

CLINICAL CASE

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On 31st August 1960, Mr. Akmal Yezdani, M.A., Head-Master of High School visited my clinic with a X-Ray Plate showing necrosis of joint of his left little finger. He was much distressed at his physician's opinion for amputation. "Can Homœopathy do something in such cases", he enquired in disappointed tone. "Homœopathy will help you where Allopathy fails," I gave an encouraging reply.

History: Age 45 years, short well built body, mild gentle temperament, a picture of love and affection to all.

In the beginning of June 1960, he got burning pain on the left little finger ameliorated by heat and aggravated by cold. When the pain and swelling were not improved, an operation was performed, which relieved the pain, but pus continued discharging inspite of the best modern age injections and treatment. A second operation was performed which did not help at all and as a last resort amputation of the finger was advised. On my examining, I found the part had some hard swelling and there was very little pain. There was one opening through which thin yellow offensive pus was discharging. The whole left arm had burning sensation. The patient had also enlarged liver with burning sensation. His appetite was poor. He had constipation and flatulence. He was a chronic patient of liver troubles.

Treatment: Dr. A. L. Rousseu speaks highly of Staphylococcin in chronic suppuration. Just for the sake of curiosity and for the first time in such cases, I gave one dose of Staphylococcin 30. Calendula ϕ 1 part in 10 parts of Coconut Oil was given for dressing the wound. Joyfully he came in a week with the information that the burning sensation had not only ceased on his left arm but it also disappeared on his liver region. The swelling had reduced and the discharge of pus was much less. He was given a dose of placebo to report in a fortnight. During this period the wound had completely

healed and his liver was reduced to normal size. He was in perfect health.

Dr. Rousseu does not speak of Staphylococcin in liver troubles, but the above case illustrates that it was definite action on the liver also. Of course this single case in no way can be considered a symptom picture of this new drug. The profession is requested to assess its right place by further clinical experiments and to enlighten the Homœopathic world through this esteemed journal.

ANAPHYLAXIS, IMMUNITY AND HOMŒOPATHY

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progression, under various guises of the original pathology or weakened resistance to the original or similar infective agent. Like exo-genous causes of infection there may be endogenous causes resulting in diverse mental and emotional configuration or from chronic hypersensitively resulting from earlier senziti-zation.

The very flexible balance and polarity of exogenous and endogenous disease-origin, complementing each other seems more adequately encompassed in the idea and homœopathic description of miasms than by the narrower one of bacterial infection, which really does justice only to the fresh invasion of the external bacteria and completely over-looks the endogenous origin of illness. In short. Homœopathy is largely built up on an extension of what now goes by the name of 'Allergy.'

—*The Homœopathic Herald, July, '62.*
