

CLINICAL EXPERIENCE
WITH
CARCINOSIN

*(Revised and enlarged
Second Edition)*

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C. Ringer & Co.
Calcutta

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CLINICAL EXPERIENCE WITH CARCINOSIN

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Author : Essentials of Clinical medicine,
Essentials of principles and practice of Homoeopathy,
A guide to case-taking and case-recording,
Clinical case reports on constitutional prescribing,
Homoeo-sathi (Bengali),
The Lyssin Drug picture,
The X-ray drug picture,
Bronchial asthma (an integrated approach),
Leprosy (an integrated approach),
A guide to Organon of Medicine (doctrinal part),
Essays on homoeopathy,
Scope of homoeopathy in diabetes mel.
Prosnottore Homoeopathy (Bengali),
Role of homoeopathy in National health programme.
Lecture cassettes on : Genetic disorders and Miasms. Skin
diseases, Case Taking and Acute Miasms.

C. RINGER & CO.

23, Lalbazar Street, Calcutta-700001

Phone : 220-4747

Published by :

C. RINGER & CO.

23, Lalbazar Street, Calcutta-700001

Phone : 220-4747

Copy-right owner : Dr. Mrs. Sabita Rani Dey

CJ-325, Sector-2, Salt Lake

Calcutta-700 091.

(Revised and Enlarged Second Edition)

Printed Copies :

One thousand only

April, 1998

Printed by :

Jyoti Laser Point

63/2D, Surya Sen Street

Calcutta-700 009

Phone : 241-9473

Price : Rupees Fifteen only.

PREFACE TO THE SECOND EDITION

It is really a pleasure for me to write the preface of the second edition of CLINICAL EXPERIENCE WITH CARCINOSIN. Carcinosis is not a well proved medicine, but its clinical use by the homoeopathic practitioners of our country has been increased to a greater extent during the last few years. Moreover, symptomatology as obtained by clinical experiment and verification of Dr. D.M. Foubister, London and stated in his paper—"The carcinosis drug picture" has been included in the recent edition of repertories.

The demand for a second edition of my booklet inspires me to believe that my clinical experience with the medicine, which I have stated in the booklet is growing useful to my colleagues who are experiencing the medicine in their daily practice with at least some success. This serves the purpose of my writing the booklet.

In this edition I have thoroughly revised the paper. Four more clinical case reports have been added in this edition.

I extend my thanks to Dr Goutam Banerjee of C. Ringer & Co., Calcutta for shouldering the responsibility of publishing this edition as also many of my other books with great enthusiasm and sincerity.

Let carcinosis be a great weapon in the hands of my learned colleagues to combat various complex disease conditions of modern time.

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Dated : 31.3.98

S. P. Dey

Clinical Experience with Carcinodin

Preface

Carcinodin is a nosode made from the product of cancer. It is one of those medicines which are mostly abused, unused or misused. My experience for about forty years has led me to the decision that its judicious use may save the lives of many so-called incurable patients. I was fortunate to see Dr Donald Foubister using **Carcinodin** extensively at the Royal London Homoeopathic Hospital. The experience of Donald Foubister's clinical research and study of his famous paper **The Carcinodin Drug Picture** constitute the basis of my knowledge of the medicine. In fact, I believe that his paper gives sufficient information to enable a prescription of **Carcinodin**, but, curiously enough, it is noted that despite such a great contribution and good clinical symptomatology, the use of the medicine is very much limited in our country. This is the reason why I felt it my sacred duty to write something about my experience with the medicine. Moreover, observing the miraculous effects of the remedy, many of my colleagues persuaded me over the last few years to write something on **Carcinodin**. Guidelines for the use of the remedy, along with my interpretation, explanation and several case records for illustration are presented in this paper.

I would also like to learn more about the medicine from experienced homoeopaths all over the world. I firmly believe that **Carcinodin** is full of many more possibilities which will be revealed to unprejudiced homoeopathic observers. In the meantime, this humble effort will earn its due if it can help any practitioner's study of the medicine with practical benefits.

Introduction

The nosodes are regarded as the most powerful medicines in our materia medica. The sources of such powers lie in their origins. In

the nosodes we find the combined effect of the cause of a disease and the reaction of the living organism against it. The juxtaposition of such cause and effect makes the nosodes so very powerful. **Carcinosin** bears the combined result of the cause of cancer and the resistance of the system against it. Cancer being the most intractable disease to cure, the author believes that a thorough proving of **Carcinosin** may unfold the richest symptomatology in our materia medica.

Let us consider the cause of cancer from a homoeopathic point of view. I am not interested in categorizing carcinoma or sarcoma as a separate disease entity – it is essentially a degenerative process lacking its proper inflammatory reaction. This predominance of degenerative process over the proper inflammatory process is responsible for the pathological changes in malignancy. The cells cannot mature sufficiently and cannot be properly differentiated. The cancerous ulcer is the sign of degeneration, once formed it refuses to heal. Finally a healthy strong person becomes spectre-thin and then rapidly sinks to death. Naturally, a homoeopath becomes reluctant to consider such an exclusively degenerative process as a special variety of disease, because, according to homoeopathic principles, these changes are nothing but the ultimates of a miasmatic state – Psora, Sycosis, Syphilis or a combination of two or all three at a time. The end result of these untreated or maltreated miasmatic states are degenerative diseases like carcinoma, sarcoma, leukaemia, pernicious anaemia, rheumatoid arthritis etc. To be more precise, consider the example of a case of psoriasis : under treatment the psoriasis disappears and a suppressed state, e.g. eczema, comes to the surface; this again, being ameliorated, may reveal, say, a ringworm which again may go away, bringing back the dandruff of childhood days. In this way the patient is completely cured. Now, if we call that psoriasis a modified form of suppressed eczema or ringworm, is this irrational? Of course, modern medicine has differentiated each of the diseases separately.

with distinct symptomatologies, but to the homoeopaths they belong to any one of the miasmatic states or combination thereof. In fact, diseases like cancer, leukaemia, Hodgkin's disease, diabetes mellitus, rheumatoid arthritis, bronchial asthma etc. are nothing but different manifestations of the same miasmatic state. That is why a homoeopath likes to **consider cancer not as a separate disease entity but as the ultimate of a disease process.**

The clinical proving of **Carcinosin** has revealed another striking feature. It is confirmed that history of repeated inflammatory diseases in childhood is a great indication for **Carcinosin**. What does this mean? Does it not prove that repeated inflammatory diseases during childhood, if maltreated or untreated, may finally turn into cancer? Otherwise how can we use such a history as an indication for the medicine which itself is the product of a degenerative process? The beneficial defensive reaction of the system – the inflammatory process – is perpetually whipped by palliation. Obviously the result is suppression and metamorphosis. As homoeopaths we know that suppression of skin diseases may lead to bronchial asthma, suppressed rheumatic conditions may lead to valvular diseases of the heart, suppression of pulmonary tuberculosis may lead to mania and so on. The system tries its best to save us but a series of suppressions, one after another, ultimately compels it (as also the organs or tissues concerned) to revolt. The consequence of such unified rebellion is rapid mitosis, de-differentiation of cells or sarcomatous or carcinomatous growth with distant metastasis. Does not the chaotic state of carcinomatous or sarcomatous cells indicate that the vital resistance is goaded on by relentless suppressions to arrive at such a state? Not only Carcinoma or sarcoma, but also **all sorts of malignant or degenerative disease conditions are probably the resultant effects of such suppressions** as the author believes.

In **The Carcinosin Drug Picture** one comes across a series of **contradictory** symptoms. For example, there are the fastidiousness

and extraordinarily tidy nature of the syphilitic patient. At the same time there are the dirty habits and aversion to bathing of **Sulphur**, the great anti-psoric. Again, the patient may be highly intellectual with memory sharper than average or the reverse – a dull problematic child who cannot be taught. Here is also the presence of psoric intelligence or syphilitic dullness. Restlessness, anticipatory anxiety and the changeable nature of sycosis are also important symptoms of **Carcinosin**. The general symptoms are no less striking. We know the syphilitic has a strong aversion to substances which the sycotic may desire. Similarly the sycotic has a strong aversion to substances which the psoric desires and vice versa. **Carcinosin** has desires for, aversions to, or intolerance of fat, meat, milk, egg, sweets and wine. Now if we find the craving of Psora, the aversion of Syphilis or the intolerance of Sycosis in the same drug, does it not indicate that psora, syphilis and sycosis are equally present in it? Or does it not mean that cancer does not only come from a mixed miasmatic state but also from Psora or syphilis or sycosis alone? The psoric symptoms are predominant where the case is from psora, the syphilitic symptoms where the case is from Syphilis, the sycotic symptoms where the case is from Sycosis and the mixed miasmatic symptoms are predominant where it is from a mixed miasmatic state. Had it not been so, then we would find in **Carcinosin** either the desire or the aversion or the intolerance alone. The modalities also exhibit aggravation and amelioration from the same influences. Definitely, the symptomatology of a psoric patient who suffers finally from cancer will be different from that of a syphilitic or a sycotic. In any of the modalities **Carcinosin** acts well, implying that **cancer may be the end result of any miasmatic state.**

The common exciting cause of cancer may be revealed in the near future but even then our mode of treatment will remain unchanged. Instead of any specific treatment to kill the virus or bacteria directly, we depend solely on the dynamis.

The prescribing Totality of Carcinosis

Background

Family History : We should think of **Carcinosis** with such family history as follows – **carcinoma, sarcoma, pernicious anaemia, leukaemia, hypoplastic or aplastic anaemia, thalassaemia, Hodgkin's disease, tuberculosis, diabetes mellitus, cirrhosis of the liver, lupus erythematosus, pseudohypertrophic muscular dystrophy, rheumatoid arthritis, spondylosis, insanity, schizophrenia, suicide or any other degenerative disease in the family.** These suggest the background of a patient for whom **Carcinosis** should be thought of, either to eradicate the inherited dyscrasia or to treat the patient for any chronic intractable disease.

In children with such a family history we may prescribe **Carcinosis** even for any acute condition, if some of the guiding symptoms agree. This will not only cure the acute condition but the cancerous or malignant dyscrasia may be eradicated as well. On many occasions the author has successfully prescribed the remedy on only the family history, in the absence of a guiding totality of any other constitutional antimiasmatic medicine.

Past History : Patients who give a history of having suffered from several inflammatory diseases in childhood may require **Carcinosis** for a complete cure of their chronic ailments. Not only whooping cough or pneumonia, as mentioned by my revered teacher Dr. Foubister, but the tendency to suffer repeatedly from measles, chicken pox, diphtheria, mumps, tonsillitis, otitis or **any such inflammatory disease one after another from early life is a strong indication for Carcinosis.** Repeated suppression of those inflammatory conditions since childhood leads ultimately to a degenerative state (not necessarily cancer) where **Carcinosis** acts well. The more destructive the disease process, the more it is indicated.

In fact, **long-lasting suppression of any disease condition,**

either physical or mental, leading to turmoil in the whole system is the basic field of Carcinosis. In such cases, Carcinosis at least paves the path of cure, if it fails to cure itself.

Personal Features : There are certain features which personify Carcinosis from the early years of life to the organic state. In fact, in selecting Carcinosis in any patient one should not neglect to find out any of these features if they are present. These are often subjective symptoms and may remain unrecognised to the homoeopath, even to close associates or family members. Careful interrogation, keen observation and penetrating anamnesis of the life situation of the patient are absolutely necessary to discover such important prescribing guides – they are as follows :

a) Intense fear with or without cause. Patients are fearful from childhood but there may be no outward expression of that fear. Hence those near and dear to the patient may not be conscious of it for many years until a certain incident reveals it. Fear in the form of stage fright, fear of strangers, introvertedness, anxiety in anticipation, anxiety neurosis, fear of any incurable disease including cancer, fear of insanity etc. may be present from childhood or the patient may suppress the fear (in order to hide it from others) artistically enough by a great effort of will (but at the cost of consequent damage to the nervous system), until the day comes when the hidden fear manifests, in the form of a nervous breakdown, mania, suicidal tendencies, melancholia or incapacity to think or to work. The patient at this stage practically shuns the outside world and leads a solitary life or the condition may take the shape of complete insanity.

b) Irritability of mind. In the anamnesis of the life situation of a Carcinosis patient it will be evident that from childhood, there was an expression of violent uncontrollable anger. In children it is manifested in the form of parental control, obstinacy, disobedience, cruelty, rudeness, tendency to destroy things etc.

In adults there is extraordinary irritability at trifles and a tendency to destroy things. Very often the patient says he or she knows that the irritability is unreasonable but cannot control it. There is a feeling of helplessness in the face of his or her irrational behaviour towards family and friends. Sometimes this irritability results from long-lasting grief, disappointment, anxieties or reserved displeasure, but in many cases no accountable cause may be ascertained at all. The author has observed that, although mental calmness does not contraindicate **Carcinosin**, the remedy acts better in patients with hyperirritability or excitability of mind.

c) **Insomnia.** Unaccountable insomnia is a close companion from the earliest years of **Carcinosin** patients. There is no perceptible cause of it. The patient suffers from delayed and disturbed sleep every now and then and may be so habituated as not to complain of it. The day will come when this persistent insomnia turns into violent mania, nervous debility or a degenerative state and a careful anamnesis of the life situation of the patient will reveal the prior insomnia.

Symptomatology

A medicine of great contradiction. We find in **Carcinosin** a group of symptoms exactly opposed to one another. This applies to both physical and mental phenomena. The probable explanation of this contradiction lies in its miasmatic background, which was discussed above.

Appearance of the patient. The complexion may be fair or dark, there may be multiple warts and moles or some birthmarks anywhere on the body. In those of fair complexion, prominence of veins all over the body, especially on face and hands, is an important feature. The typical 'café-au-lait' complexion mentioned by Dr. Foubister is rarely seen in our country. Congenital developmental anomalies, overgrowth or signs of destruction are important in the selection of

Carcinosin. The contradiction as mentioned above is also found in the appearance of the patient, in that in some cases the patient will be fat, flabby, bulky with overgrowth, whereas in some cases the patient will be thin, lean and emaciated, representing a picture of malnutrition. My clinical experience has verified that **Carcinosin** helps in reducing abnormal deposition of fat or in improving unexplained malnutrition or cachexia.

Generalities. Mentally the patient is either very intelligent or artistic with great affection to fine arts, music, drawing etc. or very dull, idiotic with lack of mental development and delayed milestones of development etc.

Whether very intelligent or dull, the important basic features of the mental state, are **fear, apprehension and ailments of anticipation.** Whether manifest or latent, fear in some form or other, without any cause, is one of the main guiding symptoms of the mind. Not only that, ailments resulting from fear of any kind, even if suffered years before, are an important indication for **Carcinosin.** This fear is manifested in the form of neurosis or fear of cancer (or other incurable diseases) with or without a family history of cancer. Sometimes this fear takes the form of fixed idea of being poisoned, murdered etc., or becoming insane or under the control of some spiritual power and so on.

Irritability is another guiding symptom of the mental sphere. In children, it may be manifested in the form of rudeness, roughness, audacity refusing parental control, throwing and breaking off even valuable articles, crying and shouting at trifles, desire to beat and injure even the nearest and dearest ones, extreme obstinacy etc. As an adult the patient may appear to be very well behaved, polite and gentle but if anything should occur contrary to his or her liking, there will be a sudden and violent outburst of anger which cannot be explained by logical reasoning. The patient may even create some incident to provoke his or her anger. This irritability is true

to **Carcinosin** to such an extent that the author has observed in almost all cases an initial upsurge of anger and irritability after the medicine's administration. This is a guide to the homoeopath that the medicine is well selected and has started its action. This induced irritability passes off generally within ten to fifteen days after administration, during which period we should not generally prescribe any other medicine to ameliorate the irritability.

All sorts of **mania and melancholia** including schizophrenia, paranoia, obsessional neurosis, anxiety neurosis and so on are present in **Carcinosin**. The melancholia in such cases is similar to that of **Aurum metallicum**, with a tendency to self-destruction, and the acute mania is similar to that of **Veratrum album, Stramonium, Hyoscyamus** etc.. A word of caution is necessary here – if **Carcinosin** is administered in a mental case, it should not be given beyond 30th or 200th potency and that also a single highly diluted dose: thereafter its action should be awaited over weeks or months. It may be interesting to observe the sequence to follow before the patient is fully cured of such ailments, either with **Carcinosin** alone or with the help of other indicated constitutional medicines subsequently.

Children may crave **sympathy** and affection like **Phosphorus**. They may desire company, which they soon reject, illustrating the contradiction again.

The patient likes **thunderstorms, lightning and all romantic activities even if full of danger**, like mountaineering, sea voyages etc., but in some patients we find the opposite – great fear of all these circumstances.

Strangely enough, the patient may be extraordinarily **tidy** or extremely **dirty**. Here we see similarities to **Arsenicum album** or **Sulphur**, representing the state of contradiction. Generally, most of the patients are tidy by nature.

Sleep. Causeless, long-continued insomnia is an important

guiding feature of Carcinosis, even in young boys and girls, but surprisingly enough they **do not feel very weak or unrefreshed from this lack of sleep**. The author has seen patients who could hardly sleep for one or two hours at night for many years without much suffering. They responded well to **Carcinosis**, which induced normal sleep in them. It is equally applicable to cases where insomnia results from some appreciable cause, e.g. disappointment, failure in exam or business, persistent anxiety etc.. Great desire to lie on the chest or in the knee-elbow position is another general symptom repeatedly verified even in adults.

Craving, aversion or intolerance of fat, meat, egg, milk, wine, sweets, salt and fruit. Some patients may have a craving for a food they are intolerant of. These contradictory food reactions once again reveal the mixed miasmatic nature of **Carcinosis**.

Delayed healing of wounds and tendency to easy bleeding. We know that cancerous ulcers refuse to heal and bleed easily, so if these manifestations are found in pre-cancerous or non-malignant cases, then **Carcinosis** is strongly indicated. The presence of delayed healing has led the author to use the remedy successfully in hundreds of cases of anal fistula, congenital sinus, chronic osteomyelitis, long-lasting bony ulcers, diabetic gangrene, open tubercular glands etc.. Tendency to easy bleeding has helped the author to use it successfully in some cases of purpura, haemophilia and haemorrhagic diathesis.

Tendency to cell and tissue **destruction**. Cancer is a destructive process, so wherever we see a disease process which is destructive in nature, we should think of **Carcinosis**. It may have ample scope in treating thalassaemia, hypoplastic anaemia, pernicious anaemia, rheumatoid arthritis, spondylosis etc..

Congenital abnormalities, e.g. congenital pyloric stenosis, congenital heart disease etc. not responding to indicated medicines may be a good field for **Carcinosis**, which in such cases may at

least modify the condition to some extent.

Genetic disease conditions, e.g. Downs' syndrome, haemophilia, G-6-P-D deficiency, anaemias of genetic origin etc. may respond at least partially to **Carcinosin**, if indicated.

Modalities. Aggravations : at night; while thinking of his ailments; when alone; in extremes of weather.

Ameliorations : while occupied; when in company; at rest.

The patient may be **aggravated or ameliorated at the seaside** – this is an important modality, as sea air has some definite effect on **Carcinosin** patients. The patient may also be **aggravated or ameliorated at the time of the new moon or full moon**. Note once again the contradiction in the modalities.

Clinical Importance

Pre-cancerous states, malnutrition, chronic colitis, incurable disease conditions, difficult and one-sided diseases, curable but obstinate disease conditions, conditions where indicated medicines fail to produce desired results, **hereditary disease conditions, overgrowths, malformations** etc. are some of the conditions for which **Carcinosin** should be considered. Psychosomatic diseases resulting from persistent worries, shock, insults, reserved displeasures etc. are also amenable to **Carcinosin**, if indicated.

Related Drugs

Arsenicum album, Calcarea phosphorica, Dysentery co., Gaertner, Medorrhinum, Natrum muriaticum, Opium, Phosphorus, Psorinum, Sepia, Staphysagria, Sulphur, Syphilinum, Thuja occidentalis, Tuberculinum and all other nosodes.

Conclusion

It may appear from the above, at least to beginners in homoeopathy, that **Carcinosin** can cure all diseases under all circumstances. This is not the case, however; it is **not** a panacea.

We should think of the medicine only in those cases where the symptom picture is complex. A clear-cut symptomatology of, say, **Pulsatilla** or **Causticum** must not inspire us to give **Carcinosin**, but a picture made too complex by one suppression after another, since childhood, to indicate a single remedy may be an ideal field for **Carcinosin**. To be more precise, it acts only in those cases where we come across the typical picture of **Carcinosin**, including the typical past history, family history and personal features of the medicine stated above. It is a nosode and should be prescribed cautiously after strict individualisation of the case and careful comparison with the remedy picture. **Haphazard use and indiscriminate selection of the potency and repetition may lead to undesired hazards in many cases, especially organic ones.**

Regarding its use in established cancer, the experience of the author is very discouraging. Instead of checking the destructive process, **Carcinosin** may hasten death in such cases probably because of the lack of vital reaction necessary for the patient to react against the medicine, though in many cases death may be peaceful because of symptomatic palliation. In fact **the curative action of the remedy has been observed and demonstrated in pre-cancerous states and in malignant disease conditions other than cancer.**

As to potency, the experience of the author is that the remedy should be prescribed not above the 200th in cases with gross organic destruction, but can be successfully used in 1M, 10M or even higher potencies in functional disease conditions and in the beginning stages of organic destruction.

As regards **dose and repetition**, the medicine should be given

in single dose and should not be repeated until the action is exhausted, which may take a number of months. In fact this is one of the most penetrating and deep-acting constitutional medicines, like **Lyssin**, **X-ray** etc. and the author has seen a single dose of the 200th potency acting for more than a year. It is here that the author insists on being judicious in order to enjoy the beauty of the remedy. After administering **Carcinosin** it would be a blunder to prescribe further remedies hastily, without understanding the meaning of the resultant symptoms and interpreting them properly. We should only wait and watch to see how far it will go. **Carcinosin** alone may cure the case or at least it will clear up the miasmatic complexity, unfastening the knots of suppression day-by-day, revealing the vivid original picture of the disease. It can be amazing to see how a case of, say, bronchial asthma having no individualising peculiarity of a single medicine turns, after administering **Carcinosin**, into a case of rheumatism suppressed years before. In the interim period there may also be a reappearance of the series of suppressions, like the slow unfolding of tapestries. We must wait then, until the original picture returns, when a simple remedy, say **Abrotanum**, may cure the original picture of rheumatism, as also the patient as a whole. In fact **Abrotanum** cannot cure a case of bronchial asthma, but by restoring the original **Abrotanum** picture as a result of giving a dose of **Carcinosin** we can do the same. This is not a cock and bull story but as true as open daylight. Thirty or forty years of suppression can be reversed if we allow it, but very often we prescribe for the new symptoms and make the case incurable once again. We are reluctant to attach much importance to the teachings of Master Hahnemann, to the twelve observations and rules for the second prescription of Dr Kent and we prescribe a medicine for each and every new symptom. Herein lies the problem – we forget the disease in a patient of fifty years of age is nothing but the altered shape of the disease suppressed at the age of two years. We are too impatient to wait and see how the deep-acting remedy drags

out the roots of suppression one after another, restoring the system to health. It is only the integrated approach to materia medica and homoeopathic philosophy which will lead to a successful prescription of a remedy like **Carcinosin**. The author at the same time emphasises and reminds here that unnecessary and useless waiting for a long time after improper administration of the medicine where it is not indicated or is merely empirically selected, may endanger the life of the patient. We are to wait only if we observe the action of the remedy, with perceptible changes on the surface.

Finally the author contends with his sincere belief that the medicine will show many miraculous results in the hands of judicious homoeopaths, and many so-called incurable patients may regain their normal health with the help of this rarely used but wonderful weapon in homoeopathy.

Reference

The **carcinosin Drug Picture** by D. M. Foubister MB ChB DCH FFHom

Illustrative Clinical Cases

CASE NO. 1—Squamous cell carcinoma

A young man of 25 years came on 30.5.84 for the treatment of a large fungating ulcer on the back (medial side of the left scapula), increasing progressively despite homoeopathic treatment for the last 5-6 years. The nature of the ulcer was very suspicious and it was thought that the condition must be checked immediately to avoid bone necrosis and distant metastasis. In order to save the life of the patient I advised excision first and he was asked to return for homoeopathic treatment soon after the operation (with a view to getting rid of relapse as well as malignancy). The excision was performed and the biopsy revealed, as I anticipated, squamous cell carcinoma. Following my advice the patient returned a fortnight after the date of operation. He was given **Carcinosin** 200, one dose only on the following symptoms :

Past history : scabies (suppressed). Family history : pulmonary tuberculosis, suicide, insanity, bronchial asthma, rheumatism. Hot patient but averse to bath. Much offensive sweat on the whole body. Craves meat, milk and cold food. Aversion to sour. Salivation during sleep which is late and disturbed. Mind : excessive irritability, fascination to music, fearlessness. Tongue : flabby with white coating and imprint of teeth.

After administration of **Carcinosin**, gradual overall improvement was noticed. The keloid on the operated area was gradually normalising and the patient was improving nicely. After 8 months, readmittance to the hospital was reported to me. They said it was according to the advice of the surgeon who operated earlier. However, he was operated again at the same region and a biopsy done for the second time. It revealed "foreign body granuloma with dense fibrosis in adjoining area." The patient is still under treatment and is progressively improving.

CASE NO. 2 – Here is a peculiar case of Carcinosis

A young boy of 13 became a constant problem to his parents. The problem was regarding his obesity, education, temperament and appetite. Such an abnormal accumulation of fat at such an age despite regular physical exercise and active outdoor games is rarely met with. Such a voracious eater we rarely come across. With the least inclination to study, he used to react violently to any suggestion or insistence. His manifestations of anger terrified everyone around him. Thinking this abnormal obesity issued from a fault of metabolism, my attention was drawn towards the basic incoordination that ran through every fibre of his mental and physical predicament. Such an extraordinary irritability was another feature to draw attention. Hence **Carcinosis 200** was given, guided also by some other symptoms. To my utter astonishment the patient, seen after a lapse of 2 months, displayed miraculous improvement. By this time he had lost 10-12 Kg. of body weight, exhibited much interest in study, and became very jovial and gentle, obedient and active. The appetite was also gradually becoming normal. **Carcinosis 1M** was given after about four months and the boy is now normal in all respects.

CASE NO. 3 – Congenital developmental defect with mental retardation

A Child aged 2½ years was brought on 5.12.79 for treatment of a paralytic condition of the right half of the body and multiple developmental defects. He was unable to stand, talk or move and could move only his left hand. He had repeated attacks of convulsion since birth and was all along under allopathic treatment. He used to suffer from frequent attacks of cough and cold with persistent constipation and anorexia. During sleep he had frequent involuntary jerking and twitching of muscles. He received triple antigen and primary vaccination respectively at the 10th and 18th

months of his life. His growth was arrested since birth. He developed early caries of teeth and suffered from dandruff. There was profuse sweat and heat of the head especially while sleeping. His mother suffered from pre-eclamptic toxæmia during the pregnancy concerned. There was history of cancer in the family (maternal side). He had great craving for sour, salty food and fish and had a general tendency to lie on the chest with profuse salivation during sleep. Anger and obstinacy were very prominent in him, though by nature he was very fearful.

He was treated with many homoeopathic medicines but a remarkable change in the patient as a whole was noticed with an overall improvement only after administration of **Carcinosin**. The prescription was based on the history of cancer in the family, the picture of a mixed miasmatic state, the mental features and some of the generalities.

The patient is now about 10 years old and is leading more or less a normal life with no complaint whatsoever. Though his education is not fully satisfactory in comparison with other boys of his age group it is expected that he may pick up everything in the near future and previous deficiency may be compensated for.

Many such cases of developmental defect and mental retardation have been treated successfully with the help of **Carcinosin** from time to time. Other drugs frequently useful in such cases are **X-ray Lyssin**, **Tuberculinum**, **Syphilinum**, **Medorrhinum** and **Thuja** as and when necessary.

Does not the case prove that homoeopathy may save many children from being crippled and invalid by many such so-called incurable states?

CASE NO. 4 – Anxiety neurosis with hypertension

A male patient, 39 years of age, consulted on 23.7.83 for long continued anxiety neurosis since the age of 20 years. The patient

was nervous from early childhood, lacking all along in self-confidence. Though a teacher, he was afraid of facing his classes due to fear and nervousness of unknown origin. There was also severe mental depression. Sometimes the condition became so bad that he was unable to perform his daily duties. He was complaining of tremendous weakness though his health was quite sound.

In childhood he had a history of susceptibility to colds, for which a tonsilectomy was done at the age of 14 years. The family history was suggestive of cancer, and insanity (paternal side). There was great falling of hair and profuse sweat all over the body which used to make him worse. There was great thirst for large quantities of water and desire for sour, salty and cold foods. Apart from fear of insects and snakes he had all sorts of imaginary fear. There was very much irritability and a destructive tendency during anger. He was very fond of travelling and very forgetful. Blood pressure was 160/110 and pulse rate 120 per minute.

Carcinosin was prescribed, based on his family history and strong general features, especially unexplainable fear. Within 6 month's time his blood pressure became normal and he was almost free from all the troubles. After administration of **Carcinosin** he also required **Arsenicum iodatum**, **Kali bichromicum**, **Tuberculinum** etc. from time to time to complete the cure and at present he is free from all those ailments.

CASE NO. 5 – Leucoplakia of tongue

A patient aged about 40 years came for treatment of leucoplakia on the tongue, lasting for about 3 years. The leucoplakia developed after an attack of jaundice and is persistent since then. Apart from jaundice, he had a history of malaria and chronic dysentery since childhood. His father suffered from insanity for a long time.

He was a chilly patient having scanty sweat and had profuse salivation with great thirst for large quantities of water. He had

craving for sweets and warm food with intolerance to milk and onion. Irritable and depressed by nature, he had anxiety in anticipation. He was very forgetful especially about calculations. His skin was very rough and dry since childhood with multiple moles all over the body.

Based on the family history of insanity, multiple moles all over the body, the mental features and precancerous state of the patient, **Carcinosin** was given. The leucoplakia completely disappeared within nearly a year of treatment and the patient is having no trouble at present.

CASE NO. 6 – Multiple micronodular growths

A boy aged 14 years came on 4.6.84 for treatment of multiple micronodular growths in various parts of the body. The growths were painful on pressure. Along with this he had enlarged cervical lymph glands and a vertex headache which used to aggravate from heat of the sun and mild strain, ameliorated only by washing with cold water. He had history of whooping cough, suppressed skin disease and piles in the past. The piles were relieved by some herbal medicine. There was pulmonary tuberculosis in his family on both of the maternal and paternal sides. Having a body weight of 31.5 kg, he had many birth marks in different parts of the body. The appetite was quite good and he could hardly wait for a meal. He had desire for sour, salt, chillies and cold food and had aversion to sweets and milk. He used to sleep on his abdomen with profuse salivation during sleep. He had tendency to suffocation and delayed healing of ulcers. He was childish in nature in comparison with his peers and had no inclination for study.

Based on the history of suppression, family history of tuberculosis, many birth marks and the generalites, he was administered **Carcinosin**. Nine months have passed now and he is still improving progressively in all respects. He has gained 5.5 Kg.

of body weight and his growths are progressively reducing in size.

CASE NO. 7 – Cauliflower like growth on Lt. buttock

Dr. D. Saha of Asansole, Burdwan, W.B. came with a patient for consultation on 24.2.86. The patient was a male, aged 69 years having 4 issues, last on about 23 years back. He came for treatment of the above mentioned growth on his left buttock lasting for only three months, but rapidly increasing in size and the appearance of the growth was suspicious. He was advised biopsy of the growth by local physicians but he was very much afraid of the same, because his wife died of cancer throat 3 years back. Cancer phobia was very much prominent in him. However, his growth disappeared within two months of homoeopathic treatment and the medicine was **Carcinosin**.

His complaints were as follows : (as on 24.2.86)

1. Flat, Cauliflower like growth on the lower part of left buttock—3 months ; the growth was progressively increasing in size very fast.
2. Itching at the site preceded the formation of the growth.
3. Pain in swallowing with soreness at the root of the tongue on left side for 3 yrs.: barium x-ray revealed no abnormality, but since then he became cancer-phobic.

Past history : Scabies in childhood ; malaria.

Family history : Bronchial asthma—paternal side ; wife died of cancer throat 3 years ago.

Generalities :

1. Moderately chilly
2. Sweat very scanty, only on back of chest.
3. **Desire :** Sweets +++, salt ++, milk, warm food.
4. Aversion—rich food.

5. Thirst ++ large quantity at a time.
6. **Sleep** : Cat-nap, restless
7. Dreams of dead persons.
8. **Mind** : irritable, forgetful and fearful in general with strong fear of cancer at present.

Clinical Finding :

1. Tonsil enlarged on right side.
2. Growth on buttock as stated earlier.
3. Pulse 100 p.m.
4. B.P. 110/70 mm. Hg.
5. Wt. 55 kg

Treatment :

Carcinosin 200/one dose followed by 1 M/ one dose after one month completely cured the growth within only 2 months of time. The patient was followed upto 7.5.87 when he was completely free from all symptoms and the growth did not relapse any further.

CASE NO. 8 – Gluteal Sinus (Right)

Dr—, a homoeopathic physician came from Durgapur, Burdwan, W.B. for consultation on 2.7.86. He had been suffering from a persistent gluteal sinus on right side following intra-muscular injections for his eye problems in may 1985. His sinus healed up completely within 3 months after administration of Pyrogen followed by Carcinosin.

Present Complaints : (as on 2.7.86)

1. An abscess formed on the right sided gluteal region following 3rd intramuscular injection in may 1985. The abscess was surgically drained in June '85 but the wound did not heal up

and a sinus formed at the site. This was again operated under general anaesthesia (exploration of the sinus) in a local hospital. After 3 months of the said operation, abscess reappeared at the same site for which antitubercular treatment was given for six weeks. But, the sinus persists and now he has stopped all medication excepting local dressing of the wound with antibiotic powders.

2. Pricking pain at the site <S sitting for a long time.
3. Toothache from cold food and drinks.
4. Pain at coccyx region < S sitting.

Past history :

1. Scabies in childhood in violent form > d by allopathy.
2. Recurrent bacillary dysentery in childhood.
3. Mumps in Childhood

Family history :

1. Fistula in anus and pulmonary tuberculosis (father)
2. Paralysis—grand mother.

Generalities :

1. Chilly—does not like fan-air.
2. Sweat ++ especially trunk and face ; > s.
3. **Desire** : Salted food, meat, eggs, warm food, raw onion.
4. **Aversion** : Chillies
5. **Thirst** — moderate, one glass full at a time.
6. **Sleep**—disturbed, cat-naps sleep
7. **Mind** : Suppressed anger ; fear of animals especially dogs ; fond of seeing rainfall, thunderstorm etc.

Findings :

1. Pus culture on 17.6.85 and 2.6.86—Staphylo. aureus
2. **Sinogram right hip joint :**
Incompletely opacified tract medial to right hip joint ; no communication with the hip joint. The radioopaque probe shows its distal end almost reaching the left hip region.
3. Wt. 63 kg.
4. Pulse 100 p.m.
5. Tongue—moist, clean.

Treatment :

2.7.86 : R_x Pyrogen $\frac{200, 1M}{1+1 \text{ dose}}$

To be taken on two consecutive morning

5.8.86 : No discharge from the sinus, but pin pricking sensation ++.

17.9.86 : Occasional soreness along the scar mark of operation.
 R_x Carcinisin 1M/1 dose only.

19.11.86 : No troubles, no induration, no pinpricking sensation, no soreness.

R_x Carcinisin 10M/1 dose only.

CASE NO. 9 — Dyspeptic Syndrome

An unmarried male patient aged 32 years came for consultation on 9.4.84. He had been suffering from various gastro-intestinal troubles for 13 years and was under treatment of Allopathic and Ayurvedic physicians and lastly homoeopathic physician for last one year.

He became completely symptom-free within one year of treatment and the remedy was Carcinisin and Carcinisin alone.

Complainants : (as on 9.4.84)

1. **Flatulence** all the time in 24 hrs. < s empty stomach ; eructation ++ especially when presses his abdomen ; eructation > s. since 1971.
2. **Stool** : muddy, unsatisfactory ; twice a day, one in the morning after rising from bed and another just after midday meal.
3. Gradual loss of health since 1981.
4. Occasional ringing in ears.
5. Ulceration inside the nose with occasional epistaxis.
—for 2 months ; took 6 injections, but to no effect.
6. Easily catches cold since 1971.

Past history :

1. Scabies and ulceration of scalp in childhood, > d by allopathy.
2. Occasional epistaxis since childhood ; used to < in summer.
3. Attempted suicide at 19 years of age.
4. Hydrocele operated in 1980.
5. Pet dog bite in 1983, took antirabies injections.

Family history :

1. **Paternal side** : Diabetes mel, bronchial asthma, pulmonary tuberculosis, heart troubles and leprosy.
2. **Maternal side** : Rheumatism, pulmonary tuberculosis and piles.

Generalities :

1. Chilly with aversion to bathing
2. Catches cold easily.
3. Sweat—scanty in axilla and back
4. Thirst—scanty.
5. Appetite—less : easy satiety

6. Desire : Fried food, onion, milk, cold food.
7. Intolerance : onion & oily food.
8. **Sleep**—disturbed for last 14 years ; comes lately ; feels sleepy, but no sleep ; **lies on abdomen.**
9. **Mind** : Irritable, hasty, suppressive, nervous with anticipatory anxiety ; desire to remain alone ; **fear of dog and leprosy.**

Clinical findings

1. Wt. 49 kg.
2. Epigastric tenderness ++
3. Caecum and sigmoid thickened.
4. Mental depression ++
5. B.P. 125/80 mm. Hg.
6. Nose congested ; septum ulcerated.

Treatment :

First and last prescription was Carcinisin beginning with 200 and ending with 10M potency. The patient was followed upto 3.4.85. when he wanted to discontinue treatment as he was not having any appreciable complaint.

CASE NO. 10 – Leucoderma and anal fistula

A male patient aged 30 years, unmarried, came for consultation on 27.4.79. Leucoderma started at the age of 8 years and anal fistula developed 4 years ago. He was under Ayurvedic treatment for a long time followed by homoeopathic treatment till one month back. Both his fistula and leucoderma disappeared within 2½ yrs. of treatment, the principal remedy being Carcinisin.

Complaints : as on 27.4.79

1. Vitiligo in different parts of the body especially at bends of joints—symmetrical in distribution, first started at knee at the age of eight years > d by Ayurvedic treatment ; had no such spots from 10 to 20 yrs. of age ; recurred again on feet and soles at 20 yrs. of age and since then persisting till now and gradually spreading out all over.
2. **Constipation :** Stool hard and sticky, occasional pain around umbilicus—7 years.
3. **Anal fistula for 4 years ;** pain and swelling in anus along with bleeding at the last part of stool—occasional ; sticky discharge from the fistula's opening with itching around the anus ; now no bleeding following homoeopathic treatment.
4. Low backache < s motion and movement > s sitting quietly ; now somewhat relieved after yogasana.
5. Easily catches cold at change of season < s in heat of sun ; occasional blood tinged discharge comes out of nose with pain in face , nose and head ; now comparatively better for last five years.

Past history :

1. Eczema on legs at the age of eight months ; > d within 5 months by applying ointment.
2. Chicken pox at 17/18 years of age.

Family history :

1. Chronic colitis and rheumatism—mother
2. Vitiligo—maternal uncle
3. Vitiligo, eczema and piles—father.
4. Pulmonary tuberculosis & piles—grand father ; paternal uncle died of P.T. ; grand father also died of P.T.

Generalities :

1. Hot pt ; Catches cold easily
2. Sweat moderate
3. Appetite—less, desires sweet +, salt ++, cold food, raw onion.
4. Sleep—normal, lies on left side.
5. **Mind** : fearful by nature, fear of snakes and dogs, fear of downward motion ; slow habit ; desires company

Clinical findings :

1. Fistula's opening at 3 O'clock position.
2. Leukoderma at bends of joints.

Treatment :

Carcinosin 1M/one dose on 24.4.79, repeated 1M/one dose on 14.9.79 (plus system) and repeated in 10M potency on 12.12.79 with progressive improvement in all respects. This was followed by Thuja Occ. in 50 millesimal potency and lastly Bcillinum in single dose of centesimal potency, 200th on 18.9.81 and 1M on 21.10.81 when he practically had no troubles.

Final word on clinical cases

It is of no use to illustrate many more cases where **Carcinosin** was used with great success. Because I have used the remedy in almost all sorts of cases as and when necessary, with unexpected and sometimes miraculous results. It is not the names of the nosological disease conditions but the field of **Carcinosin** that we need to know in order to use the medicine successfully in our everyday practice.

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