious agent.

Reaction is an expression of vital force exerted against an insult by a noxious agent, either emotional, traumatic, toxicogenic or chemical. It is a normal reparative process by which the organism attempts to restore structure and function to normal. The more intense the insult, the more vigorous the reaction against it. The most intense insult causes death because the organism has not sufficient vital force of reaction to overcome the destructive effect of the insult.

Study of inflammation is suggestive of this thesis. The process of inflammation is so intimately intermixed with the process of repair, which starts immediately following an insult, that no definite line of demarcation can be drawn dividing the two processes. Each is a different phase of reaction against a noxious agent.

When we have gained the concept of disease as a reparative process of reaction of the organism against the insult of a noxious agent—that disease is not an entity which can be weighed, measured and found by laboratory methods—we will have made progress. When we have recognized that noxious agents, including drugs, act like foreign bodies in injuring the body, that they reduce vital resistance and create hypersensitivity, manifest by symptoms, I believe our concept of the essential nature of disease will have become clearer.

Now, with this concept, allow me to propound a theory of how the homœopathic similar remedy brings about relief of symptoms. But before stating it let us recall Hahnemann's idea of the matter.

In paragraph 26 of the 5th edition of the Organon we find: "In the living organism a weaker dynamic affection is permanently extinguished by a stronger one if the latter (deviating in kind) is very similar in its manifestations to the former." And in paragraph 27, "... a case of disease ... is extinguished and cancelled by a drug which is more potent than the disease, and capable of producing

in the body symptoms most similar to, and completely resembling those of the disease."

I can accept the proposition that a drug is stronger than a disease, evidence of which is that it acts on all provers "unconditionally," while a disease acts "conditionally," that is, on persons who are hypersensitive to that particular noxious agent, but not all.

But I cannot accept the proposition that the "weaker dynamic affection (the disease) is extinguished and cancelled by a drug which is more potent than the disease, and capable of producing symptoms most similar to and completely resembling those of the disease," in view of the foregoing theory of the essential nature of disease. Remember, both the noxious agent and the drug act and the vital force of the organism reacts. It is upon this premise that the following theory of how the homœopathic similar remedy brings about relief of symptoms, rests, namely :

When the properly selected similar remedy, one that covers the totality of symptoms, is given in the proper dosage, the reaction of the organism against the influence of the remedy is similar to the reaction against the original noxious agent, therefore, the symptoms of the two reactions are similar. The homœopath recognizes this phenomenon as an "aggravation of symptoms" and has learned that this negative phase of Wright is followed by the positive phase of Wright, or recovery. "Aggravation of symptoms" by the homœopathic remedy is the result of reaction of

the organism against the combined influences of the original noxious agent and that of the super-added, similar remedy, the two together inciting a similar but greater reaction than either one alone. But while the influence of the remedy is primarily stronger it is relatively of shorter duration, because of proper dosage, and soon destroyed by the forces of reaction aroused against it. The forces of reaction that were arrayed against the remedy, being similar to the forces pitted against the original insult, now join hands with and reinforce the latter and the reinforced powers having only the single, original noxious influence to combat, this influence is overcome and the symptoms of the reaction, the "disease," cease.

To illustrate, suppose we identify the totality of symptoms of scarlatina as A.-B.-C.-D. Let us suppose that the totality of symptoms of belladonna is A.-B.-C.-D. The symptoms of the disease are due to the reaction of the organism against the toxins of scarlatina, the noxious agent. We now administer belladonna, another noxious agent similar in action to the toxins of scarlatina, which arouses similar new forces of reaction, indicated by a greater or less increase of the symptoms A.-B.-C.-D. The remedy and its influence are soon dissipated and the forces of reaction that were mobilized against it are now transferred to and combine with the similar forces pitted against the toxins of scarlatina which are thus overpowered, and succumb. We must concede that what we call vital force destroys the remedy and its influence

since no other agent is introduced into the organism to accomplish this result. If the vital forces of reaction destroy the remedy, is it not logical to assume that the two vital forces of reaction when combined against the single, original noxious agent might cause its destruction, thereby curing the so-called "disease" ?

This theory is predicated on the assumption that the individual still has a reserve of healing vital force or vital resistance that has not been entirely depleted by reaction against the original insult. The greater the original insult and the lower the reserve of vital force the less readily the remedy incites reaction against itself.

But here our theory ends, We do not exactly know what vital force or the healing force of nature really is. We don't know how it reacts against a noxious agent. Many theories of cure abound, based on both physical and psychic phenomena, such as antigens, ions, phagocytosis and psychic procedures. All point to arousing a universal intelligence in defence of the organism, but none fulfills all the requirements necessary for an adequate explanation because thus far vital force is undefined.

#### THOUGHTS FOR CONSIDERATION

(1) As physicians, we are dealing with vital resistance and hypersensitivity in all cases of disease. Our problem is to increase general and specific resistance and thus desensitize the patient.



(2) The only scientific method of desensitization by drugs is by administration of the homœopathic similar remedy.

(3) Reaction is an expression of vital force against a noxious agent.

(4) Disease is not an entity *per se* but a reparative reaction of the organism against a noxious agent.

(5) Disease is not "extinguished or cancelled" by a drug but by the forces of reaction of the organism against the noxious influence causing the so-called "disease."

(6) The similar remedy is an artificial noxious agent superimposed upon the original, natural insult and incites extra-added reaction against itself by the organism, both the "natural" and "artificial" insults being factors foreign to the normal organism

(7) The influence of the similar remedy, of proper dosage being of short duration is soon overcome by the forces of reaction aroused against it, and these forces are now transferred to and pitted against the similar, original noxious agent which succumbs to the reinforced and combined powers of the vital healing forces and the symptoms cease.

In closing, permit me to state this paper is not intended to be didactic in the sense that this is the last word on the subjects presented, but rather to stimulate thought on the healing art and the application of the homœopathic remedy.

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## A CASE OF PUERPERAL SEPSIS\*

[ V. R. Huilgol, M. B. B. S. (Bomb.), Gadag. ]

I was called to see a case of a lady suffering from fever during the puerperium. It was the 6th day after delivery. The history was that she began to get fever with slight rigor from the 3rd day of delivery. When I visited the patient I found the following condition : Patient a 3rd para, aged about 24. Two previous deliveries were normal. This time, too, there was no difficulty nor any handling during labour. The temperature was 104°F. and pulse 130 p.m. Patient complained of a lot of burning sensation all over the body. There was great thirst, with a good deal of nausea. She was restless and had no sleep absolutely for the last two days. I felt her uterus. It was only 2 fingers below the umbilicus and was very tender. The patient said that there was absolutely no discharge. I thought I felt some stinking smell while examining the patient. I asked the mother of the patient to wash the parts clean with soap and water and put a clean diaper over the parts and show me the diaper at 4 p. m. I prescribed Ars. 30 on the 4 cardinal symptoms: burning, restlessness, thirst, and nausea. I asked the mother of the patient to dissolve these pellets in a cup of water and give one tea-spoonful every 15 minutes till the symptoms got less. They

\* Read before the Clinical Meeting of The Homoeopathic Post-Graduate Association, Gadag, on the 11th July, 1940.

brought the diaper at 4 p. m. as directed to show it to me. The discharge had started again and it was quite normal without any smell and temperature had fallen to 101°. And the patient had about  $\frac{1}{2}$  hour's sleep in the interval. I then told the relatives to give one tea-spoonful every two hours. To my joy I got the report at 9 p.m. that temperature was normal and the patient was feeling quite comfortable. The patient is fever-free since then. Well, gentlemen, compare this line of treatment to the so-called scientific line of treatment of which you are all well aware being trained in that line. The patient is saved the trouble of douching, of so many injections of serums, etc., the nasty mixtures and the enormous cost of the treatment.

This is not a solitary case of puerperal sepsis that I have treated with Homœopathy but I have treated others with the indicated remedies. But I request you to remember Pyrogen, especially when there is a good deal of disparity in pulse-temperature ratio, which has served me well on previous occasions.

## CHAMOMILLA.

N. C. Bose, M. D. C. H.

This is german chamomile. It grows in Europe and our tincture is prepared from the whole plant (except the root) gathered at the time of flowering.

Chamomilla exerts its influence on sensory nerves, digestive tract, mind, emotion, on sleep, liver; on women and children. Its chief guiding symptoms belong to the mental and emotional group; a mild, calm and gentle disposition as also sluggish and constipated bowels contraindicate chamomilla. It is sensitive, irritable, hot, thirsty and numb. Oversensitiveness from abuse of coffee and narcotics; pains are unendurable, associated with numbness.

Women's nervous system is wrought-up, extremely sensitive and in pain. She suffers from chagrin.

Excessive irritability of the nerves is well marked. The nervous child, when punished, will go into convulsions. Convulsions of children, they become stiff, roll the eyes, distort the face, twitch muscles, throw the limbs about, clench the thumbs, bend the body backward. Titanic convulsions, twitching of the eye lids, pain in the limbs, general prostration, faintness.

The most important and predominating part of the drug is the mental state. Piteous moaning.

Irritability, whining restlessness. The child 'wants many things which he refuses again. He can only be quieted when carried about and petted constantly, Impatient ; intolerant of being spoken to or interrupted. Driven to frenzy by the pains. Complaints arising from anger. Spiteful and snappish. She has no consideration for the feeling of others. Will not bear to be touched or looked at. Peevish. Bad effects of the feelings wounded. Child restless and capricious about the members of the family.

Chamomilla has congestive headaches ; throbbing, tearing, bursting headaches. Worse when thinking of the pain or when thinking about the sufferings. Its pains are worse in the evening, especially worse about 9 p. m.

Violent neuralgia of the of the face, teeth, ear, sides of the head. Pains inside the mouth are ameliorated by cold, but earache and pains of the sides of head are ameliorated by heat. Hot, sticky sweat on the forehead.

Pains in ears are stitching in character, > by heat. A feeling of fullness, as if the ear were obstructed or stuffed up. "The ears are so sensitive to air when other parts of the face and head are not." In nervous sensitive women who cannot ride in the wind without covering up their ears.

There happens fluent, viscid, acrid coryza, with loss of smell lasting while the cold lasts. Nose stopped up, yet runs a watery mucus. Sneezing and inability to sleep ; a dry teasing cough, keeping

the child awake ; or else a rattling cough, as if the bronchi were full of mucus. In children's cold, with stuffed up nostrils, it compares with *Nux v.*, *Sambucus* and *Sticta*. *Nux v.*, is a splendid remedy for the first stage of a 'cold'. The nose is stopped or stops at night and runs through the day. There is frontal headache. Throat is sore and very sensitive to inhaled cold air. But the most characteristic indication is that the patient is chilly on the least motion or uncovering. Even during the fever, must be covered and keep quiet. *Sticta pulmonaria* is also useful in acute colds where there is severe pain in the forehead and root of the nose and frontal sinuses, and the nasal secretions dry up and stick, causing a constant desire to blow the nose, or they form into scabs difficult to dislodge. In some cases mucus drops from the posterior nares, and the throat looks raw and feels like dry leather. *Sambucus* has its own peculiarities. Nose suddenly stops up at night. Sniffles of infants, when the nursing child must let go the nipple, nose blocked up, cannot breathe. The child awakes suddenly, nearly suffocating, sits up, turns blue.

In the *face* we find one cheek red and hot, and the other pale and cold. Rending pains in the face, stitches in jaw, extending to inner ear, teeth and the outer face at the same time. Pains on being disturbed by chagrin, anger, excitement. If the outer nerves in the face are involved the pains will be ameliorated by heat ; if it affects the teeth, the pains will be relieved by cold. The face

sweats after eating or drinking. A common feature of the remedy is to sweat about the head, the hairy scalp.

*Toothache* entirely absent during the day, begins as soon as night comes ; worse before midnight, in a warm room or getting warm in bed. An effective remedy for toothache during pregnancy. Teeth feel too long, gums swollen. Offensive, fetid smell from the mouth.

Sorethroat with uniform redness spreading evenly over the whole throat, with considerable swelling, Spasms of the larynx during cough, or without cough. Inflammation of tonsils. Swelling of the parotid and submaxillary glands. The chamomilla mental symptoms determine when we are to give chamomilla in sorethroat ; and as a matter of that, in almost every ailment.

The cough of chamomilla is usually scraping dry, caused by tickling in pit of throat ; worse at night, without waking ; especially after taking cold, in children. Child becomes angry, then coughs. Winter coughs, running all through winter. Hoarseness, with rawness and scraping in the larynx.

In stomach, it has want of appetite. Unquenchable thirst. Great thirst for cold water and desire for acid drinks. Gastralgia, pressive pain as from stone. Acid risings and regurgitation of food. Foul eructations. Bitter, billious vomiting. Tongue yellow, taste bitter. Bad effects from over-drinking coffee. Aversion to warm drinks, to soups, to liquids, to coffee. Violent retching and vomiting. It will always stop the vomiting

from morphia after the crude effects of the drug has passed away and the vomiting comes. Chamomilla and coffee are very much alike in the general sensitivity of the economy, yet they antidote each other.

Abdomen becomes tympanitic. Griping about the navel and pain in the small of the back, colic in the little babies ; the child doubles up, and screams and kicks ; wants to be carried, is extremely irritable ; attack comes on in the evening. Pain in the stomach and abdomen. A wind colic. Cramp in the bowels. Griping pains, colic in morning. Sometimes ameliorated by warm application.

Stools, grass green, or like chopped egg, or both these chopped up. Yellowish brown stool. Yellow and white, intermingled with grass-green mucus ; greenish slimy discharges ; greenish water. Stool feels hot while being passed, it smells like sulphuretted hydrogen. Mucous diarrhœa. Scanty stool with dysenteric straining, constipation with no ability to strain. A paralytic weakness of the rectum. Inactivity of the rectum. Itching and rawness of the parts, especially in the evening. Anus pouting, with swollen appearance and rawness. During dentition.

Fever, during epidemic measles, suppression of meales. High fever, with hot sweat about the head, and one cheek red and hot, the other pale and cold.

Convulsions ; both legs move up and down alternately ; grasping with the hands ; mouth drawn



to and fro ; eyes staring ; face and eyes distorted ; Stupor.

Cough, with rattling in the chest. Yawning and stretching.

In extremities, violent rheumatic pains drive him out of bed at night ; compelled to walk about. Ankles give way in the afternoon. Nightly paralytic loss of power in the feet. unable to step on them. Burning in the soles at night.

In female genital organs, yellow smarting leucorrhœa. Excessive menstruation ; blood dark, clotted, with pain through from back to front ; attacks of syncope, coldness of the limbs, much thirst. Menstrual colic, following anger. Membranous dysmenorrhœa, with violent labor-like pain, and often with clots. Amelioration by heat.

It is useful in false labor pains. The labor pains are felt in wrong places ; pains that are felt too much in the back. Hour-glass contractions. Rigid os uteri. Says she must and will get up. Frequent discharge of colorless urine. Retained placenta, with hour-glass contraction of the uterus.

Hæmorrhage, dark coagulated blood, occasionally interrupted by bright-red gushes, with tearing pains in the legs and violent labor-pains in the uterus.

Chamomilla is one of the most valuable weapons in obstetrical practice, and the mental state will determine the choice of this remedy.

. After-pains are violent and distressing. Lochia profuse, dark, clotted. Wants fesh air, thirst.

Inflammation of the mammary glands, when the mental symptoms lead to its selection.

The most of the troubles of Chamomilla that come on in the evening and at night subside about or sometime before midnight. From midnight to morning almost all its complaints are absent. Many of them are absent during the day.

Lumbago. Stiffness of the neck muscles. Insupportable pain in loins and hips.

Chamomilla patient is *worse* from coffee, narcotics, opium ; pain, heat, anger, wind, damp, night, open air. Feels *better* in mild weather, warm wet weather ; sweating, cold application ; being carried ; heat.

Chamomilla follows Belladonna in diseases of children, and in abuse of opium.

*Similar* : Acon., Bell., Ign., Puls., Staph.

*Complementary* : Bell., Mag. carb.

*Antidotes* : Camphor, Nux v., Puls.

Third to thirtieth potencies are employed.

## DIET IN INTESTINAL DISEASES.

M. C. Laha, M. B. ( Cal. Univ. )

Selection of a proper diet in different morbid conditions of the system has for decades been a standing problem with physicians the world over. With the progress of our medical knowledge in various directions, the age old notion that, disease, whatever be its nature and cause, can be tackled solely by medicines, has fortunately been, abandoned. It has come to be recognised that quite a big number of ailments met with in general practice do not require anything else than a dietetic management for a recovery and a still large number, a change of diet supplemented by the aid of a limited number of medicines. Amongst the former group may be mentioned almost all diseases of a metabolic origin such as rickets, scrofula, diabetes, gout, a few of the anemias, majority of the gastro-intestinal troubles, obesity, blood pressure, etc and amongst the latter, gastro-intestinal troubles in general, rheumatism, nephritis, toxæmias etc.

Food is said to be easily digestible when it produces no gastro-intestinal discomfort, is passed from the stomach into the intestine at a normal rate of speed and is easily absorbed. Two points should always be stressed whenever determining a diet in any case of gastro-intestinal disturbance, viz. (1) The power to increase the nutrition of the patient and (2) The necessity of giving food in a digestible form so as to lessen the work of the digestible glands and muscles. The general aim of our treatment should always be to so manage the case before us that digestion of a normal diet should always occur in the alimentary canal without any subjective or objective disturbances. Only under these circumstances can the patient be called cured.

According to their effect on intestinal peristalsis, foods may be divided into three classes, viz (a) those inducing constipation (b) those producing a laxative effect and (c) those exerting no special effect on either direction. In the first class

are those foods containing an astringent such as tannin. Among these may be mentioned tea, cocoa, coffee and certain red wines. Barley, arrowroot, shati, sago, potatoes etc. tend to produce constipation in many individuals. Among laxative foods may be mentioned fruits, specially grapes, dates and apples, and certain vegetables as cucumbers, tomatoes, cabbage etc. Amongst the foods which have no special effect on intestinal movements may be mentioned, meat, fish, eggs, milk, toasted bread etc. It is to be remembered, however, that considerable variations are apt to be met with and a food laxative to one may be constipating to another.

In determining the diet of patients affected with intestinal disturbances, specially diarrhœa, it is best to ascertain first the nature of the stools and thereby gain a first hand knowledge of the physiologic activity of the intestines of the patient. It has been found that the majority of the diarrhœas met with are due to irritation set up in the large intestine by fermentation of the residual food matter by bacteria which normally inhabit that part of the gut. The foods most liable to be fermented are the carbohydrates and the proteins and the germs which thrive on the former can not do so in the latter and *vice versa*. So that a patient who has diarrhœa due to bacterial fermentation of carbohydrates in the large intestine should get well if the carbohydrates are cut down from his diet and substituted by proteins. This prevents the accumulation of any residual carbohydrate in the lower gut, which has not been acted upon by the digestive juices above. Similar would be the treatment for a patient whose diarrhœa originates in bacterial putrefaction of proteins in the large intestine. His ration of protein should be cut down either entirely or partially according to the demands of the case, to obviate the possibility of any residual protein, unacted by proteolytic digestive ferments, reaching the large bowel. It is possible to judge whether the diarrhœa is caused by decomposition of carbohydrates or proteins, from the nature of the stools. In the former case, there is excessive gaseous collection and the stools are apt to be frothy and sour smelling. In the latter case, the stools are highly offensive and

alkaline in reaction. With this help, it is so possible to vary the diet, which will prevent the responsible flora from getting its suitable material for decomposition, thereby lessening its activity and virulence. In fact, it has often been shown that a simple change from one class of foods to another without any inquiry as to the causation, leads to a suspension of activity of bacteria and a consequent improvement of condition.

Of all the foods at our disposal, milk is undoubtedly the best and can be freely advised both for putrefactive (i. e. protein decomposition) and fermentative (i. e. carbohydrate decomposition) diarrhoeas. Its easy digestibility and absorption is liable to leave very little residue for bacterial action of any kind. Some patients stand milk badly, for whom, milk partially digested outside by any digestive powder (e.g. peptone powder or Soda citras) or any of the powdered malted milks available in the market, may be prescribed. But it is better to revert back to native milk as soon as the case permits. Diarrhoeas requiring carbohydrates are best fed by barley, arrowroot or shati, with or without milk or lactose (milk sugar), rice, vegetables, etc. It is, however, only in rare instances that we prescribe a diet consisting entirely of either the carbohydrates or proteins and the intelligence of such a prescription lies in a proper combination of these two essential elements, according to the needs of the case, supplemented with fats wherever necessary. Besides, not all diarrhoeas are bacterial in origin and other factors such as a sudden change of atmospheric temperature from cold to heat or from heat to cold, extreme nervousness or emotional disturbance, worms, etc. may play their parts in causation. In such cases, a stringent regulation as regards the the amounts of proteins and carbohydrates becomes unwarranted.

I shall now attempt to lay out a scheme of feeding patients afflicted with diarrhoeas and dysenteries. It will be noted that I have tried to include as many of such foodstuffs as are sold in our daily bazars, in preference to the artificial foods mentioned in common English text-books. Besides being much cheaper and easy of preparation, these foods being grown in Indian soil

and climate, afford a much greater chance of easy digestion and assimilation than those grown in foreign soil and despatched in sealed bottles and tins, a long time after their manufacture.

For acute attacks of diarrhœas, it is best to abstain from all foods for a few hours, preferably twelve or more. Feeding should commence with diluted barley water or milk whey with a dash of lemon juice, repeated in small quantities at intervals. With the diminution of the frequency of the stools, heavier foods may be gradually introduced, the best amongst which are milk diluted with barley or arrowroot, the juices of 'dal', preferably মুসুর<sup>1</sup> or অড়হড়<sup>2</sup>, boiled কাঁচকলা<sup>3</sup>, fresh পটল<sup>4</sup>, and গ্যাঁদাল<sup>5</sup> with fish such as মাগুব<sup>6</sup> or সিঙ্কি<sup>7</sup> with this may be added ষোল<sup>11</sup> with convenience.

For subacute cases of diarrhœas, well boiled old rice, *jhol* (soup) made of সিঙ্কি<sup>7</sup>, মাগুব<sup>6</sup> or মৌবলা<sup>8</sup> fish, গ্যাঁদাল<sup>5</sup>, শুগ্‌লী<sup>9</sup> and curry made of কাঁচকলা<sup>3</sup> together with দাঁধি<sup>10</sup> বা ষোল<sup>11</sup> are best for the daytime meal. It is best to take barley, arrowroot or shati with a little milk as the evening meal. Breads prepared from these stuff, instead of flour, may be appetising to the patient. If the appetite is very good, four or five freshly fried লুচি<sup>12</sup> with a little juice of মুসুব<sup>1</sup> may be taken in the evening, which however, should be thoroughly masticated. The evening meal should preferably be finished before 7 p.m. for lighter refreshments during this period, juices of বেদানা<sup>13</sup> or ডালিম<sup>14</sup>, ripe জাম<sup>15</sup>, গাব<sup>16</sup>, পানফল<sup>17</sup>, বেলেব মোবক্বা<sup>18</sup>, and বেলপোড়া<sup>19</sup> are best.

For chronic diarrhœas and dysenteries, where diet plays such an important role in their treatment, the following plan should serve the best purpose.

The two principal meals should consist of well boiled old rice with juice of অড়হড়<sup>2</sup> or মুসুব<sup>1</sup> dal, *jhol* (soup) made of মাগুব<sup>6</sup>, সিঙ্কি<sup>7</sup>, কই<sup>20</sup>, খলিসা<sup>21</sup>, or মৌবলা<sup>8</sup> fish with vegetables such as গ্যাঁদাল<sup>5</sup>, পটল<sup>4</sup>, ডুমুর<sup>22</sup>, কাঁচকলা<sup>3</sup> ঝিঙ্গা<sup>23</sup>, মোচা<sup>24</sup>, etc.

For breakfast and afternoon tiffin, the best article is either বেলপোড়া<sup>19</sup> or any condiment made of this fruit i.e. bael, e.g. বেলের মোবক্বা<sup>18</sup>. This is a wonderful fruit, equally valuable in

diarrhœas and dysenteries. This may be supplemented by powdered खड़े<sup>25</sup> with a little water and sugar candy to taste. Goat's milk, or if unavailable, cow's milk may be instituted diluted with barley, arrowroot or water, when the violence of the evacuations are not severe.

When diarrhœa is very obstinate and persists inspite of careful dieting, the following food will be found to be an extremely useful adjuvant. A little technique is required in its preparation, which is worth the trouble. Green bananas (कैचकला)<sup>3</sup> are at first skinned and boiled well in water. They are then taken out and mashed in a small quantity of pure hot water and strained through cloth, so as not to leave any vegetable fibres in the filtrate. This is taken with a little quantity of sugar or sugar candy and tastes very well. This diet, which goes by the name of कैचकलावमणु<sup>26</sup> is a great favourite with the Kavirajes and has been found to fail seldom.

#### Notes by the Editor

1. Lentils (*Lens Esculanta*), Hindi and Maharashtra—*Masur*. A strengthening and stimulating article of food
2. Pigeon Pea, Hindi *Tor Arhor dal*, Guz.—*Dangul*, Mah.—*Tong*.
3. Green (unripe) plantain. Hindi etc.—*Kela* (Kaccha).
4. Wild snakguard. Hindi—*Palwal*, Mah.—*Kadu padvala*.
5. *Apocynum foetidus* or *convolvulus foetidus*. Hindi—*Khip* or *Gandhali*. Guz.—*Gandhana*. Mah.—*Hranvel*.
6. Magur fish, contains 18.9% protein and 5% fat, it is light and strengthening, and checks *Vayu dosha*
7. Singhi fish, contains 21.56% protein and 4.26% fat, it checks *Vayu* and is soothing, bitter, astringent, light and appetizer,
8. Mounola fish is tissue-producer, vitalising and galactagogue.
9. Gugh (shell), of common oyster class, found abundantly in the ponds. Meat enclosed in its shell is sweet and soothing, cooling, strengthening and vitalising, stomachic and cardiac; its soup is highly beneficial in dysentery, and intestinal disorders of consumption
10. Dadhi, *dadhi*; curd
11. Ghol, *butter-milk*; contains Vitamin C. It is efficacious in dyspepsia and digestive disturbances. It is not to be confounded with *whey* which is a different preparation.
12. Loochi; *Poori*, thinly caked and fried in cow's ghee; if fried in buffalo-ghee it becomes heavy for dyspeptics and convalescents.

- 13, 14. *Anar*, (Pomegranate) , Dalimba. There are two varieties, viz., sweet and sour,
15. Jambul. The black plum.
16. Indian Persimon , *Taindu* ; *Timar*. (wild mango-stin).
17. Indian water chestnut, *Singhara* ; *Singada*.
18. *Aegle marmelos* (Bael fruit) Marmalade of unripe fruit
19. Inner soft pulp of burnt unripe fruit, used with sugar
20. Kai-fish (Anabus scandeous) , soothing, appetizer.
21. Khalse-fish , a poorer variety of Kai-fish
22. *Ficus glomerata*. Dumar , Gular , Umber
23. *Cucumis Acutangulus*. Turai , Sirola
24. Kela-ka-phul (The flowers of banana)
25. Laja , Lawa (A light spongy rice obtained by frying paddy in a sand-bath)
26. Porridge made of banana flour (green plantains dried in sun and powdered) previously boiled in water mixed with milk



## RELATA REFERO.

The Associated Press announces that the next annual session of the All-India Homœopathic Conference will be held at Nagpur in the last week of December, 1940. Dr. S. M. Sadiq, Vice-Principal, Tibbia College, Lahore, will preside over the conference.

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The problem of rural reconstruction and medical relief has been engaging the attention of the Government and of many thoughtful men outside officialdom. It was sought to meet the problem and solve it through Co-operative Health Societies. Schemes had, of necessity, to be founded upon the allopathic school of treatment, with a view to qualifying for Government grant, however inade-



quate and insignificant. The luxury of allopathic treatment in towns or in villages must be always too expensive ; and however well-organised, and efficiently and economically managed, such a scheme cannot sustain where the average individual income is less than annas two per day.

\*                     \*                     \*

Homœopathic system of treatment and subsidised homœopathic doctors will be *the only* and the most suitable scheme for India considering the country's distressful poverty. With the Homœopathic system of medicine each cluster of four villages can possess a charitable dispensary and a qualified doctor, with a recurring expense so low as would stagger the authorities.

\*                     \*                     \*

But any proposal for introducing Homœopathic system of treatment turns medical trade unionists at once furious. The transferred departments are just being exercised in the use of legs with help of governesses. When these growing children will learn to walk without such help and guidance then will come real service to the people. However, children brought up with silver spoon in their mouth are usually late in learning to walk ; and many have to be carried on perambulators upto even such age when other variety of children can run on the road.

\*                     \*                     \*



## **Dr. Barid Baran Mukherji, L.M.S., F.R.E.S.**

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We record our profound sorrow at the sudden death of Dr Barid Baran Mukherji which mournful event happened on Saturday the 26th October last at his Calcutta residence, at 5-10 P.M. It was verily a bolt from the blue to the Homoeopathic Medical Profession and to all lovers of Homeopathy. He died in harness. He suddenly took ill when he went to see a patient on the preceding Thursday and was brought to his house, and did not survive the attack. He was 67 years of age at the time of his death. He was a versatile scholar and enjoyed an international reputation as a Homeopathist. He rendered invaluable services in the propagation and uplifting of Homeopathy in his province. A devoted lieutenant to Drs. P. C. Majumdar and D. N. Roy he was their right hand man in their herculean work of founding the Calcutta Homoeopathic Medical College and Hospital, to the expansion of which he worked heart and soul till the last moment of his life. After having graduated in medicine from the Calcutta University he started his practice as a pure Hahnemannian Homeopath, and commanded an extensive practice. His death leaves a chasm which will hardly be filled for many generations, but his memory will be enshrined in the hearts of his countrymen for all time.

"To live in heart we leave behind

Is not to die."

We offer our deepest condolence to his bereaved family.



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THE  
**HOMŒOPATHIC HERALD.**

Vol. III. **DECEMBER, 1940.** No. 10.

**Editorial**

**The Punjab Government and Homoeopathy.**

The Punjab Government have appointed a Committee on Homoeopathic System of Medicine, with Col. P. B. Bharucha, I. M. S., as chairman, and with the following Terms of Reference :

A. What steps, if any, should be taken to set up a Register of practitioners of Homœopathic Medicine ?

B. What steps should be taken to improve the medical education of practitioners of Homœopathic Medicine ?

C. Whether any legislation is necessary for either (A) or (B), and if so, what ?

The Committee has drawn up a questionnaire containing 41 queries and circulated same to solicit public opinion.

As it is of vital importance to practitioners of Homoeopathic Medicine, we reproduce the questionnaire here ;

## QUESTIONS RELATING TO PART A.

1. Do you consider that practitioners of Homœopathic Medicine should be controlled ?

2. If so, with what objects ?

3. What measures of control do you suggest ?

4. Would registration of practitioners of Homœopathic Medicine effect the control you have in mind ?

5. If so, how ?

6. If you are in favour of Registration .

What responsibilities would you attach to Registration, such as adherence to a high code of Ethics, as between (a) Practitioner and State, (b) Practitioner and public, (c) Practitioner and Practitioner, (d) Any other ?

7. What privileges, if any, do you consider a Registered practitioner should enjoy, such as,

(a) Facilities for Professional practice ? (b) Entry into Government or Local Body service ? (c) Appearance as expert witness in courts of law ? (d) Issuing of certificates of fitness or unfitness ? (e) Realisation of fees through court of law ? (f) Issuing of certificates for life insurance ? (g) Signing of death reports ? (h) Use of poisonous drugs ? (i) Any other ?

8. What restrictions, if any, would you impose on Registered practitioner, such as,

(a) Advertisement, whether—  
Personal, or  
Of remedies and cures, or  
Of Publications ?

(b) The use and prescription of poisonous drugs ?

(c) Association of Registered practitioners with Organizations and Businesses for the manufacture and sale of drugs ?

(d) The use of secret remedies or the concealment of their formulæ ?

(e) Any other ?

9. What penalties, if any, would you render Registered practitioners of Homœopathic System of Medicine liable to, such

as,—(a) Removal from Register ? (b) Restriction on practice ?  
(c) Any other ?

10 Do you consider that there should be a Provincial Body constituted to control the Registration of practitioners of the Homœopathic System of Medicine ?

11. If so, what should be its constitution and powers, if any ?

12. Should such practitioners of Homœopathic Medicine, if Registered, be allowed to practise any other system than that for which they have qualified ?

13 Do you suggest prohibition or restriction of practice by non-registered practitioners ?

14. If so, to what extent ?

15. Do you consider that if Registration is adopted those practitioners of Homœopathic Medicine who have been in practice for a certain period of years should be admitted to the Register or to a separate section of it, upto a certain date, without fulfilling the full conditions which would be imposed on a new entrant ?

16. If so, should their admission to the Register be subject to any examination test ?

17. If you are in favour of two classes of Registration, as suggested in the preceding question, do you consider that any difference in privileges is necessary between the classes ?

18. If so, what ?

19. For the purpose of Registration, what do you consider should be the minimum acceptable qualifications in (a) Preliminary education ? (b) Training in Basic Science ? (c) Training in clinical subjects ?

#### QUESTIONS RELATING TO PART B.

20. Do you consider that any improvement is required in the medical education of practitioners of Homœopathic Medicine ?

21. If so, what minimum standard of general education do you suggest for admission of students to a training institution in the Homœopathic System of Medicine ?



22. Do you consider the basic science subjects of chemistry, physics, botany and zoology should be taught to all students ?

23. If so, (a) What standards do you suggest ? (b) Do you consider these subjects should be taught to the students before or after admission to the training schools of Homœopathic Medicine ?

24. Do you consider that the subjects of Anatomy and Physiology should be taught in the training schools of Homœopathic Medicine ?

25. If so, what standards do you suggest ?

26. What other subjects do you consider it essential to include in the curriculum ?

27. In the teaching of medical subjects, both clinical and non-clinical, do you consider that students should be given facilities to have a comparative knowledge of the Homœopathic system as well as of other systems of Medicine ?

28. If so, to what extent

29. In the teaching of medical subjects do you consider that a minimum standard of instruction should be prescribed ?

30. Do you consider that minimum standards of qualifications should be laid down for teachers in each subject taught ?

31. Do you consider that the existing institutions training students in the Homœopathic System of Medicine are imparting efficient and sufficient instruction at present ?

32. If not, what improvements do you suggest ?

33. Do you consider that necessary improvements in the medical education of practitioners of Homœopathic Medicine can or should be financed by private agencies or that some form of Government aid is necessary ?

34. Is it desirable in your opinion (a) To have model Government institutions for the training of practitioners of the Homœopathic System of Medicine ? (b) That Government should aid existing institutions and regulate their control ? or (c) To institute chair of Homœopathic System of Medicine in Government Medical Institutions ?

35. Do you consider that a uniform standard of medical education for all students in training institutions of Homœopathic System of Medicine in the Punjab is desirable ?

36. If so, do you consider that a Provincial Faculty should be established to draw up and enforce such uniform standard ?

37. If so, do you consider that this Faculty should be the same as the "Body" suggested in question 10 or should it be a separate one ?

38. Do you consider that the Provincial Faculty envisaged in question 36 should also be an examining body ?

39. What other functions, if any, would you assign to this body ?

#### QUESTIONS RELATING TO PART C.

40. Do you consider that any legislation is necessary to bring into effect the suggestions you have made in your answers to this questionnaire under Parts A and B ?

41. If so, what do you suggest ?

It is interesting to know that the Homœopathic Post-Graduate Association of Bombay have forwarded their answers to the above questionnaire to the chairman of the Enquiry Committee. The answers are given below in serial order corresponding to the questions :—

(1) Yes. (2) To prevent quackery and promote Homœopathy. (3) Government legislation. (4) Yes ; in course of time. (5) By penalising homœopathic practice *for gain* by persons holding unregistrable qualifications. (6, a, b, c, d.) The same as applicable to allopathic practitioners. (7. a) They should be allowed to hold appointments in Government institutions, (7, b.) Yes. (7, c, d, e, f, g, h, i.) Practitioners should be divided into two classes, viz. (i) Registered and (ii) Listed, as is done by the L. A. Bill X of 1938 of the Bombay Government (clauses 16 and 18). Out of these only registered practitioners should have the facilities from (a) to (i). (8, a and b.)

Same as with the allopathic practitioners. (8. c and d). Same as with the allopathic practitioners (8, e.). A person can have a share in a firm so long as he does not make use of his degree for the advertisement of the firm. (9, a.) Yes. (9, b.) Should not be allowed to hold a responsible position in Government aided institution. (10) Yes. (11) Same as constituted by the L. A. Bill X of 1938 of the Bombay Government excepting that the word homœopathic should be substituted for Ayurvedic and Unani. (12) Yes. (13, 14.) Persons holding registerable qualifications though not on Register should be allowed and secondly persons not holding registerable qualifications should be allowed if it is *not* for personal gain. (15) They should be listed as is done by the L. A. Bill X of 1938 of the Bombay Government (16) Yes. (17) Yes. (18) The same as given in reply to question 7 (19, a) Matriculation. (19, b, c.) Same as for the Bombay L. C. P. S. course (20) Yes. (21) The same as for the present L. C. P. S. standard (22) Not necessary if the above condition (21) is fulfilled (23, a.) Does not arise (23, b) Does not arise (24) Certainly (25) Same as L. C. P. S. standard (26) Full course of L. C. P. S. except Therapeutics. (27) Yes, but it should be optional (28) Does not arise. (29) Yes. (30) Yes (31) Not to our knowledge (32, 33) There should be Govt institutions. (34, a.) Yes (34, b.) No. (34, c.) As a beginning, yes. This is the least that Govt should do. (35) Yes, it is desirable. (36) Yes. (37) Yes, the same (38) For the beginning, yes (39) The same as assigned in L. A. Bill X of 1938 of the Bombay Government. (40, 41) On the same lines as L. A. Bill X of 1938 of the Bombay Government.

Such a comprehensive questionnaire bears an eloquent testimony to the whole-hearted earnestness of the Punjab Government in dealing with public demand for a State Medical Faculty of Homœopathy, and it would not be otherwise than pertinent for the homœopathic Medical practitioners

in Bengal to ask if the *Advisory committee* here touched all the points envisaged in the Punjab questionnaire. The answers given by the Bombay Homœopathic Post-Graduate Association reveal a shrewd and vigilant psychology which is so indispensable in times of legislation if evils are to be restrained and the temple of Hahnemannian Medicine is to be kept unpolluted.

While Bengal has been following a *hush-hush* and *perdah* procedure in making up the Faculty, the Punjab's procedure is prodigiously public from the very start.

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## NOTATU DIGNUM.

It was truly remarked a while ago by an alloëopath that "If a regular doctor that had died 50 years ago were to come back to earth to take up his profession again *he would have to graduate all over again*". He would find what he had honestly considered to be right at that time to be absolutely wrong at the present time and just as wrong as today's alloëopathic practice will be 50 years hence.—A. P.

—Excerpted from The Homœopathic Recorder, Vol. XLV, No. 3.

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The distinction between a quack doctor and a qualified one is mainly that only the qualified one is authorized to sign death certificates, for which both sorts seem to have about equal occasion.

— G. BERNARD SHAW.

# A Brief Study Course in Homœopathy.

ELIZABETH WRIGHT HUBBARD, M. D.

## X

### THE DANGERS OF HOMŒOPATHIC PRESCRIBING.

The greatest danger of any homœopathic physician is that he shall not be a true Hahnemannian homœopath. Mongrelism defeats not only the doctor and the patient but the cause of homœopathy. The specific pitfalls most frequently met are as follows :

1. The physician does not bear in mind his homœopathic philosophy.

2. He fails to take a complete enough case from which to deduce the true remedy. He omits the mentals, the profoundly important generals, or fails to elicit the modalities of the particular symptoms.

3. He lacks patience. Having given the remedy, he forgets that he must WAIT and WATCH. He repeats the remedy, in unwise zeal, before the definite slump comes after the improvement which has followed his remedy. More of a good thing does not mean a better thing in homœopathic prescribing.

4. He fails to look for the action of Hering's three laws of Cure : That the remedy works *from within outward, from above downward, and in the reverse order of the symptoms.* (This never

happens, except under the action of the curative homœopathic remedy.)

5. He omits to make use of the "second-best remedy", i. e., Sac. lac. Thereby, he sometimes loses the patient's confidence, especially that of those who are accustomed to taking much medicine.

6. He fails to make sure that the patient has actually taken the remedy. (Wherever possible, always administer the dose yourself). Or, he fails to find out what other remedies the patient may be taking or what dietetic interferences there are. The physician must be cognizant of what substances interfere with the action of our different remedies, as, coffee with *Nux vom.*, or acids with *Acon.*

7. He does not search out the psychological and sociological deterrents to cure, and teach the patient how to evade and overcome these.

8. He sometimes does not recognize soon enough when the remedy is not working, and is then often too busy to revise the case, and try again to find the most similar remedy.

9. He permits himself to give minor remedies for trivial or temporary ailments incident to chronic treatment, when Sac. Lac. or sensible adjuvants such as hydrotherapy would suffice.

10. He changes remedy *because of* the out-cropping of other symptoms due to idiosyncrasy, and symptoms returning under the chronic remedy (which the patient may never recall having had before) and actual new symptoms which occur because the remedy was only partially similar; and finally, symptoms of some discharge — such as

coryza, leucorrhoea or perspiration—which represent a curative vent and are due to the action of the remedy.

11. He gives the wrong potency of the right remedy. (If sure of the remedy, it is well to try another potency, or, first,—three doses of the original potency at two or four hour intervals.)

*N. B.*—Always instruct patients to stop taking the remedy as soon as appreciable amelioration sets in, and to switch to the “Second” remedy, i. e., *Sac. lac.*)

12. He gives too high a potency in an incurable case, or one with marked pathological changes, and so induces an aggravation with which the vital force cannot cope. (If he has done this and the patient is going down hill, he must antidote).

13. He gives a profound constitutional remedy to a case which is too sick to stand it and would have merely a related palliative remedy. For instance, in incipient tuberculosis it is dangerous to give *Sulph.*, *Sil.* or *Phos.* at least in high potency. A single dose of the thirtieth (30th.) is as high as he should venture. If the case is far gone in tuberculosis, these remedies must not be given, but rather a palliative for the most distressing symptoms, such as *Rumex*, *Sang.*, *Puls.*, or *Seneg.*

14. He must remember that certain remedies are dangerous to mishandle. For instance, *Kali carb.*, especially in cases of advanced arthritis; or *Sil.*, where an abscess, if suppuration were brought on, would break in a dangerous location,

as in the lungs ; or some of the nosodes, like *Psor.* which, in deeply psoric cases, say of asthma, may induce terrific aggravation ; or *Lachesis*, whose improper repetition may engraft a permanent unfavorable mental state on the patient. *Arsenicum* is another dangerous remedy. When apparently indicated in the last stages of an acute disease, say pneumonia, it may hasten demise although it will make the death tranquil, but it will not rally the patient as one might expect. In the terminal stages of chronic disease, where cure is impossible, it will sometimes bring the patient back long enough to sign a will or see the family, and will ultimately induce euthanasia.

15. He will often be surprised to find that certain symptoms or groups of symptoms are relieved by his remedy and yet the patient feels worse or develops more deep-seated trouble. In this case the prescribing has been superficial and suppressive. Suppression is perhaps the greatest danger of ordinary medicine from the point of view of homœopathic philosophy, and the deep homœopath must be constantly on his guard not to produce suppression with his remedies. If he has given an acute remedy for an apparently superficial trouble which is relieved but the patient feels badly, he should do the chronic case at once, and the deep acting remedy will right matters.

16. He may give remedies in the wrong order or inimical remedies in succession, thereby aggravating the patient and mixing up the case.



Throughout his practice the physician must tell the idea of homœopathy with brief but helpful explanations to the patients in order to insure their cooperation. He must himself have the character to sit tight when he knows what he is doing and not spoil his cases by unnecessary and harmful prescribing. Above all, he must consider each patient as an opportunity for service not only to the individual and the community but to Homœopathy and to the race.

—The Homœopathic Recorder,  
Vol. XLVI, No. 4.

## HOW I REPERTORIZED A CASE.\*

R. R. Pai, M. B ; B S., (Bomb.)

President and Friends.

The case which I am going to report to show "How I repertorized my case," is that of a Konkani Mahomedan lady, aged about 50 years, living in Poona, weak and anæmic, digusted with her life, because of her long continued illness which was treated by private as well by hospital physicians too. She was tired of drinking mixtures of different nasty tastes. She particularly came to Bombay for homœopathic treatment.

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\* Read at the Monthly Clinical Meeting of the Homœopathic Post-Graduate Association, Bombay, on the 29th July, 1940.

The history and symptoms of the patient are as follows :—

(I) Pain—digging in character—in the left side of abdomen, near about the left kidney region,

(a) ameliorated by lying on left i. e. affected side.

(II) Fever—recurring every 4th, 8th or 15th day—starting mostly at 10 A. M. in the morning or at 5 P. M. in the evening—with rigours. Concomitants of fever :—

(a) Whole body aching.

(b) A desire to be covered during fever.

(c) Followed by sweat.

(III) Thirst during chilliness (rigours).

(IV) Formication of whole body

(a) aggravated during fever.

(V) Giddiness.

(VI) Feeling of lightness in head.

(VII) Sleeping late.

(VIII) Burning sensation in the lumbar region, more in the left side.

(IX) Tongue coated, with sides and tip red.

(X) Worse by bathing—General.

Previous history :—

(XI) An attack of dysentery.

(XII) An attack of influenza.

By analysing the symptomatology, the first two complaints are the main complaint of the patient. They consist of sensation, location, modality and concomitants.

The further eight complaints of the patient form her constitutional and functional disturbances

I repertorized this case with Boenninghausen's Therapeutic Pocket Book, on the following symptoms.

(I) Sleeping late, page 240.

I repertorized the constitutional symptoms first and then the present complaints. Out of the constitutional symptoms, I took the symptom, "sleeping late," first because it is important as it is related to the brain (the important part of the body) and because it gives as many drugs as possible to take down with little possibility of any important drug being omitted.

(II) Giddiness—page 23.

(III) Formication—page 159.

(IV) More during fever—page 268.

(V) Worse by bathing—page 272.

(VI) Chilliness with thirst—page 255.

The repertorization of the constitutional symptoms, excluded all other drugs except nine.

Then, I repertorized the symptoms of the present complaints; they were as follows:—

(VII) Pain in the left side of abdomen, ameliorated by lying on painful side—page 259.

(VIII) Fever with dread of uncovering—page 259.

(IX) Pain—digging in character—page 155.

By repertorising the last three symptoms, the number of drugs were reduced from nine to two. They were Bry  $\frac{2}{\text{v}}$  and Rhus-tox  $\frac{3}{\text{v}}$ . Out of these two drugs, I preferred Rhus-tox on the following

grounds :—It got the highest total. It got the highest number of marks for the symptom “worse by bathing”, and the patient had no typical symptoms of Bryonia, e g., thirst for large quantity of water and better by rest.

She had been x-rayed in the hospital in Poona and I don't know what had been diagnosed there. I asked for the x-ray diagnosis and that of the attending physician from her son but I could not get any information. Trouble in the kidney was excluded by urine examination. The patient had also no complaint with reference to urination.

I gave her Rhus tox, 30, two powders in the beginning, which I had to repeat again, only twice, one each time, during the course of 4 months. She is now hale and hearty, as testified by letters of her son.

## "HOW I REPERTORIZED A CASE."\*

J. N. Karande, M. D. (Bomb.)

To write a homœopathic prescription one has to get the symptoms. A symptom must include (1) Sensation (2) Location and (3) Modality. Symptoms are classified as (a) Mental--emotions e. g. impulse to jump or steal or murder, etc. Memory changers are of secondary importance. (b) General symptoms i. e. symptoms which are common to all the parts of the body, e. g. <beginning of motion is a general symptom for Rhus. Symptoms expressing 'I', e. g., 'I like this' or 'I dislike that', is a general symptom. <or > before, during or after menses will be a general symptom. (c) Particular symptoms--these are of the part affected; these are helpful in diagnosing the disease and are placed last.

It is not possible to get a complete record of the symptoms from the patients who are ignorant or are not able to observe their symptoms carefully. It is for the physician to cross-examine the patient and get the symptoms in such a way as to form a clear image of the disease to be compared with that of the drug. It must be remembered that the symptoms which appeared last are of great importance. It is not possible to memorise the picture of all drugs. By constant reading one may get

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\* Read at the Monthly Clinical Meeting of the Homœopathic Post-Graduate Association, Bombay, on the 39th. July, 1940.

acquainted with the main features of some of the drugs. It is not possible to practise homœopathy without the help of a book which gives drugs for the symptoms as noticed in the patient. Such books are called repertories e. g. Kent's, Boger's Synoptic Key, Bœnninghausen's Therapeutic Pocket Book. I am using Kent's Repertory and Boger's Synoptic Key.

I take first the case report as given by the patient who is afterwards cross-examined to get a complete idea of the symptoms. I then examine the patient and note my observations. Then the symptoms are arranged in the following order:— (1) Mentals, if available, (2) Generals and (3) Particular symptoms, with their modalities, locations and sensations. The different rubrics in Kent's repertory for these symptoms are taken down. Finally, a few drugs which cover all or most of the rubrics come for consideration. It must be remembered that a drug may get highest number of marks but may not be the indicated remedy. Here the *Materia Medica* must be consulted and the disease-picture compared with the drug-picture. The drug that covers the totality of symptoms will be the right drug. It is necessary to know if the particular drug has any action on the anatomical part and disease, e. g., *Ars.* is useful in pneumonia for mental symptoms only and it will fail to act further in the disease as it does not cause hepatization and therefore it will have to be followed by an indicated complementary drug, e. g., *Lyc.*, *Phos.* or *Sul.* It is also necessary to know the constitution

and the miasm, e. g., Psoric, Sycotic or Syphilitic, as this knowledge will help the selection of the indicated drug.

I shall now give a case to illustrate.

I was called to see a slim woman, aged about 24 years. 3rd para, 8 months gravid. She had fever for 5 days. She was anxious, complained of stitching pain in the left side of the chest, < lying on left side ; she could not lie on the right side or on the back. She had tightness in the chest ; feeling of heavy weight on the chest ; thirst, for ice-cold water ; burning in stomach, > drinking cold water, pain in the left side of the chest, < coughing ; expectoration, frothy, with bright red blood : T. 103.8F. ; P. 140 ; R. 64 ; alæ nasi, fan like motion. On further examination, the right lower and middle lobe were found to be affected Bronchial breathing and dullness were present On the left, upper lobe showed evidence of consolidation. I referred to Boger's Synoptic Key. I took the following rubrics :—

(1) Anxious, 32-1 ; (2) Tightness in chest, 69-1 ; (3) Aggravated, lying on left side, 8 ; (4) Pressure-weight, on chest, 69-1 ; (5) Thirst, for ice-cold water, 53-1 ; (6) Pneumonia, 98-2 ; (7) Expectoration, bloody ; Kent, 813-2 ; (8) Nose-motion, fan-like, Kent, 340.

Acon...  $3+0+1+0+1+2+3=10/5$

Arsenic alb.  $3+1+0+0+3+0+1+2=10/5$

Bryonia...  $1+0+2+1+1+2+1=8/6$

Calc. c...  $2+0+0+0$

|               |                        |
|---------------|------------------------|
| Carb. Veg.... | 2+0+0+0+0+0+2          |
| Ignatia. ...  | 2+0+0+0+0+0            |
| Nux vom.      | 2+2+0+2                |
| Opium. ...    | 2+0+0+0                |
| Phos. ...     | 3+3+3+1+3+2+2+2 = 19/8 |
| Pulsatilla.   | 2+1+3+0                |
| Verat alb.    | 2+0+0+0+3              |

Thus, Phos. was the only drug that covered the picture of the patient.

Acon., Ars., Bry., and Phos, came for consideration.

*Aconite*—has fear, anxiety, fear of death. Physical restlessness.

Boericke says in his *Materia Medica* 'When prescribing Aconite remember Aconite causes only functional disturbance, no evidence that it can produce tissue change—its action is brief and shows no periodicity. Its sphere is in the beginning of an acute disease and not to be continued; after pathological change comes. In Hyperæmia, congestion, not after exudation has set in. The case under consideration was well advanced and was beyond the stage when Aconite could work.

*Arsenicum*—This is a remedy of great use in pneumonia—but the mental restlessness so characteristic of the drug was not present; the important modality, < lying left side, is absent in Arsenicum.

*Bryonia*—Is a great remedy for pneumonia, it has pain and bloody sputum. It has stitching pain but not the tight feeling in the chest as in this case.



Besides, Bry. is >lying on the affected side, but it was the reverse here.

*Phos.*—This was the only remedy that had all the features of the case and fitted in with the disease image and hence was given in the 30th potency, 3 doses, every 2 hours. By the second dose the temperature came down. The patient delivered and made an uneventful recovery.

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### “HOW I REPERTORIZED A CASE”\*

R. P. Mayenkat, M. B., B. S. (Bom.)

By inviting papers on “How I repertorized a Case” I think we were expected to discuss how to repertorize any given case, by citing an example from our own practice

There need be no hundred and one ways of repertorizing a case. The royal road or the real way to do it, has been already described by competent people or masters of Homoeopathy, and every student of Homoeopathy should study and follow it, rather than imitate my way of doing it, which could hardly come up to the marks, as prescribed by the authors. However, I shall present to you the way I try to follow the standard method and leave it to you to find out how far it falls short of that method.

\* Read at the Monthly Clinical Meeting of the Homoeopathic Post-Graduate Association, Bombay, on the 29th, July, 1940.

Before you start repertorizing a case, you must have sufficient data wherewith to work. That is, you have got to take down the case as completely as possible. Take down the patient's chief complaints and all other information he can give you about himself and his health. Ascertain about the modalities of his symptoms as regards location, time, duration, intensity, direction, and aggravation and amelioration, etc. Next, note down his generals, i. e. symptoms relating to his whole self, and if prominent, his mentals, with their modalities. By this time you will have sufficient idea as to which way to collect further information and fill in the connecting links in the language of the patient, to help your diagnosis and have a drug picture of the indicated remedy, which by this time might have revealed itself to your mind, if you have a fair knowledge of *Materia Medica*. And if the trouble be of an acute or subacute nature or an uncomplicated one, you can straight away prescribe. But this presupposes a sufficient knowledge of *Materia Medica*. You may have just to look up here and there for a few points in the *Repertory* or *Materia Medica* and arrive at the selection of the *Simillimum*, all mentally, without regular repertorizing. But when the case requires a deeper analysis, specially in chronic cases, or cases that are less straightforward and suggest more than one drug and you have to evaluate and differentiate between two or more drugs, the work is very much simplified by working with the *repertory*. In fact it would be almost a Herculean or impossible task to master

the vast knowledge stored in *Materia Medica* and to bring the whole into operation in the selection of a similar remedy for such a case. Repertorizing is therefore an indispensable art for a Homoeopath. But the better one knows his *Materia Medica*, the less indispensable it is. I would therefore request my junior friends who are full of energy and youth, to put in more work in studying *Materia Medica*, so that they will require less often to seek help of Repertories.

For prescribing, every symptom must, as far as possible, be complete and must consist of three factors, namely:—location, sensation and modalities.

Here is a simple case, showing the simplest work,—the A. B. C. of repertorizing. A case where neither generals nor mentals were present, but only particulars with modalities. A young girl, aged 18 years, came to me three weeks ago, complaining that her left eye was aching for 4-5 days. This symptom had the following modalities.

- (1) > Resting or sleeping.
- (2) < Opening the eye. (motion)
- (3) < With draft (strong wind.)
- (4) > With pressure.
- (5) < Looking in the sun.
- (6) Location : left eye.

Take up the handiest of repertories, "Boger's Synoptic Key" and on p. 40, section Eye. under rubric sore, aching of eyeball (i. e., sensation) you find 12 drugs. Place against them those mentioned in one of the chief modalities, say,

<with motion (p. 8) and there are 13 drugs given ; but you find that only two of them are common, viz : Arnica and Bryonia.

Arnica...1+1+0+0+0

Bryonia...2+3+3+2+1

All other drugs are eliminated, the toss being between these two only. Arnica gets one mark and Bryonia two for the first rubric, and one and three marks respectively for the second rubric, i. e. <with motion. Now add second modality to this result : >with pressure, and you find only Bryonia comes in with three marks ; *there is no place for Arnica*. You might stop here for the selection of the indicated remedy ; but might as well fortify your judgment with other facts relating to the eye. Take therefore another modality, <with heat of the sun (p. 6). You find again Bryonia alone comes in, with two marks. For further evidence, which is now quite unnecessary, look up for the site of election, i. e. right eye or left eye, on p 40. and you find Bryonia only given for the left eye, with one mark.

The diagnosis of the indicated remedy is therefore absolute :—Bryonia getting  $\frac{6}{11}$  and Arnica  $\frac{3}{11}$ .

Bryonia, 12, in 3 doses, 2 hours apart, was given and the patient got complete relief.

I wish to present to you another short and simple case but differing from the one I have just read, in that, in this one, 'location' 'sensation' and 'modalities' alone don't suffice to arrive at the selection of the indicated remedy ; but requires

in addition an analysis of the attendant symptoms which Boenninghausen calls *concomitants* and are according to him the fourth essential for arriving at the *Simillimum*. You have therefore to collect all the symptoms or facts pertaining to the patient, besides the prominent or the main complaint for which the patient seeks your advice : or else you will miss the so-called *concomitant symptoms* and the *simillimum* slip out of your analysis.

This case is again that of a young girl, aged 15 years. She used to get fits of vertigo, with a fall and unconsciousness, lasting for five to six minutes only ; no convulsions or other movements. Vertigo used to occur when looking steadily at an object, or reading or doing needle-work. This therefore was the exciting cause, which could be taken as the modality of the sensation, 'Vertigo'. Vertigo is associated with the fall, therefore, that is the sensation with a concomitant. Here are now the four requirements :—Location, sensation, modality and a concomitant. I took Kent's Repertory. It has got a separate chapter allotted to *Vertigo*. On p. 100 you get the main symptom with the modality combined ; i. e. : Vertigo < looking steadily. Add to it the concomitant : Vertigo with a tendency to fall (p. 99) and you get the following common drugs :—

|            |          |
|------------|----------|
| Am. Carb.  | 1+1+1.   |
| Arsenic.   | 2+2+2+1. |
| Caust.     | 2+1+0+3. |
| Kali Carb. | 2+1+2.   |
| Lachesis.  | 2+1+2.   |

|           |              |
|-----------|--------------|
| Nat. mur. | 3+2+3+0+2+1. |
| Sarsa ..  | 1+1+1.       |
| Silica... | 2+2+3+2+3+3. |
| Spigelia. | 3+1+1+2.     |
| Sulphur.  | 2+2+3+2+2+3. |

*N. B.* :—Rubrics were taken in the following order :— (1) Vertigo <looking steadily. (2) Vertigo with a tendency to fall. (3) Sensitive. (4) Perspires, single parts. (5) Perspires, soles. (6) Perspires, palms.

The girl was said to be of an irritable temper. Slight causes made her to weep ; even the ringing of the call-bell used to upset her. This gives another symptom of the highest grade, a mental, namely 'sensitive' (p. 78.)

At this stage, repertorial analysis gives you four drugs out of the ten, standing prominently ; Arsenic for 3 rubrics gets 6 marks ; Nat. mur. gets 8 marks ; Silica gets 7 marks ; and Sulphur gets 6 marks. So far Nat. mur. scores the highest.

But if to this analysis we add an associated symptom (a concomitant) which was revealed during history taking, we find that the result is different. She said that she perspired all the time on palms and soles. In the language of the repertory she perspired in single parts. (Rubric p. 1301, k.). This consideration eliminates Nat. mur. and you get, Ars. 7, Silica. 9, Spig. 7 and Sulph. 9.

Here again there is a toss between Sulphur and Silica, both getting the same number of marks.

I therefore collected further help by splitting the last modality into two, as revealed by the language of the patient;—that is, perspiration of the soles and perspiration of the palms. By adding marks for these two rubrics, to the drugs under consideration, you get six marks for Silica ; and five for Sulphur. So in the final analysis, Silica gets 15 marks for 6 rubrics and Sulphur stands second, getting 14 marks for the same rubrics.

As no important symptoms other than the above could be found in the patient, I made a halt here ; and the patient was given a dose of Silica 30, and this single dose cured her ailment completely.

These are two examples of simple cases, the first showing the 'A. B. C.' of repertorizing ; the second, going a step further,—say as far as 'D'. More difficult and complicated cases often present themselves and one feels to be at one's wit's end as to how to begin with and select one or two rubrics upon which the whole structure of synthesis depends. You begin differently and you get sometimes different results and you feel so exasperated and perplexed, that you damn the whole job. But that is no fault of Homœopathy. It is due to the imperfect knowledge of the technique or the art of repertorizing. The only way out of it is to practise constantly and learn the use and the language of the Repertory.

## UNFAIR CRITICISM OF HOMŒOPATHY.

( R. S. Rastogi, B.A., H.M.D. )

One is shocked on going through that portion of the presidential address delivered at the U. P. Medical Conference which relates to Homoeopathy. The criticism betrays a lamentable lack of fairness, decency, intellectual honesty, of knowledge of the rudimentary principles of Homoeopathy, and is a most ridiculous attack on and a gross misrepresentation of a system of treatment which is every day, and in ever increasing measure, proving its scientific nature.

Professor Hugo Schulz (an Allopath) of the University of Griefswald, Germany, has conclusively shown that Hippocrates, the father of the Medical Science, who flourished in the 4th. century B. C., enunciated in his works two therapeutic laws :

1. *Contraria Contrariis Curantur.*
2. *Similia Similibus Curantur.*

Hippocrates died shortly after that and could not find time to develop the principles. It was left for Hahnemann to rescue the second principle from oblivion's curse about 1796. Besides a clear enunciation of the law, Hahnemann gave the posterity, among others, the following new ideas :

- (1) The non-material or dynamic nature of disease and its cure ;
- (2) Efficacy of infinitesimal doses ;
- (3) Graduated potentization of drugs,



i.e., a method of releasing the dynamic forces residing in drugs and increasing their potency on a graduated scale of decimal or centesimal measure ; and (4) His conclusions about the special nature of chronic diseases and the various factors giving rise to chronicity in ailments.

With his colossal ignorance the critic alleges, Homoeopathy has been imported from America ; and he jokes about the "one decillionth of a grain of table salt giving rise to 1349 symptoms." Let him take some of these doses under the directions of a Homoeopath and see if any symptoms are produced or not. It is not proper or fair or scientific to criticise without knowing enough about a subject and without carrying out experiments when the subject is a scientific one.

This is an age of keen investigation, of idol-breaking and truth finding. He who is afraid to investigate for fear that some cherished beliefs or ideas may be swept away is no scientist. Homoeopathy is a science that courts investigation. Some of its greatest pioneers have been Old School physicians who investigated honestly and were converted. So many M. B., B. S. doctors in India have become converts and are successfully practising homoeopathy. The writer of this note has had the humble privilege of having converted some and treating them and their family members by the gentle, quick, and effective methods of Homœopathy.

To wilfully ignorant abusers of Homœopathy, I have only this to say : abusive language howsoever

strong or forceful can never be a substitute for reason or logic or scarcity of argument. Just as a cat sitting with its eyes fixed on a mouse will not notice even if an elephant passes by, so will the biased critic of Homoeopathy never be able to see its great excellences if all the while he is busy looking out for points on which he can ridicule and adversely criticise it.

Investigate honestly and with a mind open to conviction, and hold fast to truth courageously.

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## PSYCHOLOGICAL ASPECT OF HOMCEOPATHY.

( INTERPRETATIONS OF SYMPTOMS )

Narendranath Pal, M. B. ( Cal. )

This is an universe to live in, amongst the multiverses of the pleurality of lives, But to leave aside the *poetry, the beauty or the truth of complexity*, we feel constantly the most prosaic character of life. To the opinion of the latter, lives are multi-angulars, multi-coils, multi-winds, if they are viewed crookedly or at most multi-perpendiculars, if they are taken straightly. The former poetical sense feels for one component and that is the adaptability of life which adds to its grace through modesty and yielding that does not injure others in any sense ; the latter feels for

another component and that is the *individuality* of such life which seeks its own angular aggrandisement, inflammation, irritability or congestion to the least consideration of the surroundings. Besides the above opposites, the next factors for complex-unity are the presentiments of the world which are none the less the effects of "*stimulation by proxy*." They are always *displacements*, i.e. one thing is always meant for another and this to be many. The aesthetic-sensed takes this to be the joy of *imitation*; the aggrandiser or the ostentatious behave themselves as if *shamming*. But mirthful spirit known as *sportiveness* amidst the dual fate of life, is life's best achievement undoubtedly and hence in the field of play, we name such thing to be SPIRIT. To follow the current expression as such. The whole *complexion* of the field was changed by so and so's batting or bowling and the *spirit* was maintained since then, and the laurels of the game were won by such party. Our point of impression, then, is *the spirit or the original of steadiness*; and the less we are displaced from such spirit or the more we are *prototype imitatives* or *similar*s to such, i.e., displaced but not to play false with such spirit—the better for our *ethical value*, in the feeling for the complex-unity in the universe; and finally we are more and more tinged thereby, to imbibe or share the one mind of gratification. *Ethical value* of beauty, colour of imbibement, grace of performance and the *survival value of fitness or the truth to maintain in the complex-unity*, are but *similarity* again. Homœopathy hoards such a whole truth

of similarity, based on the philosophy of matter and on the spirit of its being tinged, where the crude form-sensed and *inanimate matter*, is displaced to colour-sensed and still known as inanimate tincture, to give birth to *potents* of *animation* as they quiver between dual minds of *primary and secondary symptoms*.

Psychology is very aptly christened today, as the science of spirit, so we welcome the subject, namely, the psychical aspects of Homœopathy; because, Homœopathy from the beginning of its birth sought for the spirit to establish.

It is psychology in the developed state only, that accords with our ancient's conception of *शिवलिङ्गम्* (Shivalingam) to base everything which is on the primacy of the phallus or on the primal-sex. Psychology has sexualised the universe and has aptly rationalised it again.

For the proper understanding of sex, with its taboos and totems i. e. with the guilt-conscience developed in man which demands certain restrictions and the displacements of such sexual idea in symbols of animal, plant and even of natural things as water, soiled water (for the excremental interests of sex, and because feelings of vagina are hired from rectum) etc. are required. The *science* and *art* of *erotology* can really seek to outline what restrictions, symbolizations, symptomatizations occur in what are known as dreams, trifling acts of forgetfulness or mistakes, deliriums, mannerisms, etc. The art as well as the science of erotology accounts what the restricted or unconscious

personality means. Ideally, this science where Eros reigns, hints at the *complex-unity* or the transcendental unity, in place of capricious personality ; the more it is short of such complex-unity the more *caprices* accumulate in such *personality* to bring about *sadism* or *masochism regression* and *retrogression*. It is just as though the neighbouring or remotest parts of erotology meant to say, "if you (meaning the total personality or self ) really thought that we (all the neighbouring and remotest parts that share erotism ) could be excluded from your notice i. e. to be left unsatisfied, we, in return, expect you to suffer by infliction of pain (*sadism* when the pain is inflicted by self, *masochism* when it is inflicted by another) either by way of regression or *allergen*, or by retrogression or *pathogea* or even by unconscious confusion to incur *trauma* or even to meet *phlegmon* there." Such are the developments of *sadistic-oral-level*, *sadistic-anal-level* and later on when still confused helped by such caprices, it (sadistic life) imbibes any *bacteria* (according to psycho-economical weights) for the *symbiosis of life* or for the complex-unity itself.

Thus personality, which is ideally a complex-unity, is potentially greatest, as the first-rate-play always is, for such complex-unity again, though both of them namely personality and first-rate-play, are very *difficult to be understood* by the average and hence *not popular* with them. Yet it is evident, by this time, that we are *stressing on this complex-unity alone from the beginning* ; of course, the

*average mind of understanding is more valued here, for the spirit of their understanding materia medica will be clearer and their valuations will be raised from the standard where they are, but certainly it will be in no way easier to approach, unless the price is paid in the shape of ardent desires to overcome the difficulties therein. This is our digression to point out both the deteriorations and difficulties of understanding Homœopathy as a sectarian's symptomatic art, without it being levelled as a whole science. Homœopathy is based on symptom-totality and on vague symptomology, where to quote James is "to attempt to explain in terms of phenomena, is to court failure."* There must be a meaning behind phenomenal symptoms; for, who can realize the whole, but the relative share of such through introspection alone? We cannot but share, then, the other orders of thinking, as much as we can; for, we cannot sense out the whole, we cannot feel our soul, and we take it in the shape of a foreign-body and hence it is a symptom-complex, so to say. We foreignise spirit, and we symptomatise it. This is sensing its prototypes; and if we can sense out these prototypes, in as many ways as possible, and hence think them out for our symbiosis, or for the *complex-unity* itself, we are then living for the whole and this is realization of spirit. In the "**Interpretations of symptoms**" we shall thus depend on the various orders of thinking and therefore varieties of sciences alone from peripheral ones to central themselves—from physics, chemistry

bio-physics, and bio-chemistry to psychology, meta-psychology, meta-physics, cosmology etc,

Again science is always methodical. This method of attacking truth under abstract formulations, aim at a better comprehension only when they are made limited ; otherwise science becomes no science, only because tremendous amount of exceptions overrule. The abstract conceptions, as we shall see, that bacteriology will be outruled by the philosophy of toxicology, where mind and ultimately spirit alone, becomes weighty ; whereas science was never concerned with the wholeness of such spirit, up till now.

*Valuation* when considered from *the psychological point of view* has its origin in human desires and feelings that arise out of needs alone. We are really in need of *methods* in Materia Medica.

*Need* is the mother of all creations and *caprice* as mentioned before that creeps in the unconsciousness of our personality, is the *imaginary need* to beget luxury or fashion, the fashioned will known as character, and the whole art-traffic of this shameless age ; this artifice begets the unnaturalness and disease symptoms, regressive and retrogressive in character, in place of natural and evolutionary ones ; this artifice again does not practically bring any unification. It is extremely necessary now, that colleagues of Homœopathy, however complexly and angularly developed they are, should be unified themselves. How ? They should discard their **caprices** and should do so on the spirit of understanding alone and not on bare formulations.

Moreover, it is the affective life of man that comes to make things valuable, in so far as they influence the mind agreeably or disagreeably. *Value* is thus a matter of emotion. Valuation is *emotive*, ultimately it is dependent on the removal of need or pain. *So our second point of stressing is that education in us should call for, from the beginning, the acceptance of pain*; in other words, to make life or the body-mind of such, less affective so that less chance shall be left therein for the **caprices** to develop.

We quote : “Rich the treasure  
Sweet the pleasure  
Sweet is the pleasure after pain”.

Pain is nothing but cohesion and the intensity of tension. Intelligents are tensives, pensives and sensitives to sense out pain all the more. Abstract viewings of science from the periphery to the centre, from physical sciences to mental ones, have now been denominated to the spiritual viewing of metapsychology where matter and materialism, scotoma and scotomatization, or spirit and spiritualisation become convertible terms.

According to *pragmatists* or *the over-forwards of the world*, they read value in things, in so far as they lead the agents to *fruitful activity*. The *value* of a thing, they say, depends not on the emotive affection but rather on the conative satisfaction of the man concerned, i.e, the latter stresses on the manifest changes and not on the foundation structures of the depths or materials of



the substrata. Pragmatists do not know themselves that there is a much vaster and so-called endless and unconscious system that has its build finally and steadily on the *minutest details of telesphoric trifles*, to retain the span of life for *latency* alone (and the personality is better understood through latency rather than its manifest expenditure in symptoms), for the final solution of all puzzles or complexes.

That psychology (we repeat again) is lately denominated as the science of spirit, because it is through psychology and meta-psychology, that we better appreciate philosophy or (दर्शन) *Darshana* proper, and the science or the art of psycho-analysis too stresses on the anticipation, insight, foresight and epinosic or paranosic gains or valuations of symptoms. Psycho-analysis also stresses on another point and that is the denial of disclosures of such facts of anticipation till they are on the verge of being disclosed by the person analysed. This is the viewing and meaning behind all appearances. This is our real valuation against pragmatism, officiousness or over-forwardness. This viewing and suppression also weighs and considers time properly.

Homœopathy claims the same *intuition, imbibement* and visualisation of the picture in its *symptom-totally*. This is one of the most effective forces in the world beyond doubt. The realization of the complex-unity in Homœopathy, better known in the Homœopathic world as *symptom-similarity* is still vague (though the same is going to be much clearer in psychology) and another effective thing is

uttered here though not fully realized. Homœopathy also fully weighs time and the prescriber waits with placebo to please his patients as the psycho-analyst does wait in time similarly.

Psychology has long before admitted the existence of Homœopathy, as it included the terms like *homœ-consciousness* or *homœo-magic* therein. *Animism* from the word *animus* or *animating spirit*, is magic in the narrower sense and in the widest sense this animism is animating spirit or spirituality. In Yoga too, we know that life can be infused everywhere. In the understanding of toxicology in Homœopathy, animatism of the "animation-inanimation theory of seemingly nature," very fittingly welcomes *Homœopathy*. This is the symptom-similarity and the accepted fact of homœo-magic in psychology. Pragmatism leads this knowledge, as an agent to fruitful activity. This is the magical cure of Homœopathy; but WHERE LIES THE HEART OR SOUL OF SUCH METHODS OF CURES?

We can simply answer the question as this. We are always unconscious of heart and the moment we are conscious of it, it is not normal but abnormally known to us as palpitation. So, soul is also an unconsciously supra-conscious existence in us and if any one for a moment is given the super-conscience, he feels the torment, censor, check and tension of Super-Ego alone, for the self-same realization of soul.

The mental phenomena of psychology, with its

keynote of *suppression*\*, from conscious to unconscious, then to supra-conscious and finally into unconsciously supra-conscious stage, transcend all the vital processes for the establishment of animation and viewing of *life everywhere*, as well ; *this is our third point again and based on symptom-similarity and symptom-totality* ; and all of them are further reduced themselves to the idea of matter-mind-life-spirit oneness.

We have said of materialism and spirituality along with pain in our second point and the denial of spirit in science up till now in the first point. Our third point arose to see life everywhere ; life is meant by consciousness or homœo-consciousness properly. Up till now matter furnished no account of facts of life or of consciousness because we had no adequate knowledge of homœopathy, with other allied sciences from periphery to the core.

What we mean is : To-day, we can differentiate what is living and conscious from what is not living and unconscious. But consciousness is the other part of such unconsciousness of psychology ; hence life of consciousness is the opposite polarity only, of unconsciousness in matter,

Consequential developments of homœopathy from teleological portions to its biological interpre-

\* Psychology is concerned at present only with *repression* or repressed factors and hence conscious and unconscious minds only ; but we like the word "*suppression*" of homœopathy or philosophy where both *supra-consciousness* or awareness of the mind and *unconsciously-supraconscious stage* or spirituality itself are concerned. Psychology denied spirit in the beginning though it excuses now to prove it to be the science of spirit.

tations, with further help from other developed sciences, gave us the exactness of reasonings and calculations, which can make Homœopathy possibly a whole science. to-day. Our prediction here : These are purposes of Moment-Eternal, and spiritual and not purposes of science, so long dealing with moments, irrelevant.

To compare this spirit with the spirit of a sportsman for our simplicity and clearness : The sportsman in the field does not woo with any one of his choice, but with all odds and perpendiculars around, unbiddenly environmental and presently known as the people of the gallery.

In reality, *life of spirituality* is no more peripheral, no more scientific (for science grows in the periphery and limitation alone), no more physical, chemical, bacteriological, pathological etc., but the transcendental unity with all possible mental phenomena up to the stillness of spirit itself. Such is the graceful curve and it is the embodiment of the circle with a gaping mouth ( $\curvearrowright$ ), that beautifully represents for infinity. This CURVE is although composed of STRAIGHT LINES, as tangents at and every point, but is not apparently so in the sensing of its beauty and whole truth again. Thus graceful movement is trailing in character against straightness and taciturnity. The whole is an universe in spite of chaos around.

Over-forwards in homœopathy are always eager to share the truth, beauty and welfare but all strain goes to *the spirit of understanding*. Our fourth point to stress then is this, that we cannot

*satisfy these two masters namely the pragmatists and those that are after the spirit of understanding, at the same time*

To be more explicit :—There are different fundamental characters in knowledge of abstraction and in knowledge of utility ; for, in knowledge of abstraction, conception, cohesion, instinctiveness intelligence or spirituality there is all-strain and pensiveness as referred in the second point. So there are tantalising beseechments here. But, in the knowledge of utility or pragmatism, different short-cut-courses, different co-ordinates and different co-efficients are used which are to serve moments irrelevantly.

Yet, as a sportsman has his buoyant spirit amidst anxious thoughts alone, so we attempt to solve out the same quality of life as repeated everywhere, through the understanding of SPIRIT alone ; through the understanding of SEX itself : for life of both affectives or emotives, and conatives or manifests in changes, is quassi-purposivenesses and quassi-sex finally. OUR FIFTH POINT TO IMPRESS IS THIS, THAT SEX IS THE GATEWAY OF ALL SORTS OF CREATIONS.

The miasmatic theory of homœopathy will be clearly traced through this SEX again. Sex is then so charmingly beautiful and alluringly truthful, wholesome, complexly unifying and binding yet disruptive and antagonizing and hence tensive too. The theory of animation or the concepts of life even in inanimate nature, is based on the *metamorphosis of this sex*, as will be evident in our illustrations of *Calcareo-ostrearum*, the hard shell

of the oyster ; *Argentum-nit*, the lunar caustic ; *Graphites*, the metal for writing ; *Lilium-tig.*, the tiger lily ; *Viscum-album*, the common mistletoe etc. Finally it is through the concentrated idea of sexuality, from conscious to unconscious, supra-conscious and unconsciously supra-conscious in nature that we have a full grasp of the spirit. This is the root-cause of our ancient's conception in *Shivalingam* ( शिवलिंगम् ) to get at truth, beauty and welfare of mankind. We base on the same sex-psychology for the understanding of the spirit of our *Materia Medica* ; for sex-psychology and spirituality are convertible terms again.

Sex is then the cardinal and primitive, first and final order of approach, where if meanings are invested and interpretations are attributed from hormones to vitamins from vitamin-deficiency to infection, from consciousness of mind to its unconsciousness and thence to supra-consciousness or spirituality (unconscious-supraconsciousness) itself, the whole jumble of feelings that eventuate in allergeo-pathogen-trauma-and-phlegmonic significance or in the matrix of insignificant urges or impulses, will be solved.

Our sixth point then is how to develop the clear conception of *miasm* ? *It is the worst part of empiricism in homœopathy, if we cannot develop the clear conception of the miasm, viz, sycosis syphilis and psora which may be termed scientific understanding again through the help of advanced facts of endocrinology, particularly gonadal ones.*

We shall describe the nature, character, symbiotic organism, location, course, modality, sensation and even the make-up of *sycotics*, first. We shall attempt to dilate the advanced therapy of gonorrhœa, from the other and regular camp, in the close follow-up-order of the psychological aspect of homœopathy. We shall view upon the symptom-similarity next, i e., the expected happenings of *Id-mind* (repressed sex of an individual stimulates this *Id-mind* or animistic mind for symptom-eventuations) of sycosis, in the one hand, and the curative principles in homœopathic drugs as well, and also those embodied in the advanced therapy of allopathy on the other hand. Similarly we shall see that the Neisserian organism develops the like-mind and character of sycosis too.

If we can develop syphilis and psora in the same way through the development of sexual and antisexual, granulating or anti-granulating hormones, our part as preliminaries to this vastly wider psychological aspect of homœopathy, will be paved, to quote the following from the author's *Bio-Materia Medica*.

"Farrington observed that the mass of conglomerated symptoms in *Materia Medica*, lacked all rhyme and rhythm but for the pathological state. The clue to string the observable facts of disorder, known as pathogenesis, yet made methodical by the understanding of the processes of inflammation" (not the pathogenesis of homœopathy which are conglomerated facts only, got by proving, by overdosage or poisoning so to say), "lies in the

understanding of the mental phenomena, its conscious, unconscious, supraconscious and even the suppressed supra-conscious stage." This psychopathology has its *causa prima* in *miasm*. Miasm is the tendency or the *bias* of psychology. The ever-still spirit with all rhythm inside, is deviated peculiarly in its own *modality* or modifiers of unsteadiness. This is the root-cause of peculiarities of *sensation*, i. e., how *the deviated spirit* senses with the foreign-body-adaptability or symbiosis of life, in place of assimilation or complex-unity of the spirit. This is the root-cause of the selection of *the first modifier*, viz., *time* in relation to the light of the day or the want of such in the night. We shall be able to show why syphilis has its aggravation in the day-light and sypilis in the night. Heliotherapy is known to us from days of yore; *the laws of light* can again be shown here as *the laws of life*. Such is the root-condition of a-vitaminosis for *vitamin* again is nothing but *the storage of this transferred solar rays*, to rule over *animatism*. The sub-par condition of vitamin, the endocrine-disorder and infection-theory are getting interrelated together complexly but finely again to bring forth the mental phenomena for the establishment of the laws of symbiosis, animatism, symptom-eventuations and the clarification of the most complex and hence difficult miasm namely *psora*.

Consequently, as Farrington feared, in his own days, that no diploma could be granted to any one without the knowledge of pathology; it is fifty



years after his demise we take the stand on psychopathology for the remodelling of Homœopathic Materia Medica again, and utter that no diploma is to be granted to any one, now or a few years after, without the knowledge of psychology. If the student does not understand psychology, he cannot be given the real understanding of the spirit of Materia Medica. Truths are strewn there but disorderly, though in an untarnished and virgin state (telcology as the science calls them) which have been aptly mentioned by Hughes where he says that "the reader begins with vertigo and ends with rage." Hughes indicated the veins alone by collecting the data and hoped that futurists would reach to react the rich treasures of mine. Guernsey attempted at explanations from their essentials known as keynotes but not quite fruitfully. Kent attempted to impress on us, so as not to divorce medicine from theology but not still fruitfully as it was not done scientifically. We could not but owe our much gratitude for T. F. Allen's Handbook of Materia Medica for the charming encyclopædia embodied therein too. Who can remember a dictionary? If he is able to remember so, can it be viewed upon in times of need or in emergency? For *viewing* of the disarticulated members of any system, always stimulates us to articulate them in a way so as to give it a perfect *meaning* to such appearances. Indeed, we are fully indebted to each one of the predecessors *Hahnemann, Bazin, Grauvogel, Rademacher, Hering, Guernsey, Hughes,*

*Farrington, Kent, Allen* and even Paracelsus, Hippocrates and a host of others as homœopathic pioneers in the one hand; as we are similarly indebted to Freud for his marvellous contributions, viz., *ambivalence, bi-sexuality, displacement and sublimation*, or to other pioneers of psychology, viz., *Frazer, Tylor, Wundt*, etc. for the discovery of ANIMUS. The latter are noted for their original work on the homœo-magic or homœo-consciousness or works of magic performance itself.

Homœopathy also embodies similar marvels in Hahnemannian conception in the tri-partite miasm of psora, sycois and syphilis firstly; secondly, in the development of homœo-consciousness or symptom-similarity or the similarity drawn between the provings performed and the expected happenings by the curative dosage; thirdly, in the development of symptom-totality which is reduced into intuition or insight; fourthly, in the same quality of Freud, namely, primary and secondary symptoms or bi-polarity itself. The only drawback is that they (the bi-polars or ultimately multiples) are not methodically arranged through any basic retrospection as *sex* is taken in psychology, and *Shivalingam*, as taken in the study of theology in our country.

[To Continue.



## RELATA REFERO.

The Annual Report of the Students' Welfare Committee of the Calcutta University for the year 1939-40, is a harrowing tale of disastrous deterioration of man's greatest asset in life. According to the report, as many as 49.26% of the students are suffering from diseases and defects requiring immediate attention, as against 41.6% for the year 1937.

\* \* \*  
Four measures have been suggested for improving matters, viz., (a) Compulsory physical training for every undergraduate student for two years; (b) Certificate for physical fitness and of health knowledge before being allowed to sit for Intermediate Examination; (c) Appointment of one Publicity Officer to carry on health propaganda work, and (d) More funds for encouraging physical activities among students.

\* \* \*  
Nothing has been suggested to nourish the students' fasting digestive organs. Æsop's horse plaintively wanted more fodder and much less grooming.

\* \* \*  
The Medical Officer, The Homœopathic Free Dispensaries, Delhi, has sent us the following report of new patients treated at his six dispensaries during the month of October, 1940, viz., (1) Central Dispensary, Kuch Baij Nath, 2821; (2) Village Barwala, 622; (3) Faiz Bazar, 812; (4) L. Ram Roop Dispensary, Subzi Mundi, 2096; (5) Karol Bagh, 1104; (6) Queen's Road, 508, making a total of 7965 new patients during the month.

**Leaders In Diarrhoea Remedies**—such in the title of a small brochure by Dr. H. C. Chakrabarty, price annas eight only, and published by him from 81, Clive Street, Calcutta. In his preface the author apologizes that it is in no sense a complete work on the subject and that his intention is to make it a supplement to all other standard works on the subject. At the end of the book four pages have been devoted to serve as a sort of repertory. Beginners will find it helpful as a stepping stone to the works of the standard authors.

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Her Excellency The Marchioness of Linlithgow opened the Second Tuberculosis Workers' Conference at Delhi on Monday the 18th November 1940. Workers from different parts of India attended the Conference, and they had the pleasure of visiting the 'model clinic' in Delhi, which is now almost completed. Her Excellency also made reference to the Kasauli Sanatorium and teaching school and thanked the Government of India for having generously granted the necessary expenditure subject to ratification by the Assembly. She also gratefully referred to Pasteur Institute's generosity in offering her their buildings and property, and the prospect of an annual grant; here provision for a hundred beds is being made with room for expansion.

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In course of her speech Her Excellency dwelt on the advocacy of different treatments by various eminent doctors and said that the results obtained and the statistics kept all tend to throw light on the treatment of the disease and to determine the effect

of climatic influences in conjunction with treatment.

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But has any one yet bothered himself to place at the disposal of Her Excellency, statistics which should throw light on the homœopathic treatment of the disease ?

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Bengal, the hottest inferno of tuberculosis, is also the biggest granary of Homœopathy in India. Yet, not a mouse stirs here to bring to the fore-front the benign results of homœopathic treatment of this disease. No practical form and shape have yet been given by way of establishing sanatoria or *palpable* clinics, although aspirants may be extending their paws to pinch a government grant for running a sham.

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Busy homœopathic practitioners there are numberless, amassing wealth by big fees, but honest intention of serving the cause of Homœopathy is only a myth. Craving for equality of prestige and privileges with the dominant school of medicine can only be fulfilled by values, and neither by brags nor for begging. "Observer"

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[ in the Press. ]

*Sample pages on application*

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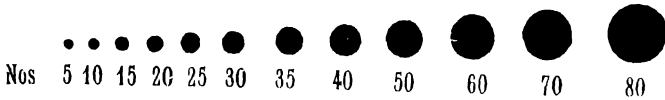
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