

Dr. SCHEPPENS said that aluminium was a cause of disease of the skin which it was easy to suppress. Foods such as fat, egg, chocolate and mushroom might cause diseases of the skin and were easy to suppress. A Belgian doctor had potentized these foods, and had used potency 3x with good effect.

—*The British Homœopathic Journal, October, 1950.*

## VALUABLE HOMEOPATHIC REMEDIES IN THE TREATMENT OF PULMONARY TUBERCULOSIS

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Perhaps in no other sickness does homeopathic prescribing meet such difficulty as in pulmonary tuberculosis, and this in spite of the considerable number of remedies which have direct organotrope relation to the lungs. Often it happens that the diagnosis has been made, but the individual symptoms elicited are so indefinite that they hardly point to a good remedy choice. There are also many cases of tuberculosis which present only scant clinical symptoms, so that the real disease is only discovered by accident. Hence an exact anamnesis is all important in pulmonary tuberculosis. Often even apparently unimportant symptoms may point to the remedy-choice. But also the patient's constitution must be well observed which often leads to the goal; I remind only of the calcarea, phosphorus and sulphur constitutions, etc.

The homeopathic literature offers many splendid works on the treatment of pulmonary tuberculosis, like those of *Bähr, Kafka, Goullon* and *Clotar Mueller*. But it is hardly superfluous when I mention especially approved homeopathic remedies for the treatment of this disease, and quote some cases from the actual practice, especially since I took care of patients at a sanatorium for consumptives. This

experience also taught me that tuberculosis can be successfully treated without much medication and without surgical means. My chief had the greatest confidence in fresh-air-treatment, bedrest and diet. Instituting pneumothorax, phrenicotomy and thoracoplastic according to *Sauerbruch* were never resorted to. And yet the results were excellent. When I again entered my own practice I subjected the specifically homeopathic treatment of pulmonary tuberculosis to a careful critic. Hence this article is the result of painstaking observation for eight years.

1. *Iodum* and its salts.

a. *Iodum*. No homeopathic remedy combines so many curative facets toward pulmonary tuberculosis as *iodum*, hence it has always been one of our most active and reliable remedies in phthisis, and still is superior—especially in combination with arsenicum, calcium, kali and stannum.

Its symptoms are: Rapid loss of weight in spite of good appetite; glandular swelling on neck and sterno-clavicular space; continual irritation to coughing, dryness in throat and upper chest. Laryngeal involvement also points to *iodum*. The well known action of cod-liver oil for pulmonary tuberculosis and scrophulosis is exclusively due to the contents of *iodum* and phosphorus.

*Kafka*, one of the best authorities on materia medica, recommends *iodum* especially for cases in which catarrh of larynx and bronchial tubes predominates. The patients suffer consequently from chronic hoarseness; in consequence of laryngeal catarrh tough masses of mucus accumulate in larynx, which cause the sensation as if there were something which must be gotten rid of. Due to a continual tickling irritation large masses of glassy mucus, intermixed with pus, are expectorated.

*Bähr* considers *iodum* unquestionably our most important remedy in developed phthisis, but it is suitable only where the expectoration is purulent. He recommends low potencies, preferably the 1x, which, he says, can do no harm. He also states that it is pre-eminently indicated

where tuberculosis is based on scrofulosis, and in young, strong patients. Where a diarrhea is co-existent it is generally contraindicated. The potency of my own choice is the 4c.

The effectiveness of *iodum* is shown well in the following case: A merchant of 34 complained of continual fatigue, cough with yellow offensive expectoration. Aside from a rightsided otitis media during childhood he has always been well until lately, when he was hungry all the time and yet had lost 10 lbs. in weight. A paternal cousin had died from phthisis, but no other case of similar nature has happened in the family. Examination showed dull percussion note on left side of upper posterior thorax reaching almost to middle of scapula. Anteriorly the dulness extends up to clavicle. Fine crepitant râles were heard here. The other lung was normal, as also the other organs. The patient made a somewhat exhausted general impression. The urine was normal. Lately his temperature had been slightly elevated evenings.

The statement that he had lost 10 lbs lately in spite of good appetite, led me to *iodum*, which also seemed to be suitable in general. That remedy was given in the 4th c., gtt. 5 t.i.d. In four weeks the total impression was better, patient could follow his occupation, and had lived up to my direction of lying down for two hours every afternoon in his garden, or in front of an open window. I could demonstrate a plain recession of the dull percussion surface. A few râles were still heard. Patient had gained 4 pounds in weight. I now prescribed *iodum* 6x, and asked him to return in 5 to 6 weeks. But before 5 weeks had passed patient's wife telephoned that he had contracted influenza and suffered from high fever. He was treated by his family-physician, unable to travel to my office, and he died a few weeks later from pneumonia. I was informed that his improvement had continued till the attack of influenza set in, while his appetite remained good and he continued gaining weight.

Also in other diseases have I experienced favorable action of *iodum*, but, of course, at times I was disappointed even though it seemed indicated. Perhaps even lower potencies than those proposed by *Bähr* would have given the expected result. Yet I have seen aggravations from *iodum* as I prescribed it, which prevented me from resorting to lower potencies.

b. *Arsenicum iodatum*. This compound is perhaps the most often prescribed homeopathic remedy in phthisis. Some authors recommend its use as soon as the diagnosis of phthisis has been established unless other characteristic symptoms indicate a different remedy. But this kind of treatment is not following the simile rule, and it therefore easily leads to disappointment. *Arsenicum iodatum* is without a doubt a very valuable remedy in the treatment of phthisis where the symptoms are: Torturing hacking cough with profuse yellow-greenish purulent expectoration, dyspnea, fear, oppression of heart with palpitation. Accompanying this there are emaciation, thirst and exhaustion. It is not only a roborant, but also strongly resorbing. I usually prescribe it in the 5x potency.

Worthy of notice is a case which the American physician Dr. *Nankiall* reported (International Homeopathic Press 4, page 247). It concerned a woman of 39 who took sick after her eighth confinement; she developed a cough and then removed from the interior to the seacoast. After 10 days she developed hemoptysis. After being treated allopathically for 3 months she consulted Dr. *Nankiall*. She was emaciated, feeble, pale and nervous, and "out of breath" upon the least motion. Examination showed a flat chest and dull percussion sound on left side with spots of crepitation over chest and back, especially prominent anteriorly at axillary surface of pectoralis major and in the right subscapular region. Also under the right clavicle was some dullness and longer expiration sound with increased fremitus. Patient was given *arsenicum iodatum* all through the winter in the 6., 3. and 2. centesimal potency. Gradually

the feverish temperature receded until it was normal, fremitus and dull percussion sound over right apex disappeared; left lung and thorax "contracted plainly," crepitus was not heard, normal breathing sounds became audible and patient gained 18 to 20 lbs. in weight. Only once did she have a slight hemoptysis.

From my own practice a case: Lady of 25 has always been well, but now complains of being so thirsty, loss of appetite and sense of fear with palpitation, a torturing barking cough. Has lost 15 lbs. in weight. I prescribed *arsenicum iodatum* 5x. After four weeks patient felt better. The local finding was slight: Some dulness over left lung apex with a few fine râles; palpitation (though contour had almost become normal). Patient had gained two lbs. in weight. After 10 weeks I could dismiss her as well. She had gained 12 lbs. Her last prescription had been *arsenicum iodatum* 6x gtt. 5 t.i.d. Contrary to iodum, *arsenicum iodatum* has seldom caused aggravation. But I never use it below the 5x potency.

c. *Calcarea iodata*. It acts where the typical calcarea constitution is present and the expectoration is purulent. Moist râles are heard over the lungs. It is also valuable in cavern formation with much mucus. *Stauffer* calls *calcarea iodata* a fine resorption remedy, which is also valuable in scrophulosis. I use it mostly in the 2x and 3x potency in tablet or trituration form.

The before-mentioned American physician Dr. *Nankiall* found *calcarea iodata* useful during the second stage of pulmonary tuberculosis where much moist râles are heard. He treated a lady suffering from advanced phthisis. A large cavern filled the upper part of the left lung where the lower half was "impermeable for air." *Calcarea iodata* given a number of times dried out the cavern and prevented further spread of the malady.

I have given *calcarea iodata* in a case which had a large cavern secreting abundantly; there were some hard glandular swellings on neck. After six weeks treatment with

*calcareo iodata* the cavern was smaller as shown by x-rays and the cervical glands were practically normal. I had given *calcareo iodata* 2x, a tablet t.i.d.

d. *Kali hydroiodicum* is especially indicated in dry cough between 3 and 5 a.m. Expectoration like soapsuds, greenish. Nightsweats, enlarged cervical glands. It acts especially during the stage of caseation and necrosis, when decay of lung tissue is evident and caverns form. I use the first to the 3. potency, always in tablet form.

*Kali iodatum* (which also served me well in otitis media, hypertonia and especially in pneumonia) I prescribed in a case of phthisis in which necrotic decay of lung tissue was present. Over the right lung x-rays showed a small cavity. I found hard, enlarged cervical glands; patient suffered from nightsweats and torturing morning cough. *Kali iodatum* 3x relieved the cough and increased the expectoration. Patient gained weight slowly, but an influenza caused her death the following winter.

e. *Stannum iodatum* was always valuable in profuse, yellowish, sweetish expectoration, tickling laryngeal cough, oppression to heart, dyspnea, loss of weight. I prescribe the 4x potency in tablet form.

Miss E., 39, commenced my treatment in Sept., 1932. She had been ailing with lung trouble for 15 years. Her appetite was good; she had no nightsweats. Now she complains of an irritating cough with yellowish-green sweet tasting expectoration. Physical examination revealed an extensive process: On left side stage 2 to 3, on right side 1 to 2. I prescribed *stannum iodatum* 4x tablets, one every 4 hours. After two months her weight had gone up from 115 to 119 lbs. Patient stated she had not hoped for improvement, but the remedy "had done her good" undoubtedly, she felt so much better; and her appetite had increased. During the past six months I saw the patient four times, and she had increased her weight 8 lbs. under *stannum iodatum* 3x. The local finding was much improved, especially on the left side of chest. For her sensation of

fear and palpitation she was given *arsenicum iodatum* 6x gtt. 3 t.i.d. Also in a long list of similar cases I have seen fine results from *stannum iodatum* and would not miss it in the treatment of phthisis.

2. *Ferrum metallicum* is important in beginning phthisis of anemic young girls who change complexion easily, or in nervous patients weakened by mental upsets or by loss of body fluids, who suffer from congestion to head or chest. They often complain of fleeting chest pains, tire easily, nervous irritability, palpitation, cough with blood-tinged expectoration, epistaxis and loss of appetite. In evening fevers with bloody expectoration, *ferrum phosphoricum* has been especially helpful. I prescribe tablets of the 6x potency.

One has to use *ferrum* cautiously. At any rate it should never be used below the second trituration because in patients suffering from lung congestion it may lead to hemoptysis. I generally use the 6x trituration in tablet form. *Ferrum metallicum* I have used in some cases with much care, but never did I see any essential action. From *ferrum phosphoricum* I have had good results in bedfast patients suffering from severe fever. I recall especially a case of phthisis in the third stage and with high fever. I ordered *ferrum phosphoricum* 6x a tablet every 3 hours which brought a general improvement, increased appetite and relief from the burdensome night sweats.

(To be Continued)

### Homoeopathic Treatment of

# ASTHMA

By Dr. Fortier Bernoville, M.D.

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Homœopathy ; I am too short of time and others are more qualified to treat this question.

In closing I wish to mention the help we can give to the patient who had just been operated on. *Raphanus 3x* in great accumulation and incarceration of flatulence, systematically given after all abdominal operations, the patient is greatly relieved, and flatulence disappears quickly. In shock we must remember *Aconite*, *Arnica*, *Camph.*, *Hyper.*, *Lachesis*, *Opium*, *Stront.*, *Verat.*, and so on. And at last in sepsis *Lachesis*, *Arnica*, *Pyrogen*, *Echinacea*. Let us not forget *Staphisagria* after operations on urinary apparatus, on sphincters lacerated or stretched. *Staphisagria* acts also on teeth and alveolar periosteum.

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## VALUABLE HOMŒOPATHIC REMEDIES IN THE TREATMENT OF PULMONARY TUBERCULOSIS

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(Continued from page 160)

3. *Phosphorus*. It will be useful only when the typical phosphor constitution is present. It is therefore preferably indicated in slender, emaciated, tall patients with pointing dorsal vertebrae. The cough is dry, torturing ; there is continual hoarseness or loss of voice with soreness in larynx and under sternum. The expectoration is either bloody, blood-streaked or purulent, and of salty or sharp taste. Patient has to sit up nights on account of continual coughing ; there is a dry and raw feeling in throat, the voice is hoarse or soundless, aggravation from much talking or inhalation of cold air. Every excitement causes chest congestion and severe palpitation.

*Phosphorus* is furthermore indicated in sticky night-sweats and dry palms. As accompanying symptoms deserve



to be mentioned especially : Pain in stomach, at times with vomiting, which may happen after any eating ; or there may be continual diarrhea following eating. The sexual life is peculiarly lively. I usually prescribe the 6th to 10th potency. One has to use the lower potencies with care because they may start hemoptysis.

*Kafka* considers *phosphorus* one of the most effective remedies in hemoptysis when larynx, trachea and bronchi suffer from chronic catarrh. Aside from chronic hoarseness there is a constant irritation and tickling with roughness in throat and much mucus in the chest with considerable oppression. Coughing worse from speaking and deep breathing. The difficult sputum is albuminous or blood-streaked. There is, especially evenings, faintness and weakness in kneejoints, rapid emaciation and paleness of skin.

*Bähr*, according to his experience, considers *phosphorus* less effective in phthisis proper than toward single symptoms. He also mentions the strong inclination to hemoptysis as action of *phosphorus* and recommends that its use be only for a short time. A case of my own practice : Young lady of 20, typical phthisic habitus, complains of nightsweats, stitching pain over left lung apex and loss of appetite. Slight dulness over lung apex, but no râles. Cardiopnea. I order *phosphorus* 10x, gtt. 5 t.i.d. In six weeks she had gained 6 lbs. In three months the local process was cured. When I finally dismissed her she had gained 10 lbs.

The opinion of some homeopaths that *phosphorus* should not be given in pulmonary tuberculosis below the 15th potency, I can not share. I have never seen an aggravation from the 10th potency.

4. *Mercurius*. According to many poisoning records the abuse of *mercury* leads to "lung congestion and bronchial obstruction with mucus." The use of quicksilver in phthisis is therefore often indicated. It is especially useful in weakening sweats nights and mornings of patients suffering from phthisis. Throat and larynx are dry. There is

oppression of chest increasing to suffocating attacks with cough of hollow sound. Patient is too weak to "bring up" any mucus. I usually prescribe *mercurius solubilis* Hahn. *Kafka* calls quicksilver an anti-tuberculosum. He does not deny its symptomatic usefulness, but has scruples about its longer use because under its use tubercular nodules easily degenerate to pus, and thus might promote cavern-formation instead of a cure, a continuing tuberculosis.

*Stauffer* recommends quicksilver in pulmonary congestion with dyspnea and threatening phthisis. Its cough is dry, shaking, explosive says *Stauffer*, and that there is sharp stitching pain especially on right side; from deep respiration and coughing. In a woman of 40 I could recognize a good improvement in the weakening night-sweats and of the choking attacks of coughing. She had suffered for a year from phthisis in the 2nd stage. For a year she travelled often to my office, but finally she died from a severe attack of hemoptysis. When, (during my treatment) she suffered from severe night-sweats and chest oppression, I tried *mercurius solubilis* Hahn 6x (a tablet t.i.d.), but minus result. Many homeopaths claim that quicksilver is especially indicated in patients who had previously suffered from syphilis. Other physicians deny that it has any value in phthisis. My opinion is that *mercurius* is only indicated in mild cases of tuberculosis, and in advanced cases I often use *arsenicum iodatum* and *stannum iodatum*.

5. *Sulphur*. It is preferably used as interposed, or reaction remedy in advanced phthisis with much purulent expectoration and cavern-formation, especially when patient has the following symptoms: Dryness and burning in throat so that dry foods "get stuck" in pharynx, and have to be dislodged by coughing. Such patients have a dry, exhausting cough which finally brings up masses of expectoration which gives much relief. There may be total loss of voice and exhausting night-sweats. After a short sleep, patient awakens suddenly with fear of suffocation, and moaning. There is frequent congestion with severe palpitation which

causes the otherwise pale and sunken face to turn a bright red and spotted.

While *Bähr* never saw much result from *sulphur* in pulmonary tuberculosis, *Kafka* lauds it, especially in cases where skin-symptoms also indicate it, like: Acne disseminata, pityriasis rubra, impetigo and chronic eczema. According to *Kafka* the *sulphur* cough is aggravated by motion, stooping, slight physical exertion, and is also connected with dyspnea and palpitation. The cough appears in nocturnal attacks with tickling in larynx, and has dryness in the throat.

I prescribe *sulphur* in pulmonary tuberculosis only for reaction. *Bähr* recommends *hepar sulphur calcareum* when the course of the disease threatens to be rapid, when intense fever appears early in the beginning, the cough is more dry, in spite of the patient's statement that there is rattling and whistling in chest. *Hepar* is also then especially indicated when scrophulosis preceded the present sickness. Severe diarrhea is a contra-indication for *hepar* according to *Bähr*.

Later I shall return to the action of *sulphur* (see chininum sulphuricum). *Hepar* I have tried in some cases of feverish consumptives with much expectoration. One case I remember vividly: A lady of 70 who took cold so easily and had "her bronchitis" every year. After one cold she developed a grippy condition. Over the entire left lung I found a dull percussion note reaching downward. Râles were heard over the entire portion. The profuse expectoration teemed with tubercle bacilli. Fever. I prescribed *hepar* 4x, a tablet q. 3 hrs. The temperature became normal. During all this time patient had coughed up large quantities. Shortly after completing her 70th year she succumbed to cardiac paralysis.

6. *Bryonia*. There are few cases of phthisis in which *bryonia* symptoms do not appear. It is especially indicated where pleuritis does accompany. Stitching pains aggravated by coughing and sneezing, deep breathing or motion, which *bryonia* relieves quickly. The cough is mostly dry, which

patient tries to suppress because of the stitching pain. I prefer the first or second potency.

*Bähr* thinks: "*Bryonia* is very valuable when great exhaustion is paired with mild fever, together with peculiar drawing-stitching pains in the apex of either lung, and pain in the arm of that side; or tearing pains through limbs. In the later course of the catarrh *bryonia* is rarely useful."

I have no personal experience with *bryonia* here, but it has given me fine results in pleuritis as also in some cases of pneumonia. Yet I believe in its salutary action in suitable cases of pulmonary tuberculosis; with suitable indication it hardly ever fails.

7. *Lycopodium clavatum*. In volume 4 of his "Chronic Diseases" *Hahnemann* recommends this remedy in "coughs with purulent expectoration" and in "ulcerated phthisis." Clinical experience has proved it valuable in beginning phthisis following measles or pertussis. Chest examination discloses rather diffused râles with relatively slight dulness upon percussion. Inclination to caseation and formation of caverns is not pronounced in cases suitable for *lycopodium*. But it is well indicated when patients suffering from phthisis complain at the same time of a weak stomach, especially of full feeling, and of feeling satiated too rapidly. I use it preferably in the 6x potency.

I have no personal experience with *lycopodium* in pulmonary tuberculosis, but I remember vividly a case of my father's practice in which, aside from phthisis in the first stage, prominent symptoms of stomach-trouble were present, which indicated *lycopodium* and responded well to the 6c. potency, not only as to gastric symptoms, but also regarding the pulmonary condition. Patient regained his full working ability, and could be dismissed cured.

8. *Kali carbonicum*. According to *Kafka* it is indicated in chronic hoarseness when the location of the catarrh is more in the trachea with tickling, forcing to continual hawking and coughing; sensation of plug in throat or larynx which coughing should bring out. The expectora-

tion is similar to eggwhite with small round pus lumps. At times the cough is so severe that retching and inclination to vomiting are felt, especially in the morning hours. There are constriction of chest and throat, the face becomes red, and perspiration starts over entire body. Chronic coryza, swelling and hardening of cervical glands; striking paleness of face, frequent nosebleed, diminished appetite with sensation of fulness and bloating of abdomen furnish (according to *Kafka*) further indications for this remedy. A minister's widow of 69 suffered from lung trouble following an attack of grip. She had dull percussion note and fine râles over entire left upper lung section. There was severe dyspnea and general exhaustion. Patient was almost too weak to "bring up" any expectoration. *Kali carbonicum* 6x gtt. 8 q. 3 hrs. was prescribed, and patient recovered completely. Three years later she died from an apoplectic stroke.

9. In some desperate cases *Kafka* saw good results from *chininum sulphuricum* 1x. He recommends it especially when after frequent hemoptysis-attacks, or after severe pleurisy or pneumonia a high degree of anemia develops. Paired with this is exhaustion, rapid loss of weight and a severe degree of nervous erethism. At fixed times during the day patient has fever attacks followed by profuse perspiration and exhaustion.

I have no personal experience with this remedy in such conditions.

*Sulphur* I have used from time to time as reaction remedy and experienced prompter reaction from later prescribed remedies. The action of *sulphur* in phthisis has just been judged differently. Some physicians praise its specific action, others deny it. Yet, it is perfectly possible that in the presence of a typical *sulphur* constitution it may act well in cases of phthisis.

10. *Spongia tosta*. It is a valuable remedy when the catarrh begins with obstinate hoarseness, the cough remains dry and barking for a longer time, of spasmodic character with sensation of congestion to chest, and asthmatic condi-

tions. It proved to me that *spongia* acts more specific on the mucous membranes of the upper air passages. *Bähr* recommends it in the above mentioned symptoms and believes he has often obtained good results.

11. *Myrtus communis*. Based on provings and the observation of older homeopathic physicians it appears to be splendid where patients complain of stitching pains in left chest, extending to scapula of that side. *Wheale* praised it as a grand remedy in pulmonary tuberculosis following a poorly healed syphilis. *Boericke* recommends it in the 3x potency. Numerous works on materia medica mention it in phthisis. It is worth a trial.

12. *Calcarea carbonica*. It should be indicated in scrophulous children who perspire much on occiput, have "big abdomen," skinny arms and legs, who show signs of beginning tuberculosis of bronchial glands. The same applies to women use the 2x or 3x potency.

I have prescribed it in a few cases of pulmonary tuberculosis, but without much success. This or girls who also suffer from profuse and early menses with creamy leucorrhœa. Cases of its action are not usually emaciated. Its patients are generally well nourished, at least when considering their disease. In spite of not being undernourished there is exhaustion, flabby tissues. Yet such patients have peculiarly red cheeks and tender color of skin, suffer much from headache, are lively and easily excited. Their digestion may be normal, or there may be diarrhea for a few days. Without apparent cause such patients complain of feeling weak, but do not show it in lively company.

*Bähr* recommends this remedy especially in the just mentioned conditions. *Kafka* prescribes it mainly in the early stage of phthisis. The cough is mainly mornings, with purulent expectoration. There is dulness in the clavicular region with fine râles. I generally use it in the 6x potency, but higher in children. I prefer *Calcarea iodata*, at least in pulmonary tuberculosis. A girl of 14, of pasty, spongy constitution, looked florid, suffered often from head-

aches, and for the last 3 weeks she complained of severe night sweats and morning-coughs. The pronounced *calcareea* make-up, much chilliness from the least draft, and the kind of cough led me to prescribe *calcareea carbonica* 6x, a tablet every three hours. A great improvement was evident in 3 weeks, patient had gained 3 lbs., she coughed seldom and had no more night sweats.

Many homeopathic physicians claim good action of this remedy in pulmonary tuberculosis, especially *Schlegel* praises it, as also did my father. The recommendation of high potencies by many prominent homeopathic physicians, I have followed in the beginning of my practice, but I never could see a pronounced action above the 15c. potency. Perhaps in the constitutional remedies the potency-choice is even more difficult than in other remedies. It all depends on the patient's reaction ability. Therefore Prof. *Bakody's* dictum: *The potency is a matter of medical art*—is never more applicable than here.

It is a matter of course that aside from homeopathic treatment *rest cures* and *diet directions* must be added. In mild cases I order lying down for 2 hours in forenoon and afternoon in the open, or at least near an open window when possible. Advanced cases must daily lie in the open air for 8 hours. As to diet I prefer fruit, salads, milk and sweet cream. Mild cases get a daily sponge bath with tepid water and some vinegar.

I have never seen much result from the much lauded *Gerson* (Sauerbruch. S.W.S.) diet. One but ought to cater to their wishes as much as possible. Of course, the use of tobacco, alcohol, tea and coffee are prohibited.

Supplementarily I like to state that in cirrhotic tuberculosis (chronic interstitial pneumonia) I have at times seen good results from *silicea*. An academician of 36 consulted me, who the previous year suffered from pulmonary tuberculosis following an attack of influenza and had been treated with pneumothorax, and last year the same treatment had been repeated. He is now completely cured. The

well-placed pneumothorax prevented my making a satisfactory physical chest examination. X-ray examination showed some cirrhotic strands and pleuritic adhesions in lower right chest. His appetite was good, weight 165 lbs. The general impression was satisfactory. Exertion caused palpitation and shortness of breath. I prescribed *silicea* 6x a tablet t.i.d., which he carried out for 6 months and gained 12 lbs in weight with further general improvement, and the dyspnea was less. For 18 months he has been working hard and can do it satisfactorily. Unquestionably *silicea* has aided the process of cicatrisation. I wish therefore to recommend *silicea* for the cirrhotic form of pulmonary tuberculosis warmly. Also in my father's practice I saw much good result from *silicea* in pulmonary tuberculosis, and would not do without it in lung-practice.

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February, 1950.

### 21st JOINT SESSION OF ALL-INDIA AND WESTERN INDIA HOMŒOPATHIC CONFERENCE

The 21st Joint Session of All-India and Western India Homœopathic Medical Conference which was held at Hira Baug, C. P. Tank, Bombay on the 7th, 8th & 9th June, 1952, completed its last deliberation on the 9th inst., which was of Western India Conference.

Many delegates from all parts of India and Western India attended the Session and the conference was a very great success in the history of Homœopathy in Bombay where it was called after 18 years by the Western India Homœopathic Medical Association, which was established in 1932. Delegates had come from Kutch, Karachi, Saurashtra, Rajasthan, Gujerat, Madras, Punjab, C. P., Travancore-Cochin, U. P.; Bengal, Bihar, Orissa, etc., and many messages had poured in wishing brilliant success to the Conference