

COMMUNITY HEALTH CELL
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Evaluation Report of Homeopathic Community Health Project,

Tiwasa.

I spent two days (14th and 15th. August, 81) at the project seeing the work at Tiwasa clinic and in the villages and discussing with doctors, VHWs, patients, and the other villagers. Also went through the original project proposal, progress reports, records of the clinic and VHWs and the book collection at the project. I had previously read some basic things about Homeopathy - its philosophy and application, and had opportunity to discuss with the doctors at the project and know more.

The project had 4 objectives for itself (see original-project proposal, page No.-3) and there were some specific points on which C K RAM wanted information and opinion (Hugh's letter of 31st March, 81) I shall describe my observations around these objectives and points.

- 1) Establishing homeopathy as an alternative to allopathy (modern medicine) has been the main thrust of the programme for last 1 1/2 years. This was one of the objectives of the project most of the efforts in last 1-1/2 year were directed at this end.

There are both positive and negative sides of this.

- a) To introduce and establish homeopathy (which is non-dramatic, simple looking method of therapy) newly in a rural area (where people have mystic faith in injections, tonics or witch craft) is a real difficult task. Unlike most of the practising homeopaths who take resort to injections and other allopathic medicines, the project has used pure homeopathy.

The records and talks with people indicate that the project has been successful in achieving this objective of establishing homeopathy as 'alternative technology'.

Unfortunately well maintained records and figures are not available. But the approximate calculations that I made suggest that 28,000 patients used project facilities in 1-1/2 year. As many patients came repeatedly for chronic illnesses

ce for new minor illnesses, the rough assessment showed that in all 6,000 Persons took treatment once or more in last 1-1/2 year. The total project population is 23,000 (about 13,000 in 9 villeges and 10,000 at Tiwsa) so about 25 percent of the population tried homeopathy. This must be considered a good success. (Even at a successful project like Jamkhed which uses allopathy and which has hospital to back up, only 30 percent of the population uses projects curative health services)

Out of these 28,000 about 14,000 patients have been treated by VHWs in the villeges, about 7,000 by the doctors on villege visits, remaining 7,000 by the doctors at Tiwsa clinic. Again this 50 percent share by VHWs is a good proportion (compared with 11 percent by paramedics with two years training at Gomosesthya project). But looking at the fact that main advantages of the homeopathy are its simplicity and lack of complications, and that VHWs have gained people's faith now, it seems that this proportion can be further increased, specially by restricting the patients seen by doctors in the villeges. Only those patients referred by VHWs might be seen by the doctors. This will reduce dependance on doctors and will increase use of VHWs.

Out of 15 VHWs, about 10 are working fairly well while with 5 there are problems about lack of motivation or some personal difficulties. ⁷⁴⁵ It can be further improved by looking in to the individual cases.

The advantages of homeopathy are low cost of medicines (about 5,000Rs for 28,000 patients is very cheap as compared to modern medicine), lack of side effects, hence safety.

b) The negative side of this is the too much of religious fervour for homeopathy and a strong curative bias. The main motivating force has become 'spread of homeopathy as against allopathy'. This is obvious in the consciousness of doctors, in the training of VHWs, in the message that VHWs are supposed to convey to the people. The major content of health education is 'how homeopathy is better than allopathy'.

The only parameter to judge the performance is 'how many patients shifted from allopathy to homeopathy'.

This is understandable to some extent as the project had to establish a new 'pathy' against the 'ruling' pathy'. But now, as the project has achieved this initial objective, it must come out of this narrow 'pathy' complex and see that the health is much wider and fundamental goal than merely establishing homeopathy in the place of allopathy.

- 2) How effective is homeopathy in treating various forms of illnesses?

This is difficult to answer because of two reasons.

i) It is not possible to carry out an opinion survey of people in such a short visit. Much bigger sample on random basis will have to be taken to really know people's opinion about effectivity of homeopathy.

ii) Even people's opinion is not a scientific proof.

People are known to carry many wrong misbeliefs like magic of injections and tonics, with craft and so on.

So what people believe is not necessarily correct.

The only way to answer this question is carefully and scientifically carefully carried out controlled trials on large number of cases of proved diagnosis.

This can be done only at research institutions. This was neither the aim nor the scope of this project.

In the absence of such work, it can't be commented whether homeopathy is effective in curing minor and major illnesses.

But people seem to carry an opinion that the homeopathy is effective in chronic illnesses which are not cured by allopathy and hence recur again and again. This is reflected in the type of cases coming to Tiwasa clinic and in talk with people. People also take resort

to homeopathy for minor illness. Most of the cases seen by VHWs belong to this type. This might mean that homeopathy really gives relief in minor illnesses as well or that there were self at limiting illnesses which would have got relieved otherwise also.

Most of the cases taking resort to homeopathy are from these two types. Major serious illnesses or acute emergencies go straight way to modern medicine facilities.

- 3) To provide curative, preventive services and appropriate health education to a population of 19,000 (Objective No.3)

Status about curative health care has been already described.

Unfortunately the programme does not have any preventive or health education contents in the sense modern medicine understands it. The job description of VHWs, their working, people's perception about role of VHWs, doctors understanding and perception about health services everything is purely curative. Hence all the action by doctors or VHWs is only curative and all the health education is about superiority of homeopathy.

ANC, PNC, family planning, under five care, immunisation, sanitation are all absent.

But one must understand the complex situation in this regard. The question is whether to evaluate the preventive and educative component in a homeopathy project through homeopathy point of view or modern medicine point of view.

As far as I have understood and as far as the doctors in the project know, homeopathy does not believe in the disease causation and prevention as understood by modern medicine^{ly} of role of infection, mosquitos, sanitation, nutrition, immunisation etc. Hence most of the conventional preventive programmes will not fit or carry importance with the homeopath^{ic}

philosophy. The main causes of the diseases are constitution and imbalance of various elements; and hence the main method of prevention as well cure is giving homeopathic medicines to alter these.

Doctors of the project, who are honest followers of homeopathy naturally find themselves in a philosophical dilemma about various preventive measures based on the knowledge of disease causation of modern medicine. This explains their inability to understand and accept with conviction various preventive programmes. The advice given to them during project formation and later on didn't consider this basic dilemma and the project doctors, it seems, accepted the preventive programmes (ANC, PNC, under five care and so on) under a sort of pressure of dominating views in the field of community health. They spent some time at Pachod, Madhan and other places and were advised to undertake these activities. But the homeopathy doctors have in reality not understood and accepted the role and importance of these programmes. This is quite understandable, in view of basic philosophical difference. This explains, at least partly, why the preventive programmes have not been really implemented inspite of such commitment in the proposal.

The programme of 'moscoid' (homeopathic way of immunisation) was also not implemented. Reason lies in the too much preoccupation with establishing homeopathy as an alternative curative method and in the lack of emphasis on preventive and community approach in the philosophy and training of homeopathy which has essentially an individual approach to health care.

- 4) 'To carry out an experimental community health program^m based on the homeopathic system of medicine' (Objective No. 1)

This objective is riddled with the basic problem mentioned above. The question is what is community health programme in homeopathy ?

The homeopathic community health programme, at least as these doctors understand, means using homio-

pathic medicines instead of allopathy.

This proposition itself can be a topic for experimentation in community health. Can extensive use of homeopathy have an impact on the health status of the community?

Early detection and treatment of illnesses prevent development of serious complications. Treating common cold will prevent possible complication of pneumonia. Treating minor illnesses has definite role in improving children's nutrition.

Thus impact of homeopathic intervention alone (in the form of treatment of various illnesses) on the health indices of community can be studied and a role of homeopathy alone in community health can be proved or disproved. But such type of study will require rigorous experimental methods, surveys, records, statistics etc. As the training of homeopathy lacks this type of discipline and methods, the present group, in my view, can not undertake such experimentation.

The experimental part of this programme can be

- i) Can homeopathy be used and popularised as a curative method instead of allopathy in a community health programme in rural area?
- ii) Can the homeopathy services be delivered through VHWS.
- iii) Cost factor of such programmes as compared to allopathic programme.

All these questions have been already proved in this project in a positive way.

During our discussion Dr. Gumble realised that their programme has been almost exclusively curative. But as they have achieved their first goal of introducing homeopathy as alternative curative method, he agrees that the preventive programmes should now be taken up seriously.

The community health aspect of this programme in future can take one of the following forms.

- i) After our discussion Dr. Gumble said he would discuss the issue of community health programmes in homeopathy with some other more knowledgeable homeopaths and try to find out if there are any such possibilities.
- ii) In the absence of such ones, ~~the~~ the project will have to take up preventive programmes like maternal and child health care, health education etc. from the modern medicine models of community health. Abandon^{of} second alternative will make this programme a broader community health programme with homeopathy based curative services. To bring this step in reality, the project will have to
 - a) Resolve its philosophical dilemma either by finding out methods of community health in homeopathy and experiment them or reconcile to the acceptance of preventive methods from the science of community health from modern medicine.
 - b) Make strong efforts to change their purely curative vision. An intensive educative process (Reading, visiting, discussions) will have to be taken up by the doctors to make this change in themselves.
 - c) The use of interns though saves money (because they work on lower salary) will have to be abandoned because constant change of doctors will make the above process impossible. Permanent homeopathy doctors should be chosen.
 - d) A female homeopathy doctor is difficult to find and retain. It is also very difficult to train her in the maternal and child health care methods starting from a,b,c,. The female doctor with the project was sent for short periods to other projects to learn ANS, PNC, under five care etc., but in my opinion she has learnt nothing. She has anyhow left the job recently.

It will be much more sensible to appoint a trained ANM for this type of work instead of a female homoeopathy doctor. If necessary, ANM can be easily taught use of homoeopathy medicines. ANM's are basically trained for preventive programmes, specially MCH. So she will be more effective in running a MCH Programme and training VWV's in it than a female homoeopathy doctor whose orientation makes such change difficult.

e) Changes in the tools and techniques of commhealth will have to be made to suit them to the homoeopathy project. This is a problem of hybridization which will have to be overcome. The project has been given ANC, under five cards etc by the Pached staff. But this blind transfer will create problems. For eg. weight, Blood pressure, ^{urine} ~~waize~~ albumin check up in ANC are for early detection and treatment of toxemia of pregnancy. But detection of such early signs is of no use to a homoeopath because he treats on the basis of symptoms. This is a tricky problem. Either suitable changes in ANC, under five cards will have to be ^{re-}made and new cards to suit homoeopathy methods will have to be developed. Dr. Gamble will discuss this issue with senior homoeopaths. This will be quite an innovative work. Or the modern medicine methods in such programmes will have to be accepted. Use of ANM can make this easily possible.

- 6) 'Is the programme likely to have permanent impact in terms of reduced child mortality?'

Difficult to answer because of two reasons.

- 1) The project does not have a baseline data and no proper records of vital statistics in the villages are being kept. The proforma of the baseline survey which was done in 1979 was too complex and overprofessionalised. Doctors and surveyers didn't properly understand 'why' and 'How' of many points in it. So the results of the baseline survey are very unreliable.

In the absence of such baseline and records, no inference can be drawn even in future. More simple baseline survey by VWV's and proper recording of vital events should be done to overcome this difficulty.

ii) Even if concrete data is not available, a curative programme will reduce child mortality because early treatment has an important impact on mortality. But here the problem is lack of scientific ^{trials} ~~trials~~ to prove that the homeopathy is effective in treating illnesses.

But my own personal experience makes me feel that homeopathy has an curative effect. If we accept this tentatively, then the programme should have an impact on child mortality.

Probably the homeopathy project will have more impact on morbidity than on mortality because people use it more commonly for chronic illnesses than in the acute life threatening illnesses.

Introduction of preventive programmes like MCH, health education will definitely enhance the permanent impact on health status.

- 7) Economic self reliance:- In the original proposal this was an objective, to be achieved mainly through an health insurance scheme. This has not been achieved. The minimum target was to enroll 25 percent families (1,000) as insurance members. Today there are only 100 families who are regular members.

To me this is not a failure of the programme but a result of too unrealistic objective. Even the projects who use allopathy and who have strong backing of hospitals and hence have lot more to offer to the members have found it impossible to enroll and maintain large number of insurance members. (Eg. Medical college Sevagram, Gopasathya Kendra).

The advantage of using homeopathy is reflected in the low cost of curative care, (About 2 rs per capita) But it also must be taken in- to account that these services don't include hospital care for more serious illness.

People use other sources for such type of care. But still the homeopathy care is cheaper than corresponding level of allopathic care.

- 3) Can the existing structure of VHMs and doctors be used as a basis for other work ?

It is possible. The programmes which can be undertaken through the same structure and which can be helpful in making the health programme more effective, comprehensive and acceptable are -

- i) Balwadis - some VHMs can run these with some training and little more salary. ANM can supervise them. Balwadis will make under five case more comprehensive and will give more access to mothers.
- ii) Cultural media like slide shows, puppet shows, songs, plays can be used to enhance the educative component in health care. A small group of part time can do it. A care must be taken that 'education' does not mean only the propoganda of homeopathy.

But to take up this additional burden, new competent persons must be added to the team. At present it is all on the strength of one man only.

- 9) "Should ~~some more~~ ^{be encouraged} more such homeopathic health programmes elsewhere in India ?"

There are two unanswered questions as yet.

- 1) Whether mere use of homeopathy as a curative agent has a permanent impact on health indices.
- ii) Can this programme be broadened to make it a community health programme rather than mere curative programme?

Unless at least one of these two is answered affirmatively it will not be advisable to encourage more homeopathy based projects on large scale.

But by the time these questions are answered, two things can be done.

- 1) As homeopathy seems, in people's opinion, to be effective in curing the chronic type of illnesses to many of which allopathy does not have satisfactory treatment, some allopathy based community health projects can be encouraged to incorporate a homeopathy component in their curative range by employing one homeopath on the staff. This will reduce the cost of treatment for such illnesses and will

increase the popularity of the whole programme. As modern medicine based community health projects have the personnel and methods to study more scientifically, they can evaluate the effectiveness of homeopathy in treating various types of illnesses.

- 2) As the results from one project are not always representative and duplicable, homeopathy based community health projects may be encouraged at 2-3 new places for experiment. But here a care must be taken from the beginning that proper records are maintained and that the programme is of community health and not merely curative. Only such homeopathy groups be selected who have capacity to understand and follow the methods necessary for such type of work.

To summarize

- 1) The project has fairly successfully introduced and established MW based homeopathy care as an alternative method of curative care for minor and chronic illness acceptable to the rural people. This sets the stage for further work.
- 2) The cost of care is really low, self-achieved but economic self reliance is not achieved.
- 3) The programme is merely curative till now. The problems involved in making it preventive oriented have been discussed and specific suggestions have been made. Areas for future exploration have been discussed and suggested.
- 4) Some questions like effectiveness of homeopathy medicines or impact on health indices can not be answered because of the difficulties of method or because proper data is not available.
- 5) Some other programmes like balwatis and cultural programme can be taken up by the same structure. This will add to the effectivity of the health programme. But to undertake this, the team must be expanded.
- 6) Homeopathy can be encouraged at few other places under certain qualified conditions on experimental basis.

Abhay Bang

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Editorial

*** Integration of Systems * A Wider Perspective is Necessary ***

Now a days we are frequently hearing about the integration of medical systems. It is an already accepted fact that the health problems of a society are not limited only to the narrow circle of the so called medical systems.

Health is a social problem too, and the laws of social changes surely have a role in restoring and maintaining the health of the people. Different medical systems have evolved under the influence of diverse social, geographical and historical factors. Each system developed closely in accordance with the necessities of its society. Thus we may see that the discussion on integration of different systems of medicine cannot be confined within the sphere of medical systems or contemporary social set up.

Every system invariably possesses its own philosophy, hypotheses and methods. Even the concept of health, patient and disease are so different with every system, as is the case even with their world views. Because of these wider differences between the medical systems from their very basis upto the therapeutics and also because the factors which effected this diversity still prevails, no creative progress can be expected from mere dialogues. In the current social structure which is so much disintegrated and highly competitive, even a fruitful communication in this respect with a deep insight seems to be very difficult. Analysis of social, historical and geographical factors etc., behind the evolution of different medical systems are to be considered before we proceed.

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As we know, the modern medicine, the dominant system of our times, has emerged and developed within a capitalist social structure following the industrial revolution. Along with the advent of colonialism, this western knowledge has extensively disseminated almost all over the world. In a mechanical, competitive and commercialized social system, it has done its best to solve the problems of the society and became the accepted scientific version of health care. The mechanical materialism on which this system has been constructed, is very much suited to the world view of the modern society'.

On the other hand, at a time when the reductionistic (mechanomaterialistic) world view was in its ascending phase, Homoeopathy arose as a historical necessity in the medical field of eighteenth century. In spite of long array of drawbacks of this new system, still existing (chiefly owing to its allegiance with idealist section) it has a base in practical experience, which can hardly be ignored. In a capitalistic society, Homoeopathy cannot fully express itself, where the generally accepted views about health, disease and cure are different from that of Homoeopathy or any other Holistic system.

Indigenous systems also have origin in their respective social grounds existed before the advent of colonialism, and it is quite natural that, they contain the values and concepts of the societies from which they emerged.

The treatment method of each of these systems is determined by their own concepts about health, disease and cure. That is why these systems have never tried to ignore the cultural, economical or other aspect of the societies which have given birth to them. From a mechanical purview, as in our capitalist society, health is to be achieved by a mechanical removal of the immediate or apparent cause of illness, and the consideration of other wider factors are treated as 'old fashioned.' Due to the similarity of this view to the current social trends, the modern medicine have flourished in this social structure, absorbing the values of this society, such as commercialism, institutionalisation; bureaucracy, mechanisation, centralisation etc. Consequently, the traditional alternatives also made attempts to adopt these values. The more they adopted these values the more they lost their identity. This phenomena has again rewarded the modern medicine a high dominance over the traditional and other holistic alternatives. In this situation, what will be the aftermath of an artificial integration? It will naturally be detrimental or even suicidal to the alternative systems. as can be seen by any one on a closer look.

Most of our alternative systems are holistic in all directions including their methods of treatment. So, their approach is more humane and organic than mechanical. Their efficacy is based on the creative talent of the physician, than richly furnished institutions. If we relinquish these qualities and adopt the values

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Molecular Memory of Water & Homoeopathy

[Homoeopathy emerged as a therapeutic system by end of eighteenth century. Attempts for scientific vindication of this system was going on from that time onwards. Efforts of Bidgman A. Gay, W. E. Boyd etc. were some of them. Latest one in this saga of these experiments is that of Prof. Jaques Benveniste, even though no such direct claim has been made. The nature of experiments make it quite obvious. A scientific paper by Benveniste was published in vol 333 of Nature. In this article Benveniste and his colleagues claimed that they were successful in confirming experimentally the power of anti Ige molecules to degranulate basophils even in solution of the order of 1×10^{-10} . The essential criteria being shaking of the dilution in the time honoured homoeopathic fashion. Numerous letters followed criticizing Prof-Benveniste. Natures investigation team visited Benveniste's lab and supervised the repetition of the experiments. So far you have read.)

The report stated that Benveniste's experiments are statistically ill controlled, from which no substantial effort had been made to eliminate systematic error, including observer bias and whose interpretation has been clouded by the exclusion of measurements in conflict with the claim that, anti IGE at high dilution will degranulate basophils. The phenomenon described was found to be non reproducible Benveniste was praised in the report for his openness in discussing most of the questions raised and for his allowing to take photocopies of the relevant laboratory note books

Their investigation was concentrated exclusively on the experimental system in which publication was based. They found that the experiment do not always work. There was ample evidence for the fact that maximum, degranulation was between LOG 2 and 4 (dilution). There also have been periods of several months at a time during which solutions at a high dilutions have not degranulated basophils.

Seven runs of the experiments were witnessed by the team of which three were routine repetitions of the standard procedure. In the fourth dilution samples were transferred by one of the team members and read blind by Dr. Davenas. All four gave positive results. But all the three followed under strict blind basis gave negative results, when

questions about sampling errors were raised by the investigating team they found that Benveniste and his friends were not knowing of it. The experiment was found to give more result at the hands of Davenas. All chances for observer bias was noted by the team. Whenever reading of diluted sample was greater than the control counts, the experimenter often counted sample again, on grounds that the first reading "must have been wrong". There is no need to say this practice makes the control value unreliable. This practice was considered as a significant pointer to laboratory's disregard for statistical principles.

The duplicate measurements in the strictly blinded experiments were very important because (1) They show that sampling errors do indeed exist and are not theoretical objections. (2) They show that the two observers were counting as accurately as could be expected which gives no room for the later complaints that the result of double blinded experiments might be unreliable because the observers had been exhausted by the investigators demands.

After going through one week long investigations the team came to the following conclusions.

1. The care with which the experiments reported have been carried out does not match the extraordinary character of the claims made in their interpretation.

2. The phenomena described are not reproducible, but there has been no serious investigation of the reasons for it.
3. The data lack errors of the magnitude that would be expected and which are unavoidable.
4. No serious attempts have been made to eliminate systemic errors including observer bias.
5. The climate of the laboratory is inimical to an objective evaluation of this kind of exceptional data i.e. "A Folklore of high dilution work prevades the laboratory". Based on the above observations the team arrived at the final conclusion that the claims made by Benveniste and his

friends are not substantial enough to be approved as a new scientific finding.

Dr. Jacques Benveniste's reaction to the investigation report may be summarised as follows: He dismissed enquiry saying that the investigators were incompetent for assessing such a work. He asks 'Who with even a slightest research background, would blot-out five years of our work and that of five other laboratories in such grounds'? i.e. with judgement based on the dilution series experiments conducted hurriedly in about five days. He accused the natures team for not checking the data for two years even on his requests to them repeatedly. He also

(Cont. Page 2)

of the prevailing social systems to get more acceptance, it will undermine the very foundation of holistic alternatives itself. From this, it is clear that a dialogue on integration of medical systems cannot be a creative one unless the various factors which operated behind the origin of diverse medical systems from the pre-historic time and its current relation to the class character, mode of production, economic and ecological factors, value systems etc. of society are thoroughly examined. To put it in other words, any qualitative change such as integration of medical systems is closely related to the qualitative change in the ecological as well as the social system as a whole. In such a change, evolution of a single scientific medical system may be unnecessary or even unacceptable. Let different systems, different methods and approaches, flourish for the welfare of living race. It can be utilized according to the need and demand of the situation.

* STANDARDISATION AND HOMOEOPATHY *

It is high time to consider the necessity of standardisation in different aspects of homoeopathy so that its errors are corrected and practicability becomes more evident. Preserving its innateness, search for an accurate criteria of standardisation requires a very careful and tiresome work. This comprise of subjects like examination of patient, case analysis, drug selection, administration, collection of raw materials to its manufacturing and its distribution. At the same time we shall give importance to all possibilities for progressive and continuous development of Homoeopathy. Articles, collected opinions etc. in this connexion from readers are solicited.



added that they even violated the simple rule "That referee should respect the initial experimental design." The investigators were dealing him and his friends as people who were trying to hide some thing he said. He further accused them for creating an environment intense and constant suspicion, fear and psychological and intellectual pressure unfit for scientific work. He dismissed their central objections of possibility of sampling error stating that they had taken care to eliminate the same.

He concluded remarking he cannot understand why the very same referee who cleared

the paper with raw data and statistics in hand allowed it to publish on 30th June and destroyed it on July 8th so easily spotting out the data as wrong and made up.

Last thing heard about this was that Benveniste refused to accept the challenge by a popular french science magazine to repeat experiments in controlled conditions and to prove the result are consistent.

Thus ended another attempt and also hopes of Homoeopaths to get scientific vindication, perhaps for the time being.



PROBLEMS IN HOMOEOPATHY . I

[Questionable statements and controversies may be there in Homoeopathic literature, which are yet to be discovered. First of all we shall try to identify them. A regular feature is beginning from this issue onwards with the help of NCHS information service. We invite articles and comment from readers in this concern. We begin with these questions which are connected with Homoeopathy either directly or indirectly. : Editor]

* SIX QUESTIONS *

- Q. No. 1 What is health? How can we define a healthy man and unhealthy man?
- Q. No. 2 What is 'cure'? What is the basic differences between cure and palliation? How can we differentiate whether a patient is cured or merely palliated when he says that his symptoms have already subsided after the Homoeopathic treatment?
- Q. No. 3. What is permanent restoration of health? Is it denote a state that no more illness can be affected during the rest of life except that by mechanical means?
- Q. No. 4 Is the Homoeopathic theory of vital force and the vital force theory of olden times which existed till the synthesis of urea the same? If so, can it exist today?
- If not so, what is the difference between them?
- Q. No. 5 Are miasms only three in number Or may there more be more than three? What is the criteria to find a solution for this problem?
- Q. No. 6 Can a pathogenic organism produce a miasm? If so, can different organisms cause different miasms such as T. B. miasm, smallpox miasm, dysentery miasm etc? If not so, how can the Triponema Pallidum and Neisseria Gonorrhoea causes syphilitic and Sycotic miasm respectively?

By

DR. K. C. SURESH BABU

STUDENT'S COLUMN

This regular feature includes a questionnaire and a short note prepared from current literatures in medicine and allied branches. Topics relevant to Tropical countries will only be included. For details regarding those statements please write to NCHS information service, P. B. 4203, Cochinchina 682 017

QUESTIONNAIRE No. 1

1. An increasing breathlessness between the 12th and 24th week of pregnancy is suggestive of what?
2. In a goitre patient, concomittant attack of flushing and diarrhoea raise the possibility of a serious condition. What is it?
3. An elderly patient complained rectal bleeding, constipation alternating with diarrhoea, pneumaturia and a mass in the left illiac fossa. What is your first inquiry to suspect a carcinoma?
4. In a patient with insufficiency of a particular organ, deficiency of vit. D and E will always be there. What is that organ?
5. During the treatment of a particular disease, plants or parts of plants belonging to N. O. Cruciferae must totally be controlled from the diet to facilitate the improvement. What is the disease? What are commonly used food stuffs from plants belonging to that N. O. in India?

SHORTNOTE No. 1 GOUT.

(A disease which has affected many eminent personalities like Alexander the Great, Louis VII and Louis XIV of France. Queen Anne of England, John Calvin, Martin Luther, Leonardo da Vinci, Sir Issar Newton, Sir Willam Harvey, Thomas Sydenham, Sammuell Johnson, John Milton etc.)

Cardinal features.

1. Increased serum urate concentration.¹
2. Recurrent arthritic attacks.
3. Appearance of tophy.
4. Renal disease (interstitial tissues and blood vessels).
5. Uric acid nephrolithiasis.

PRIMARY GOUT

It is a hereditary disorder characterized by over production or reduced excretion or both, of uric acid. Deposition of urate crystals in the joints is an essential feature. Primary gout is rare in India.

SECONDARY GOUT

It is characterized by increased turnover of nucleic acids as in leukemia or decreased elimination of uric acid as in renal failure. Secondary gout is common in India

INFLAMMATION-PAINMECHANISM

Circulating blood contains uric acid as sodium urates, in normal PH. It does not precipitate as it is complexed with albumin and globulin proteins of plasma. When the plasma gets supersaturated with urate and passes through the joint spaces, where the pH

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Reinterpreting Homoeopathy

ch v subha rao

This is an article taken from the *Radical* journal of health December 1987. The article possesses a high significance in the present developments in Homoeopathic researches. We wish to make this article a subject for active discussion among the readers. Your comments and remarks are most welcome.

—Editor

If homoeopathy is to take its rightful place in the health care systems of the 21st century, it must be re-interpreted from the standpoint of dialectical materialism. Samuel Hahnemann, the celebrated founder of homoeopathy, was never so dogmatic as to rule out new interpretations. He says that natural laws cannot be capitalised or kept under the seal of human authority. People may utilise natural laws and yet may not be able to understand the crux thereof. Thus Hahnemann indirectly admits that natural laws may be more fully understood by future generations. He terms as probably correct his explanation of the mode of action of homoeopathic medicines. He expressly states that others can form their opinions in the matter. He prepared six editions of his magnumopus *The Organon* in his lifetime and he was constantly innovating. Nearly 150 years have elapsed since the death of Hahnemann. It is high time somebody reinterpreted homoeopathy and surveyed medical science in general in the light of subsequent development in philosophy and science.

In his book *Principles and Art of Cure by Homoeopathy*, Herbert Roberts tried to demonstrate that homoeopathy was based on the bedrock of natural

laws. More effort on those lines is required now. In the Soviet Union, philosophers and medical scientists are trying to develop modern marxist concepts of life, health and disease. Hahnemann's role in medicine may be compared to that of Hegel in philosophy. Both were philosophical idealists. The rational kernel of their teaching was enveloped by a mystical shell. Marx accepted Hegelian dialectics but rejected idealism. Similarly, it should be possible to separate homoeopathic therapeutics from its idealist shell.

During Hahnemann's lifetime (1755-1843) there were hardly any scientists who were consciously and consistently materialistic in their world-outlook. It is, therefore, not surprising that Hahnemann was deeply influenced by and deeply dissatisfied with idealist philosophers. He was a deist and a religious free-thinker. He wrote: "The ever-beneficent Godhead animating the infinite universes wells in us also". He felt attracted by philosophy, but the philosophers and their works offered him little satisfaction. He said: "Philosophy is not the highest of all sciences, it is also the basis and the fundamentals of all others. No science can exist without philosophy, for without its held it falls to the level of a handicraft or

at any rate of a subsidiary subject, This is true above all of medicine" (Haebl).

Hahnemann's biographer Richard Haebl says: "What particular philosophic system he supported is not discernible from his writings or his letters. It seems very questionable whether he definitely accepted any special system. He should rather be regarded as an eclectic who selected from each system the best for his own view of life and the world. From his schooldays onwards he had followed Descartes, Spinoza and Leibnitz (whose systems dominated the

schools of the time) and then proceeded to vitalism and to the naturalism of Scbellling and Hegel. He advanced beyond this to spiritualism and for a time lost his way in occultism. In temperament and development, both as man and as physician, he was a strong opponent of materialism. With all his emphasis on scientific exactitude and empiric certainty as the starting point of his therapeutic reform he rejected materialism equally as an outlook on life and as a fundament of his new theory:-- But, on the other hand, he

(Students' column, Cont. Page 6)

tends to be lower on account of acidic products from metabolic errors, urates crystallizes out and get deposited. These crystals are swallowed by neutrophils but they get disintegrated during the process. The disintegrated neutrophils liberate certain enzymes (Lysozomal) which bring about pain and inflammation of joints. The pain producing substance is called 'Kinins'.

PSEUDO GOUT

Instead of urate, if calcium pyrophosphate dihydrate (CPPD) is the material deposited in joints (mostly knee), a state resembling gout develop which is known as chondrocalcinosis. CPPD present in the synova and cartilage results in pain. This condition is called pseudo gout, crystal synovitis or CPDD.

DIAGNOSIS

(Patients should always be examined for evidence of tophi and an asymmetrical chronic arthritis.) Quantitation of urine uric acid,² synovial fluid examin-

ation for crystals of monosodium urate (MSU). Joint radiographs after repeated attacks may show characteristic changes.

HOMOEOPATHIC MANAGEMENT

A low purine diet must be advised with respect to the patient's preference, indigineous origin and seasonal availability. Nutritional status must be maintained in a good state when diet chart is prepared. Foods and drinks having power to induce alkaline urine should be given in plenty during acute exacerbation.

THERAPEUTIC

Effecting a cure in primary gout is a matter of dispute. In case of secondary gout the homocopathic remedy with planned diet & regimen may be much rewarding.

-
1. Normal range -42 mmol,
 2. Normal range up to 5, mmol.

took for his own purposes the basic thoughts of doubt from materialism. He took up a definitely conscious standpoint from facts of experience and rejected every philosophic speculation which did not agree with the latter. For this reason Kant was too impracticably abstract for him and not clear enough in his manner of presentation. Of Plato he complains that he is only valuable when he speaks intelligibly and expressively. His criticism of the philosophers after Kant is that they wrote 'even more mystically' than Kant, that they composed too freely in fancy and that that they had therefore not kept to the bounds of experience" (Haehl).

For Hahnemann, theory was of minor importance (Haehl). Engels, on the other hand, attaches great importance to theory. "However great one's contempt for all theoretical thought, nevertheless one cannot bring two natural facts into relation with each other, or understand the connection existing between them, without theoretical thought. The only question is whether one's thinking is correct or not, and contempt of theory is evidently the most certain way to think naturalistically, and therefore incorrectly. But, according to an old and well-known dialectical law, incorrect thinking, carried to its logical conclusion, inevitably arrives at the opposite of its point of departure. Hence, the empirical contempt for dialectics is punished by some of the most sober empiricists being led into the most barren of all superstitions, into modern spiritualism" (Engels, 1982).

Let us now turn to Hahnemann's concept of vital force. "In the healthy condition of man, the spiritual vital

force (autocracy) the Dynamis that animates the material body (organism), rules with unbounded sway, and retains all parts of the organism in admirable, harmonious, vital operation as regards both sensations and functions ... The material organism without the vital force is capable of no sensation, no function, no self-preservation; it derives all sensations and performs all the functions of life, solely by means of the immaterial being (the vital principle) which animates the material organism in health and in disease" (Haehl).

On the concept of vital force Engels says: "If by this (vital force) is meant that the form of motion in the organic body is different from the mechanical, physical, or chemical form, and contains them all sublated in itself, then it is a very lax manner of expression, and especially so because the force-presupposing transference of motion appears here as something pumped into the organism from outside, not as inherent in it and inseparable from it, and therefore this vital force has been the last refuge of all supernaturalists" (Engels, 1982). And again: "The Organism is certainly the higher unity which within itself unites mechanics, physics, and chemistry into a whole (emphasis original) where the trinity can no longer be separated. In the organism, mechanical motion is effected directly by physical and chemical change, in the form of nutrition, respiration, secretion etc, just as much as pure muscular movement" Thus it may be necessary to modify or even altogether abandon some of the concepts of Hahnemann.

All this, however, should not detract from the merits of homoeopathy

which are many and solid. The patient is treated on the basis of 'totality of symptoms'. The uniqueness of each patient is recognised. Permanent cures are accomplished in the gentlest manner possible. The pills are sweet and incredibly cheap. The efficacy of homoeopathic remedies is beyond question. Indeed allopathic treatment is said to be absolutely necessary only in a new cases. Homoeopathy provides prophylactics as it did when encephalitis was taking a heavy toll of lives of children in our country.

We are chasing the mirage of Health for All by 2000 AD. In a rational world there will of course be great emphasis on prevention of disease. It will be a non-violent, nuclear-weapon-free world. It will be free from pollution. People will consume unadulterated and uncontaminated foods free from toxic food additives. There will be excellent sanitary arrangements. Everyone will get food, clothing and housing. Occupational hazards will be minimised. Consumption of narcotics, alcoholic liquors, cigarettes etc. will be drastically reduced. There will be less stress and fewer deaths due to accidents. Nowadays goods are being produced, advertised and sold without the slightest

regard for their harmful effects on the consumers. The elimination of profit motive in production is a pre-condition to achieve the goal of Health for All.

If the masses are the real makers of history, it follows that the above goal cannot be reached without a people's movement. In India, progressive forces have been demanding the nationalisation of drug industry and rationalisation of drug policy. They have not met with much success. Drugs constitute one important area of multinational swindling. Drug dependence on transnational drug manufactures and on drugs themselves must be reduced. Right now state aid to systems like homoeopathy, ayurveda, and unani is just nominal. It is nobody's case that the baby should be thrown away along with bathwater. The dialectical method should be applied to the facts of medical science and health care. Such a comprehensive critique will enable us to see things in proper perspective and to assign to each system the role it deserves. The quest for truth and for cures must be the motive of such an inquiry and neither passion nor prejudice nor private profit should be allowed to hinder it. The reinterpre-

The editorial board wish to convey their best regards to the following prize winners in the competition conducted in introductory issue of the HAHNEMANNIAN RECORDER.

1. Sheena Anine Thomas, Madathil house,
Thevalakkara P. O., Quilon—690 524
2. George Mathew, Vadakkencheril,
Nadavayal P. O., Waynadu District

tation of homoeopathy will form part of such a critique.

Much basic research has to be done if homoeopathy is to gain wider acceptability. For instance the mode of action of homoeopathic remedies has not been satisfactorily explained so far. The materia medica can and must be enriched. Potentisation of drugs can perhaps be explained in terms of the law of transformation of quantity. The law of cure 'Similibus Curantur' may have something to do with the law of negation of negation. If sufficient funds

and talents are pumped into homoeopathy, it may develop into the healing system par excellence of the future.

Bibliography

Haehl, Ruchard: Samuel Hahnemann His Life and Works, Vol I, B Jain Publishers, Delhi.

Engels: Dialectics of Nature, Moscow, 1982.

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Medicinal Plants used in Homoeopathy

Editorial Note: If some one is to ask us about the source of a particular medicine, most of us find it difficult to answer. Even if at times we are able to answer this query, it is only vaguely. This is particularly true in case of plant medicines. Confusion exists even regarding their identity. So to give a general information in this regard a regular feature begins from this issue "Medicinal plants used in Homoeopathy".

1. *Chelidonium Majus* Linn

We may begin with this remedy for there is a mistaken notion among some of us, that this is *PHYLLANTHUS NIRURI* Linn" (Kizhanelli) a commonly used herb for jaundice in Kerala. Actually they are different Botanically and also in their medicinal action.

Phyllanthus Niruri belongs to that Natural order Euphorbiaceae from which about 15 medicines come to our Materia Medica while *Chelidonium* belongs to that N. O. Papaveraceae from which 2 other medicines viz Opium and *Sanguinaria Canadensis* come to our Materia medica.

Herb-*Chelidonium Majus* Common names-Greater celandine,

Garden celandine, Tetter-Wort.

Division — PHANEROGAMIA
Sub division — ANGIOSPERMIA
Class — DICOTYLEDONS
Sub class — POLYPETALAE
Series — THALAMIFLORAE
Natural order — PAPAVERACEAE

Habitat

It is indigenous to Europe and naturalized in U. S. A. It grows in hedgerows, along Fences, road side, Banks, and wastelands.

Description

It is a palegreen, evergreen Perennial having stems to a height of 30-100 cms (12-40 inches). It has a stout conical Rhizome. Leaves are round, smooth,



alternate, hairy, pinnate and 1.5 to 2.5 inches long. But upper leaves are lobed.

Flowers are golden-yellow in colour usually having a hairy stalk and 4 petals. All parts exude an orange yellow acrid Latex, when cut or Broken which is having an offensive odour, nauseous and bitter taste with a biting sensation when put to the mouth.

Flowering occurs from May to October.

Collection

Collected while flowering (May to October) dried in shade or sunlight

Constituents.

An acrid latex containing different alkaloids similar in structure to those of Opium, (viz. Chelidonine, Alpha, Beta and Gamma Homochelidonine) and saponin.

Parts Used Herb and Root

Bodily Influence.

1. Cathartic 2. Diuretic 3. Diaphoretic 4. Expectorant 5. Purgative 6. Alterative 7. Antispasmodic on smooth muscles; (intestines, stomach, biliary duct) 8. Profound action on liver and spleen 9. Some action on uterus 10. Its alkaloids cause depression in C. N. S & Paralysing effect on terminals of sensory nerves 11. Slowing of heart rate by virtue of its action on cardiac muscle 12. Respiration is lowered and deepened.

Uses Both internal & External.

Native

A. Internal

(i) Used as tincture or decoction for hepatic affections, dropsy and skin complaints.

(ii) As a sedative in inflammatory conditions of biliary duct: stomach pain and asthma.

(iii) Clinically fresh extract in spasmodic conditions of liver gall bladder, kidney and urinary bladder (R).

(iv) Malignant conditions of stomach used in the form of tea (R).

B. External

(i) Used to cleanse eyes of film and cloudiness that darkened sight. (mixed with braset milk)

(ii) Application in progressive spreading ulcers, malignant running sores and other spreading skin conditions such as tetter, ringworm or cancers.

(iii) To rub on warts (fresh latex)

(iv) In controlling malignant swelling and skin T. B. (fresh extract) (R).

(Cont. next issue)

Child Health—The Homoeopathic Way

(An eight page booklet is available from the Department of Family Welfare, Government of India, entitled *Homoeopathic Treatment for Common Ailments of Infants and Children*. It suggests treatments for colic, diarrhoea, vomiting, cold and cough, sore throat and tonsillitis, constipation, disturbed sleep, indigestion, troubles during the dentition, pain in the chest, loss of appetite, toothache, worms trouble, boils and abscesses, and injuries. The treatment is to be used, says the booklet, only as a first aid and in case the child does not feel better after a day or two he should be referred to the doctor. For copies of the booklet, write to : MCH Unit, Publications Section, Nirman Bhavan, Ministry of Health and Family Welfare, New Delhi 110 011. We reproduce below some extracts.—Ed-HFM)

Homoeopathic medicine is the safest medicine and is based on the law that medicine in very small doses can cure a disease provided that medicine is known to cause similar symptoms in an apparently healthy human being. The homoeopathic medicine helps the patient by raising his own defences against the invading organisms. The patient is helped in mobilising inherent powers of curative reactions in the body. Because of its ease of administration and sweet taste, the homoeopathic medicine is most welcome by the children. It is a common experience that these medicines bring about very speedy relief to children suffering from diseases.

Dispensing and Storage

The medicine can be dispensed either in small globules made up of cane sugar or in powders of milk sugar (Lactose). This can also be dispensed in plain drinking water. It is better to store these medicines in globules away from strong smelling substances like camphor, menthol, etc., and they should be stored in cool places away from exposure to the sun. Medicines stored like this can retain efficacy for many years. The bottle should be tightly corked.

Doses

For infants 1 or 2 globules of No. 20 size is enough for a dose. For older children up to 8, they can be given about 4 globules a dose. In the case of adults, 6 globules will be enough. In case of combination of tablets, dissolve 4 tablets in half a cup of lukewarm drinking water and give one teaspoon full of this to the infants as recommended. The paper used for dispensing should be clean and white.

Common Ailments

Colic Baby

Colic is one of the commonest ailments to which a new-born child is subject to. Such colic usually continues till the age of 3 months and colic is usually worse towards the evening and is very annoying both to the mother as well as to the other members of the family.

Treatment : Give Colocynth 30, every half an hour, till the relief is obtained.

As a preventive measure, this medicine could be given three times a day and if there is no colic for a week, it could be stopped. If no relief is obtained, give the following combination alternately every one hour and if it is better, every two hours : Mag. Phos. 12x, Ferrum Phos 12x, Nat. Mur. 12x. Silicea 12x, Kali Phos 12x.

Vomiting

Vomiting in little children is a fairly common symptom. In case a child vomits soon after taking milk, and goes to sleep after vomiting, give Aethusa 30, every 3 hours. In case of vomiting accompanied with diarrhoea, fever or colic, give Ipecac 30, alternately with Arsenic—Album 30, every one hour and if better every two hours.

Troubles During Dentition

Diarrhoea, crying, sleeplessness, irritability, etc., are the common conditions which are associated with the teething in children. Give Chamomilla 30, alternate to Calcium Phos 6x for 7 days every two hourly.

If the stool is offensive followed by normal stool in the evening give Podophyllum 30, every two hourly for two days.

Worms Trouble

This is one of the commonest complaints in young children which very frequently invite medical attention. The complaints are bedwetting, grinding of teeth and occasional abdominal pain with a great craving for sweet. Give China 30, thrice daily for seven day.

Diarrhoea

This is another common condition which very often invites medical attention in children. This may be accompanied with other ailments

1. Give China 6, and Cynodon Dactylon 6x, alternately two hourly.

2. Give Chamomila 30, every two hours, to children having diarrhoea during detention, especially when the child is cranky irritable.

If the stools are :

- | | | |
|--|-----|--|
| (i) watery, profuse, painless, offensive; | ... | Podophyllum 30, and Combination No. IV, alternately every two hours |
| (ii) mixed with blood and mucus; | ... | Merc. Sol. 30, and Combination No. IV. |
| (iii) accompanied by nausea, or vomiting; | ... | Arsenic—Album 30, alternately with Ipecac every 2 hours. |
| (iv) of undigested milk | ... | Mag. Carb. 30, $\frac{1}{2}$ hourly, |



Resource Persons

VHAI is currently preparing a register of qualified resource persons who would be available to assist health care programmes in activity related to health and development. At present concentration is on the U.P. and Delhi Area. It is intended gradually to extend this coverage if the response is good.

Any person in these or other areas of India interested in being listed in our register may fill out one of the information sheets being sent out or contact Dr. Tunnie Martin at the VHAI office for more information.

* * *

Counselling for Family Life Education

Date : April 12th-16th, 1982

Venue : Ashirvad 30 St. Mark's Road Cross,
Bangalore-560 001

Organisers : CREST—Centre for Research Education
Service and Training for Family Life
Promotion, 14, High Street,
Bangalore-560 005

PARTICIPANTS: Lecturers, Teachers, Social Workers
& Youth Leaders

For details write to above address

Training for Doctors

Applications are invited from in-service Doctors preferably from voluntary organisations for 6 weeks intensive training in leprosy. They should be below 45 years of age and should have at least 2 years of experience in leprosy. Four doctors will be selected for the award every year. Besides actual first class train fare to and fro Rs. 500/- which ever is less, each candidate will be paid Rs. 30/- per day as allowance during the training period. Training will be in one of the six centres selected by the Technical Committee. They should give an undertaking to continue working in the field of leprosy after training at least for another 3 years. Application forms can be had from the Hind Kusht Nivaran Sangh, 1-Red Cross Road, New Delhi—110 001, and the last date for receipt of completed application forms is April 15, 1982.

COMMUNITY HEALTH CELL
47/1, (First Floor) St. Marks Road
BANGALORE - 560 001

HOLCROFTH'S VIEWS ON DIABETES

Diabetes mellitus is a hereditary disease. Tendency to diabetes is present at birth or at conception and lies dormant for variable periods. When one or both the parents have diabetes, the person has tendency to get diabetes. If such a person receives cortisone for treatment of any problem the diabetes comes to the surface early. We have found that mothers who give birth to big babies later on develop diabetes.

Diabetes mellitus is due to deficiency of insulin secreted by pancreas. Beta cells of pancreas secrete insulin. When a person takes sugar, carbohydrates etc., in the diet, these are digested in the intestine. The sugar from intestine is then transferred to blood and from blood it goes to the cells of the body which require sugar as nutrition. This transfer of sugar from blood to the cells takes place with the help of insulin. If insulin is not available as in cases of diabetes mellitus, sugar instead of being transferred to the cells goes on circulating in blood and causes high blood sugar level or diabetes.

In all patients who have tendency to get diabetes due to heredity, their blood sugar should be checked regularly - say atleast once a year for early detection. Also in mothers who have given birth to big babies, blood sugar should be checked. This helps in early detection of cases of diabetes. It takes two or three years of the disease suffering for the classical symptoms of diabetes to develop.

Obesity is the predisposing factor for early diabetes. So all those also are prone to get diabetes should be advised to lose weight.

There is a fear among people that if a person takes lot of sweets can develop diabetes. This is only in persons

with heredity influence. Otherwise, even if a person takes one plate of sweets daily for a period of two years also, does not develop diabetes.

The treatment given by allopaths is some tablets. These tablets stimulate the pancreas to secrete insulin. When that fails ~~remedy~~, insulin by injections is given.

The aim of treatment is not only to control the blood sugar but also to prevent the changes due to diabetes. These changes are known as microangiopathy - that is - narrowing of blood vessels. This takes place in heart giving a high risk of heart trouble, in ~~the~~ blood vessels, giving high blood pressure, or in kidney giving renal failure or in brain which may later on give rise to paralysis.

When a person is put either on tablets or on insulin injections, it only lowers the blood sugar and keeps it under control but Homoeopathic medicines not only control the blood sugar but also prevent changes due to diabetes and prevent complications. The Homoeopathic medicine stimulates the pancreas so that its functioning becomes normal. Unlike the tablets, the medicine takes time to bring the blood sugar ~~xxxx~~ under control, so the chances of patient getting attacks of hypoglycaemia or low blood sugar are less.

In Homoeopathy we do not treat these cases by standard drugs. Since diabetes is a metabolic disorder, a constitutional medicine for each patient is found out. This is done with the help of present symptoms and the mental symptoms and the general symptoms of the patient. Constitutional medicines like Calcarea carb, sulphur, Lycopodium etc., bring very good results.

Regarding diet, we restrict the intake of sugar and sweets. The patient is allowed to take the remaining items. However, he is advised to take less carbohydrates.

Walking does the same work as insulin. So a patient is advised to walk for 40 minutes.

Complications of diabetes:

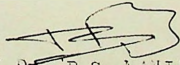
One of the complications is gangrene. We have very good medicines in Homoeopathy like Arsenic alb, Lachesis etc., which give good results.

Another complication is the effect on kidneys where the kidneys become smaller and these cases go into renal failure. Homoeopathic medicines if given in time, helps the remaining portion of the kidneys to take up the function and prevent renal failure.

The patients when under Homoeopathic treatment are asked to stop taking sugar completely. The blood sugar is checked every 3 months and when four reports show normal blood sugar, the patients are allowed to take sugar with tea or coffee. After another four normal reports they are then able to take sweets also. However, in patients above the age of 55 years, such cure may not take place.

Bangalore,

Date: 20.2.89


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THE PHILOSOPHY OF HOMOEOPATHY - Shirdi Prasad Tekur.

1. INTRODUCTION: Homoeopathy started as an alternative to Allopathic medical practice in the beginning of the 19th Century. The Allopathic modalities of treatment at that time consisted of the use of emetics for 'bilious fevers' and stomach disorders, purging of mucus in abdominal complaints, venesections for haemorrhages and blood-letting with leeches for inflammation. The other remedies used were compounds of lead, copper, zinc, sulphur and mercury, in addition to surgery.

Dr Samuel Hahnemann, a physician and radical thinker of those times believed that the fundamental laws of nature were ill understood, and set about studying disease and medicine afresh. His diligent records of observations and experiences led him to propound the theories of Homoeopathy in his work - THE ORGANON OF MEDICINE in 1810. This went into five more editions (1819/1824/1829/1833/ and 1842) and he gives due credit to earlier physicians who perceived the principles he put forth in their recordings, but left them as passing observations.

A deeply religious man, he believed that in practice, medicine should be more humane and gentle while respecting and following nature's ways and laws. He laid the basis of all Homoeopathic concepts with the theory of the vital force.

2. VITAL FORCE

Hahnemann defines vital force in para 9 of the Organon as follows: "In the healthy condition of man, the spiritual vital force, the dynamis that animates the material body, rules with unbounded sway, and retains all parts of the organism in admirable, harmonious, vital operation as regards both sensations and functions, so that our indwelling reason gifted mind can freely employ this living, healthy instrument for the higher purposes of our existence".

This vital force is the essence of all life, and its absence means death. It pervades the entire material substance of the

body without disturbing or replacing it, akin to magnetic energy in a magnetised iron bar. It is dynamic and constantly interacting with the environment, while striving to maintain its equilibrium. Each individual affection is considered an alteration or distunement in the vital force .

3. HOMOEOPATHY AND HEALTH

Homoeopathy is primarily a system of therapeutics. Moral and spiritual hygiene is considered essential to maintain the vital force in a healthy state. In para 4 of the Organon, the role of the physician in health is given as follows - " He is likewise a preserver of health if he knows the things that derange health and cause disease, and how to remove them from persons in health". Nutrition, exercise and hygiene were, and are accepted as prevalent in society, with advice to avoid excess and choose what an individual is comfortable with

The vital force when deranged, shows as changes in the mind of an individual, progressing to skin manifestations where the vital force interacts with the environment. If suppressed or untreated, it permeates internal organs and weakens them. Thus the mind and subjective sensations are of prime importance to assess the State of health of the vital force.

4. BASIC PRINCIPLES OF HOMOEOPATHY:

- 4.1 The law of similars: A drug capable of producing a set of symptoms in health is curative, in disease with the same set of symptoms - SIMILIA SIMILIBUS CURANTOR.
- 4.2 The minimum dose required to achieve cure is to be used
- 4.3 A single remedy which fits the pattern of the disease is the best way to treat.
- 4.4 Theory of chronic diseases: Hahnemann perceived an underlying taint to the vital force modifying ^{its} action in health and disease - this he called the miasm, of which he wrote of three types - PSORA, SYPHILIS and SYCOSIS

5. UNIQUE FEATURES OF HOMOEOPATHY:

- 5.1 Hahnemann's study of drugs (called provings) was by giving them to healthy volunteers and recording the sensory data of their effects. He found the results to be
- remarkably constant in various individuals,
 - reproducible
 - transient, leaving no long term or residual effects and
 - manifest as Primary and Secondary effects.

The Primary effects (recorded as provings) were the toxic effects of the drug, while the Secondary effects reversed the Primary effects and was considered the reaction of the vital force. With dilution of a drug, the Primary effects reduced, while the Secondary effects were accentuated, in proportion to the dilution. The homoeopathic aggravation of a disease is *mainly* the Primary action of a drug.

This procedure of Homoeopathic provings of action of drugs

- avoids recourse to the disease entity
 - is based primarily on sensory data *of a healthy individual*
 - eliminates animal research models
 - provides a materia medica which has not altered for over 175 years for some of the earliest provings - additional data may only be added on.
 - opens up a new look at medicine and disease, where there is a constant factor, such that disease states are classified in terms of medicines which cure them.
- 5.2 Homoeopathy holds the deep conviction that the internal processes of the organism are extremely complex and interdependent, such that any attempt at treatment must include the whole patient and not merely one organ or part of the body. Thus it holds a very holistic view of the patient.
- 5.3 The principles of immunization and vaccines are basically homoeopathic in principle, where the body is exposed to the

agent (vaccina) which produces a transient, less harmful state very similar to the actual disease, thus protecting the body from the actual disease.

ADVANCES:

1. Computerisation of the Materia medica has been possible, since it is a mass of fixed, unaltering data.
2. Acupuncture is being integrated with homeopathy and an interesting branch 'homoeo-puncture' is evolving
3. Bio-energy is being measured and quantified along acupuncture meridians using the present day sophisticated electronic technology, and alterations in the bio-energy is being rectified using homoeo drugs.
4. The concepts of chronic diseases are found to be:
 - a. Psora - corresponding to deficiency states
 - b. Syphilis - corresponding to states where an acute infection is present
 - c. Sycosis - corresponding to states where a long term illness has left some residues
5. In paras 286-288 of the Organon, Hahnemann refers to the dynamic force present in mineral magnets, electricity, galvanism and Animal magnetism (Mesmerism) to be adequately studied for their potential in altering the vital force and hence use for curative purposes. This is being explored now.

REFERENCES:

| | |
|-------------------------|---|
| 1. Samuel Hahnemann | - Organon of Medicine 6th Edition (1842) - 1922 Reprint |
| 2. James Tyler Kent | - Lectures on Homoeopathic Philosophy 5th Edition (1954) - 1987 Reprint |
| 3. Herbert A Roberts | - The Principles and Art of cure by Homoeopathy 2nd Edition (1942) - 1981 Reprint |
| 4. Sultan Alam M Biheri | - Unfathomed regions of Homoeopathy 2nd Edition (1977) |
| 5. Martia L Conlter | - Homoeopathic Medicine (1972) |



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....2

body without disturbing or replacing it, akin to magnetic energy in a magnetised iron bar. It is dynamic and constantly interacting with the environment, while striving to maintain its equilibrium. Each individual affection is considered an alteration or distunement in the vital force .

3. HOMOEOPATHY AND HEALTH

Homoeopathy is primarily a system of therapeutics. Moral and spiritual hygiene is considered essential to maintain the vital force in a healthy state. In para 4 of the Organon, the role of the physician in health is given as follows - " He is likewise a preserver of health if he knows the things that derange health and cause disease, and how to remove them from persons in health", Nutrition, exercise and hygiene were, and are accepted as prevalent in society, with advice to avoid excess and choose what an individual is comfortable with

The vital force when deranged, shows as changes in the mind of an individual, progressing to skin manifestations where the vital force interacts with the environment. If suppressed or untreated, it permeates internal organs and weakens them. Thus the mind and subjective sensations are of prime importance to assess the State of health of the vital force.

4. BASIC PRINCIPLES OF HOMOEOPATHY:

- 4.1 The law of similars: A drug capable of producing a set of symptoms in health is curative, in disease with the same set of symptoms - SIMILIA SIMILIBUS CURANTOR.
- 4.2 The minimum dose required to achieve cure is to be used
- 4.3 A single remedy which fits the pattern of the disease is the best way to treat.
- 4.4 Theory of chronic diseases: Hahnemann perceived an underlying taint to the vital force modifying its action in health and disease - this he called the miasm, of which he wrote of three types - PSORA, SYPHILIS and SYCOSIS

5. UNIQUE FEATURES OF HOMOEOPATHY:

- 5.1 Hahnemann's study of drugs (called provings) was by giving them to healthy volunteers and recording the sensory data of their effects. He found the results to be
- remarkably constant in various individuals,
 - reproducible
 - transient, leaving no long term or residual effects and
 - manifest as Primary and Secondary effects.

The Primary effects (recorded as provings) were the toxic effects of the drug, while the Secondary effects reversed the Primary effects and was considered the reaction of the vital force. With dilution of a drug, the Primary effects reduced, while the Secondary effects were accentuated, in proportion to the dilution. The homoeopathic aggravation of a disease is *mainly* the Primary action of a drug.

This procedure of Homoeopathic provings of action of drugs

- avoids recourse to the disease entity
 - is based primarily on sensory data *of a healthy individual*
 - eliminates animal research models
 - provides a materia medica which has not altered for over 175 years for some of the earliest provings - additional data may only be added on.
 - opens up a new look at medicine and disease, where there is a constant factor, such that disease states are classified in terms of medicines which cure them.
- 5.2 Homoeopathy holds the deep conviction that the internal processes of the organism are extremely complex and interdependent, such that any attempt at treatment must include the whole patient and not merely one organ or part of the body. Thus it holds a very holistic view of the patient.
- 5.3 The principles of immunization and vaccines are basically homoeopathic in principle, where the body is exposed to the

agent (vaccine) which produces a transient, less harmful state very similar to the actual disease, thus protecting the body from the actual disease.

ADVANCES:

1. Computerisation of the Materia medica has been possible, since it is a mass of fixed, unaltering data.
2. Acupuncture is being integrated with homoeopathy and an interesting branch 'homoeo-puncture' is evolving
3. Bio-energy is being measured and quantified along acupuncture meridians using the present day sophisticated electronic technology, and alterations in the bio-energy is being rectified using homoeo drugs.
4. The concepts of chronic diseases are found to be:
 - a. Psora - corresponding to deficiency states
 - b. Syphilis - corresponding to states where an acute infection is present
 - c. Sycosis - corresponding to states where a long term illness has left some residues
5. In paras 286-288 of the Organon, Hahnemann refers to the dynamic force present in mineral magnets, electricity, galvanism and Animal magnetism (Mesmerism) to be adequately studied for their potential in altering the vital force and hence use for curative purposes. This is being explored now.

REFERENCES:

- | | |
|-------------------------|---|
| 1. Samuel Hahnemann | - Organon of Medicine 6th Edition (1842) - 1922 Reprint |
| 2. James Tyler Kent | - Lectures on Homoeopathic Philosophy 5th Edition (1954) - 1987 Reprint |
| 3. Herbert A Roberts | - The Principles and Art of cure by Homoeopathy 2nd Edition (1942) - 1981 Reprint |
| 4. Sultan Alam M Bihari | - Unfathomed regions of Homoeopathy 2nd Edition (1977) |
| 5. Hattis L Conlter | - Homoeopathic Medicine (1972) |

CHAPTER 17

Homoeopathy

17.1 Introduction

Homoeopathy is a system of treatment by which diseases are cured by drugs which produce effects on the body similar to the signs and symptoms of diseases.

Minute doses of homoeopathic medicines mobilize the inherent mechanisms of the body against the influence of disease producing organisms and various types of other human sickness. This, therefore, results in rapid, gentle and permanent restoration of health. Since the doses of homoeopathic medicines used are very small, there are practically no side-effects. With the aid of homoeopathic medicines, many cases of common ailments can be managed successfully and serious cases can be greatly helped before the arrival of proper professional help. Homoeopathic treatment does not conflict with surgery, physical therapy or other non-medical measures.

17.2 Preparation, handling and storage of homoeopathic medicines

The "Homoeopathic-kit" contains all the important and commonly used medicines which one may need to treat common ailments. While giving the medicine to a patient, the *name* and *potency* of the drug should be noted carefully. Extreme care is needed in handling and storage of homoeopathic medicines. The vials containing the medicines should be tightly corked. They should always be put back in the kit-box which should be kept closed and in a cool, dry and preferably in a shaded place. No other strong smelling things like camphor, menthol, essences, scents, etc., should be kept nearby as these may destroy the action of homoeopathic medicines and make them inert. If carefully stored and handled, the homoeopathic medicines will not deteriorate and will keep their power for a long time.

17.3 Administration of medicines

The medicines may either be administered dry, by placing them upon the tongue, or dissolved in water.

In most cases, 5 to 8 globules should be placed dry on the tongue. For children 2 to 4 globules and for infants 1 to 2 globules will be sufficient for a dose. If the tongue is dry, add a few drops of drinking water. Even new-born babies are able to swallow this. In the case of Combination Tablets, give 4 tablets with a small amount of warm drinking water to adults. In children and infants, dissolve 4 tablets in half a cup of warm, drinking water and give one teaspoon of this. Avoid undue handling and touching the medicine. The drug should be taken from the bottle on to a piece of clean paper.

Where repeated doses of the medicine at short intervals are required, the appropriate remedy should be administered in solution in water. For this purpose take a clean tea cup and rinse it with water. Fill it half full of drinking water, put 5 to 8 globules of medicine into the water, mix it thoroughly by stirring with a clean spoon. Keep the tumbler containing the medicine well covered with a clean saucer in a cool place, free of odours of any kind. When thus prepared, a dessertspoonful to adults, or a teaspoonful to children and infants may be given at a time.

The more active or virulent the disease, the more frequently must the remedy be repeated. In acute conditions like severe pain, troublesome cough, diarrhoea or vomiting, the medicine may have to be repeated as often as every 10 to 15 minutes until the patient gets relief from the pain or the vomiting ceases, or the diarrhoea stops, or the cough gets easier and the patient goes to sleep. With relief of symptoms, the patient will have a sense of well being. These reactions will show that the medicine is doing its work.

17.4 Regimen during homoeopathic treatment

The patient should partake of light, digestible and nourishing food. In fevers only the lightest

and simplest kinds of foods are proper. Both mental and physical rest are most essential.

While taking homoeopathic remedies the patient should be careful to refrain from taking other medicines. Certain articles of diet are forbidden such as strong coffee or excessive spices. The patient should also abstain from tobacco and alcoholic drinks.

17.5 Referral & records

Refer your cases as necessary to the Health Worker, Subcentre or Primary Health Centre in good time according to the instructions given under each ailment. Whenever in doubt about the disease or its treatment, contact the Health Worker attached to your Subcentre or Primary Health Centre.

Keep a record of the treatment given to each patient. Refer cases to the Health Worker or to the Subcentre or Primary Health Centre as necessary with their records.

17.6 Homoeopathic treatment for common ailments

17.6.1 Fever

Fever is a common condition and is generally accompanied by other signs and symptoms such as headache, bodyache, shivering, running of the nose, sore throat, nausea, vomiting, diarrhoea, or skin rash. Proceed as follows:

1. Ask the patient to remain in bed.
2. Tell the patient to drink plenty of fluids.
3. At the onset of fever give *Aconite 6X* and *Combination No. 1 tablets* alternately every one hour; if better, two hourly.
4. If the fever is accompanied by sore throat, earache, cough, bodyache, or running of the nose give *Belladonna 6* and *Merc bin iodide 6* alternately every two hours.
5. If the fever does not subside, give *Baptisia 3X*, two hourly till such time that he is assisted by the Subcentre or Primary Health Centre.
6. Refer to the Subcentre if:
 - (i) The fever does not come down within two days
 - (ii) The fever is accompanied by stiff neck, convulsions, unconsciousness or vomiting.

17.6.2 Headache

Like fever, headache can also be accompanied by other signs and symptoms such as fever, rash, earache, running of the nose, sore throat, or vomiting. Proceed as follows:

1. Give *Mellilotus 30* and *Combination No. 11 tablets* alternately every two hours for two days.
2. Treat the other symptoms accompanying the headache as follows:

| | |
|--------------------------------|--|
| <i>Headache accompanied by</i> | |
| (i) Fever | <i>Aconite 6X</i> and <i>Combination No. 11 tablets</i> alternately every two hours. |
| (ii) Sore throat | <i>Belladonna 6</i> and <i>Merc bin iodide 6</i> alternately every two hours. |
| (iii) Cold and Cough | <i>Bryonia Alba 30</i> and <i>Combination No. 1 tablets</i> alternately every two hours. |
| (iv) Earache | <i>Belladonna 30</i> and <i>Combination No. 11 tablets</i> alternately every two hours. |

Refer the patient to the Subcentre if:

- (i) The headache is accompanied by stiff neck
- (ii) The patient is pregnant
- (iii) The headache is accompanied by fever and there is no relief even after two days.

17.6.3 Backache

Proceed as follows:

1. Bed rest
2. Treatment:

| | |
|---|---|
| (i) If backache is due to injury | <i>Arnica 200</i> every two hours. |
| (ii) If backache is accompanied by joint pain and the pain is felt more with the least movement | <i>Bryonia 30</i> and <i>Combination No. III</i> tablets alternately every two hours. |
| (iii) If the backache is accompanied by joint pain and if the pain is relieved by movement | <i>Rhustox 30</i> and <i>Combination No. III</i> tablets alternately every two hours. |

3. Refer the patient to the Subcentre if the backache persists for more than three days or if there is any restriction in movement.

17.6.4 Joint pains

Proceed as follows:

1. Bed rest
2. Apply heat to the joint by means of a hot water bottle or hot sand or by wrapping the joint with a cloth soaked in hot water and wrung out.
3. Treatment:

| | |
|---|--|
| (i) If joint pain is more on the least movement | <i>Bryonia 30</i> and <i>Combination No. III</i> tablets alternately every two hours. |
| (ii) If joint pain is better by movement | <i>Rhustox 30</i> and <i>Combination No. III</i> tablets alternately every two hours. |
| (iii) If joint pain is accompanied with fever and the joint is red, hot, swollen and painful to touch | <i>Belladonna 30</i> and <i>Combination No. III</i> tablets alternately every two hours. |

4. Refer the patient to the Subcentre
 - (i) If the patient is a child with pain in several joints and fever
 - (ii) If there is no improvement after 3 days of treatment.

17.6.5 Diarrhoea

Proceed as follows:

1. Give plenty of fluids to drink
2. Give soft diet like banana, buttermilk, arrowroot conjee, and rice gruel.
3. If there are signs of dehydration, i.e., sunken eyes, dry mouth, or wrinkled skin, give rehydration mixture, or follow the instructions given in Chapter 11, Section 11.1.5.
4. Give *China 6* and *Cynodon Dactylon 6X* alternately two hourly.
5. Give *Chamomilla 30* every two hours in children having diarrhoea during dentition when the child is cranky and irritable.
6. Treatment:

| | |
|--|---|
| <i>If the stools are:</i> | |
| (i) Watery, profuse, painless, offensive | <i>Podophyllum 30</i> and <i>Combination No. II'</i> alternately every two hours. |
| (ii) Mixed with blood and mucus | <i>Merc. Sol 30</i> and <i>Combination No. IV</i> alternately every two hours. |
| (iii) Accompanied by nausea, vomiting or dehydration | <i>Arsenic Album 30</i> and <i>Ipecac 30</i> alternately every two hours. |

7. Refer the patient to the Subcentre if:
- There are signs of dehydration
 - There is no improvement within two days.

17.6.6 Cold

Proceed as follows:

- Give *Arsenic Album 6* and *Combination No. 1* tablets every two hours for four days.
- Refer the patient to the Subcentre if the cold does not subside after 4 days of treatment

17.6.7 Cough

Proceed as follows:

- Treatment:

| | |
|------------------------------------|---|
| (i) Dry cough accompanied by fever | <i>Belladonna 30</i> and <i>Merc Sol 30</i> alternately every two hours for 3 days. |
| (ii) Loose cough | <i>Arsenic Album 6</i> and <i>Ipecac 30</i> alternately every two hours for 3 days. |

- Refer the patient to the Subcentre:
 - If the cough does not subside
 - If the cough is accompanied by fever and chest pain.

17.6.8 Vomiting

Vomiting may occur alone or it may be accompanied by pain in the abdomen, diarrhoea or fever. In women it may occur during pregnancy.

Proceed as follows:

- Give a milk diet
- If there are signs of dehydration, give rehydration mixture or as suggested in Chapter 11, Section 11.1.5.
- Give *Ipecac 30* and *Arsenic Album 30* alternately every one hour and if better, every 2 hours.
- Refer the patient to the Subcentre:
 - If the vomit contains blood
 - If the patient is dehydrated
 - If the patient is unable to retain anything
 - If there is no improvement within two days.

17.6.9 Pain in the abdomen

Pain in the abdomen can also occur with other signs and symptoms like nausea, vomiting, diarrhoea or constipation.

Proceed as follows:

- Advise milk and a soft diet.
- Treatment:

| | |
|--|---|
| <i>Pain in abdomen associated with</i> | |
| (i) No symptoms | <i>Colocynth 30</i> and <i>Combination No. 1</i> tablets alternately every two hours. |
| (ii) Diarrhoea | <i>China 6</i> and <i>Cynodon dactylon 6X</i> alternately every two hours. |
| (iii) Constipation | <i>Nux Vomica 30</i> and <i>Combination No. 1</i> alternately every two hours. |
| (iv) Nausea and vomiting | <i>Ipecac 30</i> and <i>Arsenic Album 30</i> alternately every two hours. |
| (v) Passing worms | <i>Cina 30</i> every two hours. |
| (vi) Fever | <i>Belladonna 30</i> every two hours. |

3. Refer to the Subcentre:
 (i) If the pain does not subside within 24 hours
 (ii) If there are signs of shock
 (iii) If the patient is pregnant.

17.6.10 Indigestion

Proceed as follows:

1. Treatment:

| | |
|-----------------------------------|--|
| <i>Indigestion</i> | |
| (i) With heaviness and belching | <i>Carbo Veg 30</i> and <i>Combination No. XII</i> alternately every two hours. |
| (ii) Due to rich, greasy food | <i>Pulsatilla 30</i> and <i>Combination No. XII Tablets</i> alternately every two hours. |
| (iii) Due to spicy food | <i>Nux Vomica 30</i> every two hours. |
| (iv) With nausea or vomiting | <i>Ipecac 30</i> and <i>Arsenic Album 30</i> . |
| (v) With diarrhoea | <i>China 6</i> and <i>Cynodon Dactylon 6 X</i> alternately every two hours. |
| (vi) In children during dentition | <i>Chamomilla 30</i> and <i>Combination No. VI</i> alternately every two hours. |

2. Refer the patient to the Subcentre if there is no improvement within two days.

17.6.11 Constipation

Constipation may also be accompanied by pain in the abdomen, nausea and vomiting.

Proceed as follows:

1. Advise the patient to drink plenty of water
 2. Advise the patient to eat plenty of fresh fruits and green leafy vegetables.
 3. Treatment:

| | |
|-----------------------|---|
| <i>Constipation</i> | |
| (i) Of long standing | (a) <i>Sulphur 30</i> in the morning and <i>Nux Vomica 30</i> in the evening for seven days. |
| (ii) Of recent origin | (b) <i>Combination No. VII</i> thrice a day. <i>Cascara Sagrada Q. 4</i> to 6 drops in half a cup of water, one teaspoon every three hours for two days. |

4. Refer the patient to the Subcentre if the patient is vomiting and has severe pain in the abdomen accompanied by fever.

17.6.12 Earache

Earache may be accompanied by running of the nose, sore throat, discharge from the ear, dizziness, disturbances of hearing, or fever.

Proceed as follows:

1. Treatment:

| | |
|---|--|
| <i>Earache:</i> | |
| (i) With fever | <i>Belladonna 30</i> and <i>Merc Sol 30</i> every hour; if severe pain then half hourly. |
| (ii) With catarrh, sore throat, but without fever | <i>Merc Sol 30</i> and <i>Combination No. VIII tablets</i> alternately every two hours. |

2. Refer the patient to the Subcentre:
 - (i) If the pain does not subside within 24 hours
 - (ii) If there is a foreign body in the ear
 - (iii) If the patient has dizziness or disturbances of hearing
 - (iv) If the fever does not subside and pain is more severe.

17.6.13 Sore eyes

Treat the patient as follows:

1. Clean the eyes with boiled, cooled water and cotton wool. Use separate cotton wool for each eye. Clean the eye from the inner to the outer end.
2. Drop *Euphrasia eye drops* inside the lower eyelid. Repeat three times a day. Or use eye drops as in Chapter 11, Section 11.1.11.
3. Give *Belladonna 30* and *Euphrasia 30* alternately every two hours.
4. Keep the patient away from bright lights and dust.
5. Refer the patient to the Subcentre:
 - (i) If there is an eye injury or a foreign body in the eye
 - (ii) If there is no improvement within 24 hours after the treatment
 - (iii) If the child with sore eyes has measles.

17.6.14 Toothache

Toothache may be accompanied by fever, swelling and redness of the gums, or by decay of the tooth.

Proceed as follows:

1. Add two drops of *Kreosote Q* in half a cup of water. Use this solution as a gargle. Repeat as necessary.
2. With cotton wool on a match stick, apply *Kreosote Q* on the decayed tooth. Repeat as necessary.
3. Treatment:

| | |
|---|--|
| <i>Toothache</i> | |
| (i) Without fever | <i>Staphysagria 200</i> and <i>Combination No. IX</i> alternately every two hours. |
| (ii) With fever and swelling of the gums or if painful to touch | <i>Belladonna 30</i> and <i>Merc Sol 30</i> alternately every two hours. |

4. Refer the patient to the Subcentre:
 - (i) If the pain does not subside within two days
 - (ii) If the swelling increases or the fever does not subside.
 - (iii) For further treatment in cases of a decayed tooth, or swelling and redness of the gums.

17.6.15 Boils and Abscesses

These are skin infections seen most frequently in children who are not kept clean. If neglected, a boil develops into an abscess which contains pus. This has to be removed.

1. Treatment:

| | |
|---|--|
| (i) In early stages of boils | <i>Belladonna 30</i> and <i>Merc Sol 30</i> alternately every two hours. |
| (ii) Very painful to touch | <i>Arnica 200</i> and <i>Combination No. XIII</i> tablets alternately every two hours. |
| (iii) If the abscess is formed and is painful | <i>Hepar Sulph 30</i> every two hours. |

2. Refer the patient:

- (i) If there are red streaks running beyond the area of the boil and the part becomes painful to touch
- (ii) If the abscess is formed
- (iii) If there is no relief after two days of treatment.

17.6.16 Ulcers

Proceed as follows:

1. Clean the ulcer with boiled, cooled water and cotton wool.
2. Dry it with clean cotton wool.
3. Apply *Calendula ointment*.
4. Apply a clean dressing and keep in place with a bandage or adhesive plaster.
5. Give *Mere Sol 30* and *Combination No. X tablets* alternately every two hours.
6. If there is no relief, change the dressing as necessary, and give *Hepar Sulph 30* and *Combination No. X tablets* every two hours for one week.
7. Refer the patient to the Subcentre:
 - (i) If there is fever
 - (ii) If the patient has several ulcers and gets tired easily or eats and drinks water excessively.

17.6.17 Scabies

Proceed as follows:

1. Ask the patient to bathe the part with soap and water.
2. Clean the part with cotton wool.
3. Apply *Calendula ointment*. Repeat twice daily. (See also Chapter 11, Section 11.1.13 No. 1).
4. Ask the patient to put on clean clothes and change the clothes daily.
5. Ask the patient to boil the clothes and the bedding with soap or washing soda. Dry them in the sun.
6. Give *Mere Sol 6* and *Combination No. XI tablets* alternately every four hours for seven days.
7. Refer the patient to the Subcentre if there is no improvement.

17.6.18 Ringworm

Proceed as follows:

1. Bathe with water and soap.
2. Dry with cotton swabs.
3. Apply *Calendula ointment*. Repeat as necessary.
4. Give *Sepia 6* and *Combination No. XI tablets* alternately every three hours for seven days.
5. Refer the patient to the Subcentre if there is no improvement.

17.6.19 Burns and Scalds

Proceed as follows:

1. Cases where skin is intact or only partially destroyed

- (i) Wash with running water.
- (ii) Apply *Cantharis ointment*.
- (iii) Dress with gauze. Keep the gauze in position with a loose bandage and adhesive tape.
- (iv) Make the patient drink plenty of fluids.
- (v) Give *Cantharis 30* and *Urtica Urens 3X* alternately every hour.

2. Cases where skin is completely destroyed

The burnt area looks raw, there is severe pain and the patient may go into shock. In such cases treat as follows:

- (i) Cover the affected area with a clean sheet or piece of cloth.
- (ii) Make the patient drink plenty of fluid.

- (iii) Give *Cantharis 30*, *Urtica Urens 3X* alternately every ten minutes. Rush the patient to the Primary Health Centre.

17.6.20 Wounds

A wound may be a simple grazed skin, a skin cut by a knife or other sharp cutting instrument, a torn skin, or a punctured skin.

Proceed as follows:

1. **Simple grazed wound:** Wash the wound with clean water and cotton wool and dry with cotton wool. Apply *Calendula ointment*, dress the wound and bandage. Give *Calendula 30* and *Arnica 200* alternately every two hours for two days.
2. **Cuts:**
 - (a) **If the cut is small**
 - (i) Stop the bleeding by using direct pressure.
 - (ii) Wash the wound with water, then dry it with cotton wool.
 - (iii) Apply *Calendula ointment*.
 - (iv) Dress the wound and bandage it.
 - (v) Give *Arnica 200* every two hours for two days.
 - (vi) Dress the wound daily as necessary.
 - (b) **If the cut is big**
 - (i) Stop the bleeding by direct pressure. If bleeding still continues, apply a tourniquet.
 - (ii) Give *Arnica 200* every 5 minutes.
 - (iii) Rush to the hospital.
3. **Torn skin:**
 - (a) **If the skin is torn**
 - (i) Remove as much dirt or foreign matter as possible.
 - (ii) Wash the wound with soap and water.
 - (iii) Dry with cotton wool.
 - (iv) Apply *Calendula ointment*.
 - (v) Dress the wound with a clean bandage.
 - (vi) Give *Arnica 200* every half an hour.
 - (b) **If the wound is gaping**
 - (i) Bring the edges together by using strips of adhesive tape.
 - (ii) Give *Arnica 200* and *Calendula 30* alternately every 20 minutes.
 - (iii) Rush the patient to the Primary Health Centre.
4. **Punctured wound:**
 - (a) **If the wound is small**
 - (i) Stop the bleeding by direct pressure.
 - (ii) Wash the wound with water.
 - (iii) Dress with *Calendula ointment*.
 - (iv) Give *Arnica 200* and *Ledum 30* alternately every 15 minutes.
 - (b) **If the wound is big and is bleeding profusely or the wound is in the abdomen or chest and is deep**
 - (i) Stop the bleeding by direct pressure or by applying a tourniquet.
 - (ii) Give *Arnica 200* every 10 minutes.
 - (iii) Rush the patient to the Primary Health Centre.

17.6.21 Sprains

Proceed as follows:

1. Give rest and support to the injured joint.

2. Apply a cold compress.
3. Apply *Arnica mother tincture*.
4. Bandage the joint firmly.
5. Give *Rhus tox 30* and *Arnica 200* alternately every two hours.
6. Rush the patient to the Primary Health Centre.

All cases of fractures and dislocations should immediately be referred to the Primary Health Centre (refer to Chapter 10).

17.6.22 Dog bite

Proceed as follows:

1. Clean the wound with soap and water.
2. Apply *Calendula Ointment*.
3. Dress the wound and apply a clean bandage.
4. Give *Ledum 6* and *Hydrophobinum 30* alternately every two hours.
5. Refer to the Primary Health Centre.

17.6.23 Scorpion sting and Insect sting

Proceed as follows:

1. Apply a cold compress.
2. Apply *Echinacea ointment* locally.
3. Give *Apis Mel 6* and *Ledum 6* alternately every two hours.
4. Refer the patient to the Health Worker or the Primary Health Centre:
 - (i) If the pain does not subside
 - (ii) If the patient is in shock
 - (iii) For further treatment.

17.6.24 Snake bite

Treat the patient as mentioned in Chapter 10, Section 10.1.4.

17.6.25 Lice

Proceed as follows:

1. Wash the hair with soap and warm water daily.
2. Give *Carbolic Acid 6* and *Psorinum 30* alternately every 4 hours for 7 days.
3. Repeat the treatment as necessary.

Note: See Appendix 17.1: Homoeopathic Medicines and Appendix 17.2: Guide for the Use and Administration of Homoeopathic Drugs for External Use.

APPENDIX 17.1

Homoeopathic Medicines to be Carried by Community Health Worker

For internal use:

| S.No. | Drugs | Potency | S.No. | Drugs | Potency |
|-------|------------------|---------|-------|-----------------|---------|
| 1. | Aconite | 6 | 18. | Hepar sulph | 30 |
| 2. | Apis mel | 6 | 19. | Hydrophobinum | 30 |
| 3. | Arnica | 200 | 20. | Ipecac | 30 |
| 4. | Arsenic album | 6.30 | 21. | Ledum | 6.30 |
| 5. | Baptisia | 3x | 22. | Mellilotus | 30 |
| 6. | Belladonna | 6.30 | 23. | Merc bin iodide | 6.30 |
| 7. | Bryonia alba | 30 | 24. | Merc sol | 6.30 |
| 8. | Calendula | 30 | 25. | Nux vom | 30 |
| 9. | Cantharis | 30 | 26. | Podophyllum | 30 |
| 10. | Carbolic acid | 6 | 27. | Psorinum | 30 |
| 11. | Carbo veg | 30 | 28. | Pulsatilla | 30 |
| 12. | Cascara sagrada | Q | 29. | Rhustox | 30 |
| 13. | Chamemilla | 30 | 30. | Staphisagria | 250 |
| 14. | China | 6 | 31. | Sepia | 6 |
| 15. | Colocynth | 30 | 32. | Sulphur | 30 |
| 16. | Cynodon dactylon | 6x | 33. | Urtica urens | 3x |
| 17. | Euphrasia | 30 | | | |

Tissue remedies-combination tablets

| S.No. | Tablets |
|-------|---|
| I. | Ferrum Phos 3x, Kali Mur 3x, Kali Sulph 3x, Nat Sulph 3x, Nat Mur 6x. |
| II. | Ferrum Phos 3x, Kali Phos 3x, Mag Phos 3x, Nat Mur 6x. |
| III. | Ferrum Phos 3x, Mag Phos 3x, Kali Sulph 3x, Nat Sulph 3x. |
| IV. | Cal Phos 3x, Ferrum Phos 3x, Kali Phos 3x, Kali Mur 3x, Mag Phos 3x. |
| V. | Ferrum Phos 3x, Mag Phos 3x, Cal Phos 3x, Nat Sulph 3x. |
| VI. | Cal Phos 3x, Ferrum Phos 3x. |
| VII. | Cal fluor 3x, Kali Mur 3x, Silicea 6x, Nat Mur 6x. |
| VIII. | Kali Mur 6x, Mag Phos 3x, Ferrum Phos 3x. |
| IX. | Ferrum Phos 3x, Mag Phos 3x, Cal Phos 6x. |
| X. | Cal Phos 6x, Cal Sulph 3x, Kali Sulph 3x, Nat Mur 6x, Nat Sulph 3x. |
| XI. | Cal flour 6x, Cal Sulph 3x, Kali Sulph 3x, Nat Mur 6x, Nat Sulph 3x. |
| XII. | Mag Phos 3x, Kali Mur 3x, Nat Phos 3x. |
| XIII. | Silicea 3x, Cal. Sulph 3x, Ferrum Phos 3x. |

For external use:

| S.No. | Drugs | Use |
|-------|-----------|-----------|
| 1. | Arnica | external |
| 2. | Calendula | ointment |
| 3. | Cantharis | ointment |
| 4. | Echinacea | external |
| 5. | Euphrasia | eye drops |
| 6. | Kreosote | external |

LOUIS PASTEUR

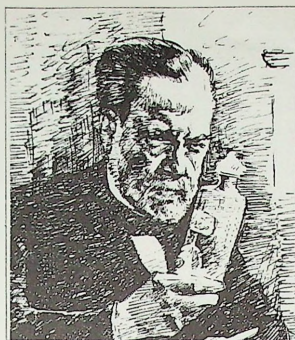
Louis Pasteur was born in Dole, Jura, in 1822. He was the son of a tanner who had been an army sergeant during the Napoleonic wars. Pasteur was a somewhat slow and methodical youth but he showed considerable talent as an artist. He received his Bachelor of Science degree in 1842. In 1843, he was admitted to the Ecole Normale and was appointed as laboratory assistant to A.J. Balard, the chemist.

Louis Pasteur was one of the most brilliant scientists of his time. His research work in the field of bacteriology has proved to be of immense use to mankind. His work on fermentation of wine and alcohol is still used today and has perpetuated his name with the term "pasteurisation". His contribution to the silk industry, and the isolation of the anthrax bacillus were other milestones in his career.

That rabies was transmitted by rabid dogs due to presence of a virus in their nervous system was another discovery by this scientist. Louis Pasteur will be remembered eternally for his remarkable discoveries, his vision and his forceful personality and as a scientist who proved the germ theory of bacteriology.

His scientific abilities became apparent during his student days. Thus commenced a systematic and strenuous research devoted to the solution of one problem after another, the results of which proved to be of immense use to mankind. He studied diseases of wine, insects, domestic animals and of man and even suggested a remedy for them.

His research work started with the study of crystals of tartaric acid. He found the crystals showed faces that were inclined



LOUIS PASTEUR

A life sketch.

to the right while those of parataric acid showed some faces inclined to the right and left. Separating the two types, he proved that a solution of "right faced" crystals rotated polarised light to the right and a solution of "left faced" crystals rotated light to the left and a mixture of the two were inactive. This discovery was reported at the Academie des Sciences, and the young man of 26 was highly praised for his remarkable work.

PASTEUR'S WORK ON FERMENTATION

Pasteur's first study on bacteria came about when he studied the process of fermentation. He studied alcoholic fermentation and lactic fermentation in sour milk. He said that fermentation is caused by minute organisms and that when it does not occur, these organisms either have not been introduced or find it impossible to live. The process of fermentation was hastened on exposure to air. To this he stated that "there were minute organisms in the air which hastened this process. An infusion which was exposed to air would putrefy whereas if the same infusion was covered, putrefaction would not occur."

He showed that parasitic growths in wine could make it sour and unpalatable. Heating the wine to 50-60°C destroyed these growths and made it palatable. This process has since been extended to other fields and has perpetuated his name with the term "pasteurisation"

OTHER MILESTONES

Pasteur saved the silk industry from disaster when he demonstrated the cause of an epidemic which destroyed the silk worms. He demonstrated that the disease was transmitted by certain "vibri-

ons" in "damp mulberry leaves." Hence proper feeding, he said would be the best way to eradicate the infection.

Pasteur isolated the anthrax bacillus, the causative organism in anthrax which infected sheep in large numbers killing flock after flock. He demonstrated that if the bacillus is attenuated by growing the organisms at 42°C and then injected into the infected sheep, further fatalities were prevented.

That rabies was transmitted by rabid dogs due to presence of a virus in their nervous system was another discovery by Pasteur. He isolated and attenuated this virus and inoculated the same into normal dogs. These dogs did not develop the disease. His first human patient was Joseph Meister who responded very well to the anti-

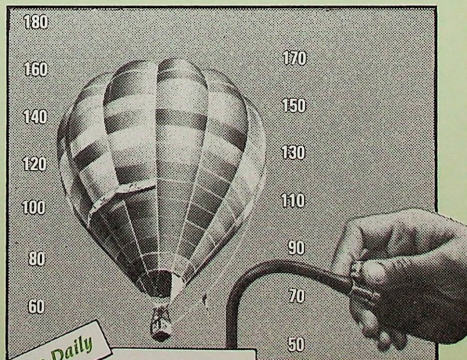
rabid vaccine. The success of this first case spread like wild fire and people came from far and near to receive the treatment.

An establishment was founded in Paris by the Academie des Paris and was called the Institut Pasteur. A sum of 2,500,000 francs were raised for this purpose. The list of contributors included the Czar of Russia, the Emperor of Brazil and the Sultan of Turkey. The Pasteur institute was dedicated at a simple ceremony in 1888.

By the time Pasteur was ill and weary and hence was never able to take up work in the new laboratories. In 1892 on his seventieth birthday, a great international celebration was held in Paris. He visited the institute for the last time in June, 1895, and in September of that year, died quietly one hand clasping a crucifix the other hand of his wife.

During his lifetime, Pasteur received all the honours that France could bestow. These included membership in the Academie des Sciences (1862), the Academie et Medicine (1873), the Academie Francaise (1862) and the Grand Cross of the Legion of Honour. Pasteur believed that the domain of religion and science "are distinct, and woe to him who tries to let them trespass on each other in the so imperfect state of human knowledge."

Lowering the pressure is now as easy as deflating the cuff



Once-Daily
Preslar
Atenolol 50 mg + Nifedipine 20 mg

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Cipla

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LIVER TRANSPLANTS

A gift from live donors

Organ transplants represent a major advance in man's combat against disease. Doctors have taken kidneys from live donors since the 1950's because the human body needs only one of its kidney to survive. A few surgeons have also removed sections of the pancreas from live donors to treat diabetics. Liver transplant is the most recent and perhaps the most interesting development in this field. Since no one can survive without a liver, surgeons were dependent on cadavers with healthy livers. Now, live liver transplants promise to ease critical situations arising due to shortage of organs. It has become a promising approach for patients whose liver disease is progressive, life-threatening and beyond the reach of traditional therapy.

THE FIRST LIVER TRANSPLANT

The first liver transplant using a living donor was successfully performed recently, in the United States. A third of a woman's liver was transplanted on her infant who was suffering from a liver disease called biliary atresia. There have been no signs of rejection, and both the donor and recipient appear to be recovering well.

The operation involved several distinct steps. Surgeons first tied off the blood vessels to the mother's liver and removed her gall bladder which hampered their access. The left lobe of the liver was excised and immersed in a chilled preserving solution. While some members of the team trimmed the tissue to fit the infant, others removed the little girl's own diseased liver. Then, painstakingly, blood vessels were attached to the new liver and a new bile duct was created using a part of the child's small intestine. Further surgery was required in the infant to stop the bleeding from the new liver (not unusual in

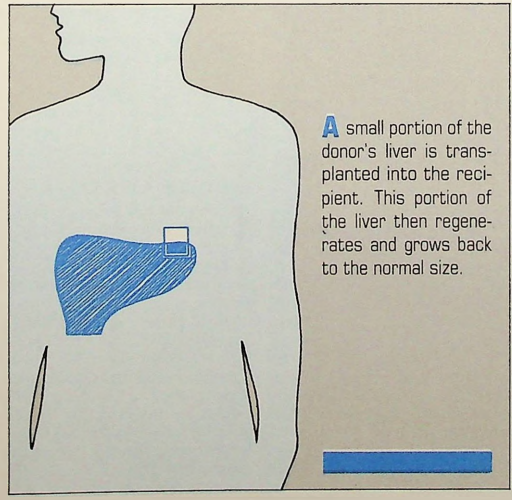
transplant cases). The mother's liver is expected to return to normal size within a month while the infant's new liver would grow with the child.

INSIGHTS INTO LIVER REGENERATION

The liver is known to have a greater capacity to regenerate after severe loss than any other organ in humans. It has been shown in experiments that even if three-quarters of the liver is removed the organ quickly grows back to normal size. Then in an equally mysterious way - the growth

stops. Both these qualities - the ability to regenerate and the timely halt of the extra growth - has made successful liver transplants from live donors possible.

This has led to further exploration of the concept by scientists. They intend to grow the liver cells on a scaffolding of biodegradable material and implant this in the patient. Cellular growth factors that act on the liver or promote the formation of blood vessels would be incorporated in the transplant to help the cells grow. The scaffolding would gradually disappear.



A small portion of the donor's liver is transplanted into the recipient. This portion of the liver then regenerates and grows back to the normal size.

Successful liver transplants from live donors is a recent breakthrough in organ transplant surgery. Such transplants, taking only small parts of the liver from live donors have been possible because of the amazing property of the liver to rebuild itself. This capacity for controlled regeneration opens up the possibility of transplanting only liver cells.

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This would then be a new kind of transplant needing only a small sample of growing cells.

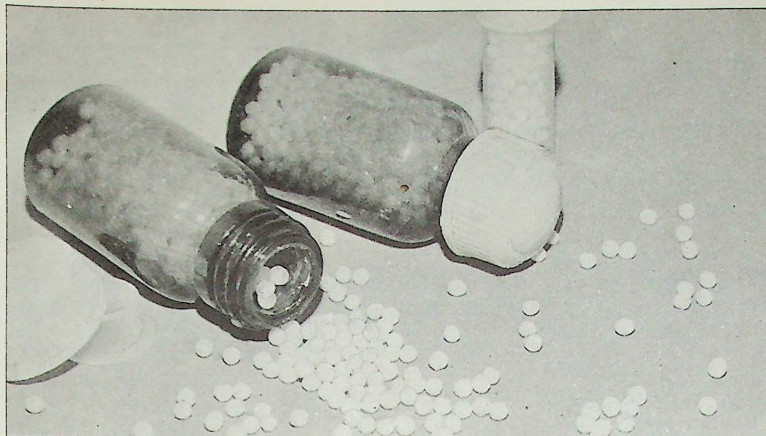
THE ADVANTAGES

Live donor transplants would be a great boon especially for infants. In the past, the donated organs have mostly come from other small children who have died from sudden injuries with no damage to the livers. The shortage of infant size organs for transplants have always been very acute and most of the children die before transplants are made available for them. Using tissue from living donors will add to the pool of available organs and increase the survival rate as transplants can be performed sooner, before the child becomes critical ill. Using close relatives as donors would also lessen the risk of rejection because of genetic similarities.

However, the future of live-organ donations may be influenced by ethical considerations. Experts fear that live-organ donations could eventually tempt people to sell tissues and organs. Aware that parents might feel intense pressure to sacrifice organs for their children, it has been decided to hold extensive public discussions before embarking on the procedure. Strict guidelines are being set up for selecting patients. Potential donors must undergo physical and psychological exams and then wait for two weeks after they are chosen, allowing ample time to back out. Such considerations, however, may be possible only in patients who are not yet critically ill.

Liver transplants using a live donor will be more expensive, given the need to operate on and hospitalize two patients. Yet, organ transplants using live donors brings a new ray of hope to millions of people all round the world.

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HOMOEOPATHY *A critical evaluation*

Homoeopathy was developed as an alternative to conventional medicine by the German physician Samuel Hahnemann in early 19th century. Though its rationale and efficacy have not been definitively established, the popularity of this discipline is growing worldwide and hence a critical evaluation is warranted.

Homoeopathy is based on several concepts such as "the law of similars", "the potency principle" and "the doctrine of miasms". These concepts, formulated nearly 200 years ago, need to be interpreted in the context of an improved understanding of anatomical, clinical and pathological relationship of various diseases.

THE LAW OF SIMILARS

As per this law a homoeopathic remedy can cure only that illness which it can by itself induce in a healthy person. The accent is on treating the symptoms, regardless of the underlying cause. In contrast, modern medicine considers symptoms as mere manifestations of a disease which needs to be treated. The present trend is to analyse the exact pathological cause of the disease and evolve a specific therapy to eradicate it. Moreover, as per the concept of differential diagnosis, identical symptoms could be produced by different diseases. For example, asthenia may be due to incipient tuberculosis, early Addison's disease, malignant disease or neurosis. In such a situation, to treat only the symptom in accordance with the law of similars would be inappropriate.

THE 'POTENCY' PRINCIPLE

Homoeopathic remedy is prepared by diluting the mother tincture serially. One drop is added to either 9 or 99 drops of diluent which is usually alcohol-water. The decimal scale is designated as 'X' or 'D' potencies and the centesimal scale as 'C' potencies. An additional range of very high 'M' potencies is prepared by diluting one drop in 999 drops of diluent. At each dilution, the liquid is shaken in a standard manner and the process is known as succussion. Although the higher dilutions may not contain a single molecule of the drug, the therapeutic properties of the drug are believed to be transferred to the solvent vehicle.

It is believed that the drug is potentiated by repeated mechanical shocks (succussion) at each stage of dilution. The succussion induces electrochemical patterning of the diluent vehicle which is replicated at every stage of dilution. This information then spreads like a liquid crystal through the body water, modifying receptor sites or enzyme action.

Although the concept of micromolar is acceptable to science

without any difficulty, potentiation by dilution is not easily understood. However there have been attempts to validate this concept. One study on yeast showed effects of frequency and amplitude of succussion and varying interval between different stages of the potentiating process. Another study of nuclear magnetic resonance claimed to distinguish between simple solutions and succussed solutions.

This data is preliminary. But, at least there has been a sincere attempt to prove the potency principle in a scientific manner. However, much more data is required to prove that the power of a drug is enhanced by dilution and succussion.

INDIVIDUALISATION

In homoeopathy, each individual is treated as a separate entity. Although two patients may present with the same disease, the selection of remedy may be different. To identify this, a detailed case-study has to be done which will give a clue to select the ideal remedy for that particular patient. There is a universal consensus on this principle. Modern medicine also acknowledges this concept of individualisation.

In every science, even rigorously conducted scientific experiments can yield only provisional findings. These in turn lead to new experiments that refute or confirm the hypotheses. This is the dynamic process of discovery. Homoeopathy has not undergone this process over the past 200 years. Therefore the process of validating the basic concepts of Homoeopathy is long overdue. This will help us to interpret Hahnemann's doctrines from the viewpoint of modern understanding of disease processes.

However, it will also be better to talk in terms of groups or averages. For example, patients of musculoskeletal pain may need different homoeopathic remedies such as bryonia, rhus-tox, arnica, pulsatilla, sepia and so on. In such a situation, it is worth studying a consecutive 1000 patients and finding out how many needed bryonia, rhus-tox, arnica and so on. This will give information regarding the commonly indicated remedies and the rarely indicated remedies. Based on this guideline, the practising homoeopath will be in a better position to individualise the therapy.

DOCTRINE OF MIASMS

This concept was formulated by Hahnemann to explain the origin of chronic illness. He ascribed it to the transdermal invasion of one of three 'taints' or miasms. These he believed caused all manifestations not ascribed to adverse physical conditions. He came close to describing a microbial pattern of illness, some years before its actual demonstration. These miasma were syphilis, sycosis (from genital warts) and psora (from scabies). This doctrine appears to be based on heredo-familial traits and shows the insight of Hahnemann to account for genetic and transmissible disorders. However there is a need to interpret this doctrine in the context of modern understanding of diseases. So far there has been no attempt in this direction.

To conclude, every scientific discipline undergoes a process of continual evolution and change and homoeopathy should not be an exception to this rule.

In every science, even rigorously conducted scientific experiments can yield only provisional findings. These in turn lead to new experiments that refute or confirm the hypotheses. This is the dynamic process of discovery. Homoeopathy has not undergone this process over the past 200 years. Therefore the process of validating the basic concepts of Homoeopathy is long overdue. This will help us to interpret Hahnemann's doctrines from the viewpoint of modern understanding of disease processes.

(Next issue: Controlled trials in Homoeopathy)

dysfunction of the organ connected to that point can be found out. This instrument is very sensitive. It is possible to point out the particular affected part of the organ and the degree of it e.g. not only the heart but which valve is affected. It is a very useful instrument in diagnosis of congenital deformities of the heart. It can be of help to find out which part of the gastro intestinal tract has got malignancy. Early diagnosis is possible with this instrument and thus helps the early treatment. It also indicates degree of deterioration of the function of the organ. If the disorder does not need the surgical interventions it can be treated with this instrument. It is a painless procedure.

PERIOSTEAL ACUPUNCTURE :

This method was discovered by Dr. Felix Mann of U.K. The normal acupuncture needle is inserted over the bone. Then the needle is lifted up and again pressed down to touch the periosteum of the bone. This lifting and thrusting is repeated for sometime. This also called as periosteal pecking. This procedure can be carried out when the bone is superficial or where there are no organs but only the muscles in between the bone and the skin. For example the tip of the coracoid process, sacrum, sternum, iliac crest, small joints of fingers and toes, spinal column, olecranon process, patella etc. Patient feels the pain during this procedure but it can be called as sweet pain.

Periosteal acupuncture is contraindicated in the pain of malignant diseases, in sensitive patients and in inflammatory conditions. Periosteal tapping can be done with the plum blossom needle when the bone is just under the skin like sternum, scalp, olecranon process, styloid process of radius etc.

HOMEOPUNCTURE :

Homeopathy combined with acupuncture is called homeopuncture. The needle is dipped in alcoholic homeopathic medicine and inserted deep into the tissue at predetermined acupuncture point. Result obtained with this combined therapy is much better than acupuncture alone. As the remedy is put directly into the tissue, it acts immediately and enhances the effect. Only three to four points should be tackled in this way for one sitting. Other points are given as usual. Strength of the homeopathic medicine used is usually of 30 potency.

No electrical stimulation should be given to the points where homeopathic medicine is used. Patient is advised to follow normal rules of homeopathy i.e. he should keep away from alcohol, coffee, perfume, garlic etc for 2 hrs before and after the treatment.

Side effects, reactions and aggravations are minimal.

In Sri Lanka it is tried on barren trees and the results are good. (Phytopuncture)

Homeopathic medicines used for various disorder

Joint pains in general :

1. Bryonia, Mercuricus virus, Rhustox, Colchicum, Gelsemium.
2. As a result of injury (trauma) to the joint - Ruta, Veratrum Viride, Arnica, a Symphytum, Calendula.
3. Swollen joint - Fe phos, Calc flor, Kali mur, Calc carb, Nat phos, Calc phos, Nat Mur.
4. Red hot swollen joint - Belladonna

Cervical spondylosis :

1. If pain is better by movements - Rhustox
2. If pain is worst by movements - Bryonia
3. If pain is due to injury - Arnica

Lumbar backache :
Rhus tox

Sciatic pain :
Gnaphalium, Colocynthis, Rhustox.

Shoulder pain - (Frozen shoulder)
Calcaria Carb, Rhustox.

Fleeting Joint pains:
Pulsatilla

Shooting pain :
Belladonna, Sulphur.

Fracture of the bone :
Calc carb, Ruta, Calc phos, Silicea, Symphytum, Arnica.

Knee joint :
Nat phos, Nat mur.

Muscle sprain :
Arnica, Rhustox, Causticum.

Muscle cramps :
Mag Phos, Calc Phos, Nux Vomica, Calc Carb.
Cramps of calf muscles - Podophyllum peltatum, Cuprum metallicum, Veretrum album, Stannum metallicum.

Muscle wasting :
Gelsemium.

Muscle weakness or dystrophy or paralysis :
Gelsemium, Mag phos, Plumbum metallicum, Kali phos, Asterias rubens, Conium maculatum.

Writer's cramps :
Gelsemium, Argentum muriaticum, Plumbum metallicum, Sulphuricum acidum.

Wrist rheumatism :
Actaea Spicata.

Neuralgias in general :
Belladonna, Aconite, Colocynthis, Kali phos, Mag phos, Medorrhinum, Sanguinaria.

Neurasthenia :
Sabina, Picricum acidum, Taraxacum.

Intercostal neuralgia :
Ranunculus Bulbosa, Mezereum.

Herpeszoster :

Mezereum, Rhustox, Ranunculus bulbosus, Hypericum, Nux Vomica, Kali phos.

Post needling pain :

Ledum, Mag phos, Spigelia.

Injury to the nerve :

Hypericum, Mag phos.

Over exertion, injury and straining of the muscles :

Arnica, Rhustox.

Parkinsonism :

Hyocyamus, Hydrophobinum.

Paralysis :

Gelsemium, Plumbum metallicum.

1. Right sided - Sangoneria.

2. Left sided - Spigelia.

3. Post dephtheretic Paralysis - Causticum.

4. If paralysis is a result of suppression of skin disease - Start with sulphur and then treat paralysis.

Gout :

Colchicum, Silicea, Medorrhinum, Benzoicum acidicum, Nat sulph, Bryonia.

Allergic skin conditions :

1. Urticaria - Apis, Sulphur, Urtica urens, Nat Mur, Pulsatilla, Psorinum,

2. Eczema - Hepar Sulph, Ars album, Psorinum, Pulsatilla, Sulphur, Nat mur, Mezerium.

3. Weeping Eczema - Mezerium helps crust formation,

Carbuncle :

Anthracinum, Ars album, Tarentula, Silicea, Lachesis.

Drandruff :

Ars album, Lycopodium, Thuja, Phos.

Psoriasis :

Ars album, Psorinum, Borax, Sulphur, Urtica urens for itching.

Lichen Planus :

Urtica urens (for itching), Psorinum, Sulphur.

Hemorrhage: as acupuncture complication.

Apes, Arnica.

Rough fissured hands :

Petroleum.

Oily greesy skin :

Natrum Mur.

Depigmentation :
Sepia.

Dark skin pigmentation patchy :
Crotalus horridus, Lachesis.

Suppurative eruptions :
Sulphur, Silicea, Hepar Sulph, Psorinum.

Pustule or boil :
In the beginning before reaching the level of pus formation give silicea in high dose (200). Once the pustule is formed give low dose 30 (Silicea is contraindicated in tuberculosis) Belladonna, Hepar sulf.

For blunt wound with ecchymosis :
Arnica, Calendula.

Overgrowth of soft tissue :
Nux vomica followed by Hydrocortinum, Chamomila, Heclalava.

Keloid or Pox marks :
Silicea, Graphites.

Acne with pustules :
Silicea to prevent scar.

Over growth of skin - (Warts, fungoid growth)
Causticum, Nitrum acidicum, Sabina, Thuja, Staphis agria.
Polyp -
Calc Carb, Thuja, Sabina,

Hyperhydrosis - (Cold moist palms and feet)
Nat mur, Pilo carpinum, Taraxacum, Phos acid, Tuberculinum.

Night Sweats :
Phos phoricum acidum, Pilocarpinum, Taraxacum.

Ulcers -
Arsenicum album, Calendula, Hepar sulph, Silicea.

Alopecia :
Aurm metallicum, Sepia, Phos, Nat mur, Sulphur, Syphillinum, Kali phos, Silicea, Kalium carbonicum, Fluoricum acidicum.

Hiccups :
Mag phos.

Gastritis :
Antimonium crudum, Ars album, Carbo vegalis,
Chinchona, Kali bi chrom, Lycopodium, Nux Vomica.

Diarrhoea :
Arsenicum Album, Nux Vomica.

Constipation :
Abrotanum, Alum, Graph, Mag phos;
Nux V. Causticum

Acidity :
Calc carb, Sulphuricum acidicum, Nux vomica.

Nausea :
Nux Vomica
1. If decreased after eating - Alumina.
3. Due to fright - Belladonna, Gelsemium.

Vomiting :
Nux Vomica, Cocculus.

Abdominal distension
Ars, Cinchona, Lycopodium, Nux Vomica;
Pulsatilla.

Vertigo :
Nux Vomica, Belladonna, Gelsemium.
Vertigo on closing eyes - Ledum, Thuja.
Vertigo on opening eyes - Tabacum.
Vertigo on Looking up - Pulsatilla, Silicea Theridion.

Tinnitus :
Chincona, Cannabis Ind, Cal Sulph.

Menier's Syndrome
Cocculus indicus, Theridion.

Chronic effects of head injury :
Nat Sulph

Drug and Alcohol addiction :
Nux vomica, Kali phos, Lachesis, Opium, Agariscus muscarius, Calc acetica, Stramonium, Ranunculosis bulbosus.

Tabaco addiction :
Tabacum, Daphne Ind.

Insomnia :
(1) Adult Hyoscyamus niger, Kali brom, Kali phos, Nux vomica, Opium, Pulsatilla.
(2) Cranky child at night - Psorinum, Rheum.

Anxiety Tension, Restlessness :
Aconite, Kali phos.

Headache :

- (1) Due to emotional tension - Gelsemium, Ignecia.
- (2) Due to vision disorders - Cimicifuga, Ruta, Nat mur, Gelsemium.
- (3) Due to gastro intestinal disorders - Cincona, Antimony crudum, Pulsatilla, Nux vomica.
- (4) Due to alcohol - Nux vomica, Antimony crudium, Zincum metallicum.

Stomatitis :

Urgentinum nitricum, Borax, Kali mur, Nitric acid.

Tooth ache :

Belladonna, Chamomilla, Plantago major.

Hemorrhage after tooth extraction :

Arnica, Bovista, Phos, Hamamelis.

Common Cold :

Fe phos, Allium cepa, Ars, Natrum Mur.

Cough :

Allium cepa, Bryonia alba, Hyoscyamus niger, Ipecacuanha, Drosera.

Female Problems :

Pulsatilla, Sepia,

Uterine Bleeding :

Trillium pendulum, Sabina.

Obesity :

Calc carb, Capsicum, Graphite, Kali brom, Thyroidinum.

Cystitis :

Dulcamara, Cantharis, Nitricum Acidum.

Enuresis :

Fe phos, Benzoic acid, Causticum.

Hoarseness :

Aconite, Bryonia, Drosera, Carbo animalis.

Hypertension :

Arum metallicum, Baryta muriatica, Glonine, Phos, Veratrum viride.

DORSAL COLUMN STIMULATION

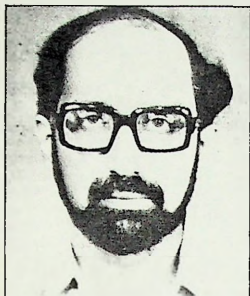
This is a type of analgesia which was discovered by Normal Shealey from Wisconsin U.S. A. In this technique pain is relieved by the direct stimulation of the tracts of Goll and Burdach (dorsal column of the spinal cord). These tract consist of fast conducting afferent nerves of large diameters.

Stimulation of these nerves will result in over crowding and hence closure of the gate (gate control theory) thus preventing the pain impulses from reaching the brain.

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INTERVIEW

K.M. DHAWALE

Dr. Kumar M. Dhawale is a doctor trained in modern medicine who has subsequently switched to homoeopathy. He did his MBBS followed by an MD in psychiatry, both from the Seth G.S. Medical College and K.E.M. Hospital, Bombay. Learning homoeopathy under the guidance of his father, the late Dr. M. L. Dhawale, one of Bombay's leading homoeopaths (who had also qualified in modern medicine initially), he subsequently did a stint at the Faculty of Homoeopathy in London. At the Homoeopathic Post-graduate Association, founded by his father and based at Girgaon in Bombay, he consults, teaches homoeopathy to practitioners qualified in modern medicine, documents his cases, and performs clinical research.

In this interview, Dr. Dhawale gives his opinions on a variety of topics. Always modest, he never hedges, admits occasionally that he doesn't have an answer, and accepts with an open mind apparent challenges to his vocation that could make an orthodox homoeopath bristle.

In the wake of the tremendous publicity generated by the Benveniste experiments (see box on page 89) which seem to support homoeopathy, 2001 asked its advisor of Health and Fitness Section, Dr. Prakash Nadkarni, to talk to Dr. Dhawale for his reactions to this and other points of controversy.

Incidentally, although Dr. Nadkarni dabbles in homoeopathic prescribing, he refuses to abandon fundamental concepts that have served science for a century and a half.

Kent has written that it is fortunate that quite a few so-called homoeopaths never find the correct drug, because they would not know what to do with it if they did

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BANGALORE - 560 001

Likeness: Prabhakar Bhatlekar

2001: *What about the claim made by many homeopaths that homeopathy is harmless and without side-effects? I think that if a drug cannot have any side-effects even if improperly used, it cannot have many therapeutic effects to begin with—it may be a pure placebo, and even placebos have side-effects; some people have been known to break out into a rash and start wheezing in the belief that they have been given an active drug.*
Dhawale: Agreed. The claim is quite false. The administration of the wrong drug, as you know, produces its own picture and a set of unpleasant effects, some of which the patient has never experienced before.

And even when the correct drug has been selected, the time of administration and dosage can be critical. Kent (*James Tyler Kent, one of the leading figures in late nineteenth-century homeopathy, and the author of several texts-PN*) has written that it is fortunate that quite a few so-called homeopaths never find the correct drug, because they would not know what to do with it if they did. If the patient is severely ill, administration of the simillum (the matching remedy) at a wrong stage of the illness can kill (and has killed) the patient. In malaria, for example, it is recommended that the drug should not be administered during the peak of the fever because the patient is at the time highly sensitive to the effects of the drug—beneficial as well as harmful. The administration should be done at a time when there is no fever.

2001: *Is homeopathy incompatible with modern medicine if both kinds of drugs are given simultaneously to a patient? Do homeopathic drugs, in your experience, interact adversely with drugs used in modern medicine? I've heard of a homeopath-cum-modern medicine practitioner who gave a patient chloramphenicol for typhoid. Normally, fever comes down within 48 hours after the start of chloramphenicol therapy, but this particular patient simply didn't seem to respond. On inquiry, the patient admitted that he was taking Nux Vomica given to him by another homeopath. After being warned that he could be killed if he continued Nux Vomica, the patient stopped the homeopathic drug and his fever came down dramatically.*
Dhawale: I wasn't aware of this case myself. Homeopathy is compatible with replacement therapy in modern medicine. Hormones such as insulin, thyroxine or physiological doses of adrenal steroids are perfectly all right and even necessary for a particular patient. Similarly, there is no question that oral rehydration therapy or intravenous fluids are necessary for a dehydrated patient. Homeopathy is definitely incompatible with adrenal steroid therapy when the latter is used to suppress allergy and immunity; occasionally, it is incompatible with aspirin-like drugs when the latter are used to suppress inflammation. Regarding antibiotics, while I wouldn't hold these drugs back for a

patient who needed them, I've found that a patient's susceptibility to homeopathic medicine changes when they are given antibiotics. Then the higher potencies have to be used.

2001: *What about restrictions on diet? I've known homeopaths who give patients a huge list of things not to eat, and some dietary restrictions are almost impossible to follow continuously considering the Indian diet. It seems to me that these doctors are playing safe. If the patient doesn't get well because of a wrong drug, the doctor can always blame it on the patient, claiming that she or he didn't follow the recommended diet strictly.*
Dhawale: Quite right. Specific dietary restrictions are to be followed only with certain drugs. For example, patients on the drug lycopodium shouldn't touch coffee.

2001: *What about the belief among lay people that homeopathic drugs take a long time to act?*
Dhawale: That's quite false. It depends on the disease and the state of the patient. A neuralgia or migraine can respond in minutes, a lingering osteoarthritis will naturally take time.

2001: *What is the status of homeopathy in the West—in particular, in Germany, the birthplace of Hahnemann, the founder of homeopathy?*
Dhawale: In the US, a homeopath is not allowed to practise unless in collaboration with someone qualified in modern medicine. In Britain, the faculty of homeopathy conducts training, and practitioners qualified in modern medicine may practise homeopathy. Australia is closer to the US. The place where the greatest freedom is given to the homeopath is France. In West Germany, the National Institute of Homeopathy near Hanover is government-backed. Post-graduate medical students may learn homeopathy on their own as an optional subject—several universities offer homeopathic training. I had a German student who was doing his Ph.D. on some aspects of homeopathy. (*There is something of a revival in alternative medicine in West Germany—India exports large amounts of the plants Adathoda vasica and Boswellia serrata to West Germany, which people over there use as herbal teas. Further,*

Even when the correct drug has been selected, the time of administration and dosage can be critical

Continued on page 87

INTERVIEW

Continued from page 36.
ex- President Karl Karstens' wife is a
homeopath and naturopath—PNJ

2001: Hahnemann emphasized R&D in his work. What R&D—in particular, good quality research—is being done in the world today?

Dhawale: R&D in homeopathy is by and large concentrated in two areas—verification and validation of the older homeopathic remedies, and testing of new drugs. Validation hasn't been done well everywhere. In many places, a poor study design and the use of inappropriately applied statistics has rendered the studies worthless. The richness of description obtained in the original provings of Hahnemann is missing.

Either patient susceptibility has changed in these one hundred and fifty years, or else the study has been sloppy.

Testing of new drugs is mainly done in France while the British were fairly active in the fifties and sixties with work on Bowel Nosodes (homeopathic preparations of bacteria that normally exist in the human bowel).

2001: Has it made any difference to the content of the literature—textbooks, repertoires that a homeopathic student must study or that a practitioner must refer to? Has it made any difference to clinical homeopathic practice? This is specially so since most of the textbooks studied by homeopathic students today were written at the turn of the century, or even earlier.

Dhawale: The validation, as I mentioned, has been inconsequential. The French have prepared homeopathic forms of DNA and RNA, but since I haven't used them myself I can't vouch for them. I've found some of the Bowel Nosodes useful. One of them, called Morgano, fits the profile of irritable bowel syndrome quite well. In irritable bowel syndrome, patients without bowel infection have symptoms like diarrhoea alternating with constipation, or bowel hurry after meals.

2001: What is the quality of the research being done in India?

Dhawale: There is a Central Council for Research in Homoeopathy, a government body with branches in most of the homeopathic colleges in India, which mainly tests new remedies. None of the research done here has percolated down to clinical practice.

2001: What do you think is the reason for this?

Dhawale: Without being offensive, I think that is a problem facing central institutes as a whole. Many of the people there are earning their salaries and going through the motions rather than showing any love for research.

2001: Are you familiar with the Benveniste controversy that ipsofacto seems to support homeopathy?

Dhawale: I've read about it—but what I went through was quite brief.

2001: Care to opine on it? What about the conflict with the foundations of

modern chemistry and physics—in particular, the limit laid down by Avogadro's number?

Dhawale: I haven't gone through the original reference, so I really can't. From what I hear, there is a definite conflict, and the results do seem unbelievable. Interestingly (pulls out the Organon and browses through it) Hahnemann himself never went beyond potency 30. But that's still past the Avogadro limit.

2001: What about potencies used in homeopathy like CM 100,000, which, taken literally, would mean a concentration of 1 in 10 raised to the power 200,000. Assuming that each dilution to the next potency and subsequent mixing takes about three minutes, to dilute the starting material to this potency would take about 200 days of continuous 24-hour-day labour.

Dhawale: You're quite right. I don't know how it's done—or even whether dilution is done to that extent or whether some steps are skipped. According to the texts, potency increases on mere vortensing (shaking) even without dilution.

2001: Could it be that, beyond a particular limit, only shaking of the mixture is done rather than further dilution, so that in most cases, we are still well within the Avogadro limit?

Dhawale: It's quite possible. Because of my modern medicine training, I'm not quite acquainted with homeopathic pharmacy.

2001: Can you tell me something about the research you're doing?

Dhawale: Our team (he mentions Dr. Dikshit, a practitioner at Thane, and a dermatovenereologist who evaluates skin biopsies) has done a workup of 137 patients with all forms of leprosy treated with homeopathy, some of whom weren't doing too well with modern medicine. We found that some homeopathic remedies match the symptoms fairly well in both the acute and chronic states. Clinical response to these drugs is seen usually by two weeks—and yes, we have observed lepra reactions with acute therapy (a lepra reaction is a temporary flare-up of the symptoms of leprosy, usually due to slaughter of the leprosy bacilli—PNJ). Surprisingly, unlike in modern medicine, we've found that patients with the lepromatous form of leprosy (with skin nodules and facial deformity) are more sensitive than

According to the texts,
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(shaking) even without
dilution

THE BENVENISTE CONTROVERSY

HOMOEOPATHY, surreptitiously practised by some mainstream doctors and laughed at by others, is suddenly in the news. It all began on a study of mast cells, which are the culprits in the body responsible for the rapid and severe form of allergy called anaphylaxis, of which asthma is a variant. Mast cells have an antibody called immunoglobulin E (IgE) bound to their surface, and when the IgE is exposed to the antigen (the substance to which the patient is allergic), antigen and antibody combine. The combination triggers the release of granules (degranulation) from the mast cell, and the substances released cause the symptoms of anaphylaxis.

A research team led by Benveniste in France took human basophil cells (the circulating form of the mast cells) and exposed them to goat antiserum against human IgE, which acts like an antigen.

As expected, with moderate concentrations of albumin, the mast cells underwent degranulation. The antiserum solution was then diluted in steps in order to measure the smallest concentration of antiserum that the mast cells could respond to. And here the results seem unbelievable. The mast cells could apparently degranulate when exposed to a concentration of antiserum of 1 part in 10^8 raised to the 120th power! Which doesn't sound so shocking until you realize that the total number of atoms in the visible universe is estimated to be only around 10^8 raised to the 86th power.

In other words, if the results are to be believed, the cells were

responding to a solution which did not even contain one molecule of antiserum! The obvious query: was the experiment correct? Purportedly, centres in Israel, Canada and Italy duplicated Benveniste's results, which were then published in *Nature* after a two-year lag. The editor, himself sceptical, stated that he was allowing publication only because the results were being leaked to the sensationist French press.

The parallel to homeopathy is obvious—homeopathy also uses very small concentrations of drugs, though not always beyond the limit of Avogadro's number (6.023×10^{23}), the number of molecules in a mole of a substance (that is, molecular weight expressed in grams). The experiment was in fact partly funded by a French homeopathic company (which might lead some to suspect cooked-up results).

An investigation team led by magician James ('The Amazing') Randi, who had previously exposed Uri Geller as a fraud, along with the editor of *Nature*, John Maddox, and Walter Stewart, arrived on the scene. They stated that the work was shoddy, and since then Benveniste has been subjected to what he calls a 'witch hunt'. He did, however, in a rejoinder published in *Nature* claim that two out of the four double-blind experiments did support his work.

It still remains to be seen how the Benveniste 'affair' will end.

PRAKASH NADKARNI

those with the tuberculoid form (with one or two pale, anesthetic patches on the skin). We don't know why this should be so.

2001: Have you been able to integrate homeopathy with your psychiatry skills?

Dhawale: To some extent, I haven't handled many cases of schizophrenia because they're not the kind of patients who are likely to seek homeopathic treatment. I mainly handle neuroses, where homeopathy has a far richer armamentarium than modern medicine.

We've done some work on psychoanalytical dream interpretation as a pointer to the correct homeopathic drug—you know that the homeopathic texts, written before Freud's work, are quite inadequate in this respect. For example, dreams suggestive of suppressed hostility might suggest magnesium salts as a remedy for the patient.

2001: What about applying a battery of psychological tests to a patient to look for clues?

Dhawale: We had that in mind, but at present, we don't have the resources—either personnel or

funds—for it.

2001: What R&D needs to be done that hasn't been done so far?

Dhawale: The symptom indexes need expansion—the researchers of that era had only their five senses to go by, today we've got a clinical laboratory. Adding extra indexes to the source books might prove useful. No work has been done on the fundamental mechanisms of how homeopathic drugs are able to work in such small doses. When homeopaths use terms like 'vital force' and 'imbalance', these terms are essentially labels to describe something observed at the gross level—they have served us well, because they have a clinical correlate, but it may be necessary to look deeper. Something like correlation of a patient's homeopathic drug susceptibility with his/her HLA type. Most patients with ankylosing spondylitis have the HLA type B-27, and *Calcareo fluoridatum* is a drug that commonly matches patients with this disease.

This might give us information on the likely homeopathic remedy even in an apparently healthy individual, so that information complementary to that obtained from the history may be obtained.

We've done some work on psychoanalytical dream interpretation as a pointer to the correct homeopathic drug

PROPOSED LAY OUT OF THE PLAN FOR AN EXPERIENTIAL STUDY OF STATE
OF HOMOEOPATHY IN INDIA

AIM : To present a synoptic view of role of Homoeopathy in Indian health care system, with a particular focus on role of homoeopathy in community health care.

- OBJECTIVE: 1. Give an introduction to Homoeopathic ^{treatment} scenario in India
2. Policy issues related to Homoeopathy
 3. Issues involved in Rational Drug Use
 4. Homoeopathic views on matters related to Public health
 4. Reviewing training module of VHVs.
 5. Experiential study of community health projects where Homoeopathy is involved significantly or community health care where Homoeopaths are involved.

METHODS AND MATERIALS UTILISED:

- a. Literature review.
- b. Correspondence.
- c. Interactive dialogue.

NEED FOR THE STUDY:

- I. H&FW. ministry's directive to utilize the services of any systems of medicine in primary health care depending upon the popularity in particular locality.
- II. Very poor documentation efforts which has gone in in the field of Homoeopathy in India in last 50yrs.
- III. Belief that Homoeopathy is very individual centered and has very little scope in community health care.

MY CREDENTIALS TO UNDERTAKE THIS BROAD STUDY.

1. Graduate from Govt. Homoeopathic medical college.
2. Appointed as Research associate at Community health cell, a Bangalore based NGO which is working in the field of community health care. Have the peer support of public health experts at the centre.
3. Have all the logistical support and assistance to undertake such a study.

INTRODUCTION

| | |
|----------------------|--|
| HOMOEOPATHY: | # Definition # Founder # Introduction in India # How it flourished |
| EDUCATION: | # Degrees # Diploma # Correspondence # Any other |
| COLLEGES | # NO. of colleges- State wise break up. # Govt. & Pvt. # Comparison to other syst. of med. |
| STUDENTS OUT PUT | # NO. of students passing out annually # Gender ratio # Comparison |
| SCOPE | # the prospectus/scope for a graduate professionally |
| POSTGRADUATION | # Where and in what subjects |
| HOSPITALS | # No. of. all over India # No. of dispensaries all over India # Kinds of Hospitals |
| STRUCTURE | # Administrative structure # Higherarchy- Top down. <i>HEY</i> |
| RESEARCH CENTRES | # Where located. # What kind- a. Lab based b. Clinical based |
| 'H'SOFTWARES | # Kinds of # Utility |
| SCIENTIFICITY | # Why it is disputed? # What are the attempts to prove it? |
| MEDLINE | # No. of Homoeopathic studies recorded in it. # Non 'H' faculty who have experimented on 'H' |
| NURSING | # Present state since its not yet operational |
| PHARMACY | # Present state as even this has'nt started. |
| POPULARITY | # In various states, with probable reasons also In various countries. |
| CONVERTS | # Why and how people get converted to Homoeopathy. |
| POLITICS | # Inter/Intra profession. # Is it on ideological or other lines? |
| PERIODICALS | # Leading Journals/News letters |
| HOBBY Homoeopaths | # Who are they? # Why they are controversial? |

POLICY ISSUES

- * Look into various committees on ABMs for any reference to 'H'
- * ISM&H - what is the position of 'H' in it
- * Look into the report of WHO on ASM for any reference to 'H'
- * Look into the compendium of committees for any reference to 'H'
- * Look into encyclopedia of sci. and Tech. for H/O of medicine the 'H' reference.
- * Look into the Committees set in 'H' if any.
- * Internship and postings - utility as it is in vogue at present.
- * Jurisdiction of Homeopathic councils over the practitioners.
- * 'H' and Consumer court.
- * Scope for Integration
- * Criteria for setting up of new colleges
- * Allopathic kind of syllabus. is it correct?
- * Examination pattern. is it suitable? *lay homopathy.*

cross-practice in homopathy.

RATIONAL DRUG USE ISSUE

- QUALITY STANDARDS: # Who monitors the quality?
What are the standards?
- COMBINATIONS : # What is 'H' stand?
How rational or irrational are they?
- COST : # does 'H' treatment works out cheap?
is there any price regulation for drugs?
- EXPIRY DATE : # is there no expiry period for drugs?
Efficacy of very long stored drugs
- SIDE EFFECTS : # is there no side effects to 'H' drugs?
does it differ from that of allopathic?
- DRUG INTERACTION : # Does it take place?
- SPECIAL PRECAUTION # what are the general and specifics?
- AVAILABILITY # is there scarcity/paucity of important drugs?
- DRUG POLICY : # Policy with respect to manufacturing, storing., dispensing, Licencing etc.
- ESSENTIAL DRUGS : # Is there a list of essential drugs?
is there any obligatory directive with respect to it?

PUBLIC HEALTH ISSUES & HOMOEOPATHIC VIEW POINT.

- * Prophylaxis
- * Immunisation
- * Nutrition
- * Addiction
- * Chronic diseases
- * Epidemiology
- * Housing
- * Safe water
- * Waste disposal
- * Mental Health
- * MCH
- * Prevention and promotion of health

EXPERIENTIAL STUDY OF ALL THE COMMUNITY HEALTH PROJECTS WHERE
HOMOEOPATHIC MEDICINES ARE SIGNIFICANTLY USED, OR HOMOEOPATHS
INVOLVED IN COMMUNITY HEALTH WORK

Letters to the Editor

Is the evidence for homoeopathy reproducible?

SIR—Reilly et al (Dec 10, p 1601) report a randomised controlled trial of homoeopathic treatment in 28 patients with allergic asthma selected from an unspecified number of outpatients. 4 cases (14%) were lost to follow-up during the 8-week study. Of three tests of respiratory function measured at the end of follow-up, 1 (forced vital capacity) was statistically significantly improved in patients receiving homoeopathic treatment compared with placebo. However, neither daily peak-expiratory flow measurements nor daily patient-recorded severity scores for daytime asthma, nighttime asthma, morning tightness, cough, nasal symptoms, and use of medications were improved by treatment.

Unusually for a trial of a treatment for asthma, a visual analogue scale assessing general wellbeing was the main outcome measure. This differed significantly between the homoeopathy and treatment groups, mainly because of deterioration in patients on placebo. The analysis was, however, misleading. A 100 mm scale from "fine" to "terrible" was used. The mean deviation in mm from baseline was compared. Since the baseline symptom severity varied considerably (<5 mm to >60 mm), the overall result was mainly determined by those cases with high baseline scores: a doubling of symptom severity in a patient with a baseline score of 5 mm would contribute much less to the mean change than a doubling of severity in a patient with a baseline score of 40 mm. In fact, 35 mm of the total of 79 mm improvement in the homoeopathy-treated cases (11 cases, mean 7.2 mm) was due to a single case. Similarly, over 70 mm of the 101 mm deterioration (13 cases, mean 7.8) in the placebo group was due to 4 cases with high baseline scores. A more appropriate analysis would be the proportion of cases in which symptoms improved, irrespective of baseline severity: 9 of 11 homoeopathy cases compared with 5 of 13 placebo cases (χ^2 with Yates' correction 3.0, $p=0.08$).

The trial was thought to be double-blind, yet patients and trial doctors correctly assessed treatment allocation significantly more frequently than would have been expected by chance. Given that homoeopathic treatment had no significant effect on the 6 patient-reported asthma symptoms and little or no effect on the general wellbeing score in the majority of cases, this unblinding is difficult to explain.

Reilly et al conclude that their trial shows that homoeopathy works or clinical trials are a flawed methodology. Reality is rather more mundane: it is a small unblinded trial with a large drop-out rate and selective presentation of data; of 11 outcomes measured, only 2 were significantly improved by homoeopathic treatment. 1 of these, the main trial outcome measure, was incorrectly analysed and on reanalysis is no longer significantly improved.

P M Rothwell
Department of Clinical Neurosciences, Western General Hospital, Crewe Road,
Edinburgh EH4 2XU, UK

SIR—Before calling into question the fundamental basis of pharmacology, it would be wise to identify potential errors in Reilly et al's study. The small number of subjects (28 enrolled, 24 evaluable) may have increased the likelihood of finding a statistical difference due to chance alone, and patients were allowed to continue their usual treatments, including bronchodilators. As the authors give no precise data on the consumption of these drugs during the study period, it is reasonable to assume that the difference in favour of homoeopathy was in fact accounted for by increased use of conventional drugs in the group receiving the homoeopathic treatment.

In their meta-analysis, Reilly et al also failed to distinguish between patients with atopic asthma and those with allergic rhinitis, a critical methodological error.

Jean-Jacques Aulas
La Revue Prescrire, 75527 Paris Cedex 11, France

SIR—Reilly is well known as a herald of homoeopathy. His work has been supported by homoeopathic foundations including a French company which has an aggressive commercial policy.

A study by Rochon et al¹ which dealt with manufacturer-supported trials of non-steroidal anti-inflammatory drugs (NSAIDs), concluded that "these data raise concerns about selective publication as biased interpretation of results in manufacturer-associated trials". What is true for NSAIDs can be true for homoeopathy. In France, we have seen a case in which a double-blind prospective controlled study of homoeopathic treatment of postoperative ileus gave positive results, whereas an attempt to reproduce these results, carried out under the supervision of independent people, did not confirm these results.²

Reilly's figure 5 provides "the pattern of change within each trial". Even if in each trial the improvement seems identical for the homoeopathic treatment, this is not the case for placebo; the improvement of placebo-treated patients (we are not provided with the CIs) is quite different in the three trials. Improvement with placebo in the pilot study is barely different from the improvement observed with homoeopathy in the so-called principal trial. One can ask why placebo responds in such a non-reproducible way. In figure 7, the authors pool three different trials done for different situations (two hay fever, one asthma). Placebo responses do not leave the baseline, a surprising finding if one considers the well-known placebo sensitivity of many patients with allergic conditions. Marcel Proust, who suffered severe asthma attack merely on looking at artificial flowers, was a good example of this sensitivity.

Marcel-François Kahn
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- 1 Rochon PA, Gurwitz JH, Simms RW, et al. A study of manufacturer-supported trials of non-steroidal anti-inflammatory drugs in the treatment of arthritis. *Arch Intern Med* 1994; 154: 157-63.
- 2 Mayaux MJ, Guihard-Moscatto ML, Schwartz D, et al. Controlled clinical trial of homoeopathy in postoperative ileus. *Lancet* 1988; i: 528-29.

SIR—Reilly et al's article has led journals in Canada to give overoptimistic coverage to these apparently convincing results. First, this study is not a replication study; in comparison with the principal study, different allergen preparations are used for a different pathology. Second, both patients and doctors tended to guess correctly the treatment received or given—a possible bias which may be important since the main results are based on a self-assessment score. Third, the homeopathic model predicts an aggravation of symptoms early after the onset of treatment; a phenomenon observed and considered important in the principal study, but neither observed nor discussed in the confirmatory study. Fourth, if we define a significant change by a change of at least 5 mm on the visual analogue scale (to account for measurement error; taking the samples' standard deviation of 9.6 and assuming a reliability coefficient of 0.95) only 9 patients in both groups ($n=24$) show significant changes (4 improvement in homeopathy group and 5 deterioration in placebo group); or we could say that 15 patients had no significant change (7/11 in homeopathy, 8/13 placebo, $p>0.50$). In other words, the so-called effect of homeopathy seems to be attributable to the difference between a good progression in 4 patients and a bad progression in 5 patients in the placebo group. Fifth, data analysis by a parametric statistical approach assumes an interval scale which could not be the case with a visual analogue scale. It also assumes a reasonable normality of the distributions, which is not shown in any of the two studies. For example, in the principal study, whereas the difference between mean scores is 14.6 mm, the difference between the medians is only 5 mm. Analysing the data with a median test makes the main result simply vanish ($\chi^2=0.98$, $p=0.34$). Re-analysing data from the principal study with a categorical approach (deterioration, no change, improvement) also makes the results disappear ($\chi^2=3.8$, $p=0.15$). Finally, there is no case for a meta-analysis: results from different treatments for different pathologies showing so different response patterns cannot be reasonably combined.¹

This so-called replication study does not replicate anything, and the conclusions are based on too small sample sizes and observations² on a small proportion of subjects to provide evidence for a homeopathy effect different from a placebo effect.

Robert Gagnon

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- 1 Reilly D, Taylor M, McSherry C, Aitchison T. Is homeopathy a placebo response? Controlled trial of homeopathic potency, with pollen in hayfever as a model. *Lancet* 1986; ii: 881-85.
- 2 Grossman SA, Sheidter VR, McGuire DB, Geer C, Santer D. A comparison of the Hopkins pain rating instrument with standard visual analogue and verbal descriptor scales in patients with cancer pain. *J Pain Symptom Management* 1992; 7: 196-203.
- 3 Glass GV, Hopkins KD. *Statistical methods in education and psychology*. Englewood Cliffs, New Jersey: Prentice-Hall, 1980: 578.
- 4 Eysenck H. Meta-analysis and its problems. *BMJ* 1994; 309: 789-92.

SIR—Can Reilly et al be sure that the fluid sprayed on the sugar globules that were given to the patients did not contain traces of the original allergen material obtained from the Pasteur Institute? It is stated that the homeopathic drug laboratory received the allergen "in the liquid form". Does this mean that the allergen itself was a liquid? In the more probable case that it was a solid in a liquid, one can ask whether it was a solution of low-molecular-weight compound, a colloidal solution, or a suspension of small particles. In the last two cases, the addition of alcohol in the first step could have precipitated the material and some of it

could have stuck to the walls of the glass vial. On the procedure that follows, the report is unclear. Were the dilutions carried out 30 times in the same vial or were 30 of these vials used? Assuming the first, it cannot be excluded that some allergen adhering to the walls of the vials were carried over to the globules, despite what is called "a dilution procedure according to Hahnemann".

Ultracentrifugation of the liquid used in the later stages of the procedure could overcome these objections.

P van Duijn

Jacob van Maerlantlaan 3, 2343 JX Oegstgeest, Netherlands

SIR—When considering Reilly and colleagues' surprising results we should ask: what is the criterion for distinguishing between verum globules and placebo globules? For those who adhere to the principles of logical thinking, the answer is that nothing distinguishes between them.

Hence, Reilly and colleagues have convincingly shown that nothing provides a reliable and reproducible effect in the treatment of allergic asthma—an outcome similar to that suspected for a long time by numerous asthma patients.

Rudolf Happle

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Authors' reply.

SIR—Our experiment was an independent replication of previous results with a sceptical scientific team who co-designed the protocol and independently monitored each stage. No drug company funds were accepted and grants received went direct to the university.

Biased interpretation or reporting was excluded by a peer-reviewed protocol which pre-defined the main measures of outcome. All measured parameters were reported. The study and analyses were double-blind, contrary to Rothwell's assertion. Comments on treatment allocation based on therapeutic effect were gathered at the end of the study. We thus had the advantage of a shield against our biases which these critics lack in their post-hoc reflections.

Aulas is wrong to say that smaller numbers in a trial increase the chance of false-positive results: the opposite is true, making positive results all the more noteworthy. Trends in favour of homeopathy were seen in every parameter, and more might have reached 5% statistical significance in a larger sample size. Drug intake did not differ between the groups and so cannot account for the difference as Aulas suggested. We can assure Khan that a variation in placebo between trials is normal, which is why each trial must have its own control.

Gagnon and Rothwell's proposal of categorical analysis ignores the data and the clear time-patterns shown in the graphs. Giving equal weight to small and large changes, their dismissal of quantitative analysis is over-simplified and inappropriate. We also disagree with Rothwell's analysis: χ^2 with Yates' correction according to Altman³ gives $p=0.05$.

Contrary to Gagnon's assumption, parametric analyses of visual analogue scales taken as 100 intervals of 1 mm are wholly suitable, if, as was the case in studies 2 and 3, data plots of changes confirm normal distributions. Gagnon then takes median values that are not included in the paper he quotes and wrongly applies a χ^2 test to these non-existent data. Mann-Whitney U tests give significant results in all three studies. Naturally we checked on the effects of removing the outlier mentioned by Rothwell; the result was still significant at $p=0.005$.

Van Duin's contamination theory can be excluded: dilutions were prepared in a series of 30 fresh test-tubes and, as we reported, checks for traces of allergen were negative. It is logical to compare the three experiments. They are one series addressing one question—homeopathy versus placebo—each used the same pathological model of inhalant allergy, the same treatment model of desensitisation, and the same outcome measure. The challenge remains: how do we explain a repeating pattern of homeopathy working better than placebo?

*David T Reilly, Morag A Taylor

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- Altman DG. Practical statistics for medical research. London: Chapman and Hall, 1991: 235.

Electric shock to paramedic during cardiopulmonary resuscitation of patient with implanted cardio-defibrillator

We report an accidental electric shock to a paramedic performing cardiopulmonary resuscitation (CPR) on a 65-year-old woman with an automatic implanted cardio-defibrillator (AICD).

The patient received an AICD 2 years previously because of ventricular tachyarrhythmias. No problems had been reported with the defibrillator. On Aug 6, 1994, the woman developed sudden dyspnoea and collapsed. Some minutes later the paramedic squad and the emergency physician arrived at the scene and found the patient in asystole (identification with external electrocardiogram [ECG] defibrillator device by the squad). After starting CPR the spontaneous circulation was restored. In the ambulance, ventricular fibrillation occurred but, before charging the ambulance defibrillator, one of the paramedics started CPR and received an electric shock. Neither the physician nor the paramedics knew that the patient had an AICD, and they assumed that the patient had a pacemaker. After the third external defibrillation spontaneous circulation was restored and the patient was transferred to the nearest hospital. Some hours later, on the intensive care unit, additional CPR was necessary and the performing physician also received a shock. The patient died of cardiogenic shock 2 days later.

There are some reports about malfunctioning of AICDs¹ but no information is available about shocks to rescue personnel (eg, during CPR). None of the personnel was seriously injured, but there are no data on possible risks. We assume that the current conduction between patient and paramedic was enhanced by ECG-paddle gel. We recommend rescue personnel to first look for AICDs and to remove gel on ECG defibrillator paddles from the patient's skin for CPR if an AICD is found. CPR should then be done with the physician wearing gloves.

Alex Lechleuthner

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- Pfeiffer D, Jung W, Felske W, et al. Complications of pacemaker-defibrillator devices: diagnosis and management. *Am Heart J* 1994; 127: 1073-80.
- Singer I, Adams L, Austin E. Potential hazards of fixed gain sensing and arrhythmia reconfirmation for implantable cardioverter defibrillators. *PACE* 1993; 16: 1070-79.
- Grimm W, Flores BF, Marchlinski FE. Complications of implantable cardioverter defibrillator therapy: follow-up of 241 patients. *PACE* 1993; 16: 218-22.

Cancer mortality and low doses of ionising radiation

SIR—No general conclusion about "radiation protection recommendations" should be based on the IARC Study Group's report (Oct 15, p 1039) because these workers studied only mortality from leukaemia among nuclear industry workers exposed to low doses over many years.

Leukaemia is unique among radiogenic cancers in that the latency after exposure is typically 1-5 years.¹ Almost all the excess risk of leukaemia from a single high-dose exposure to ionising radiation is dissipated within 5-10 years after that exposure.¹ There is no reason to expect a cumulative effect on leukaemia mortality from non-leukaemogenic doses over several or many years. None was found. On the other hand, for radiogenic breast cancers there is substantial evidence for a cumulative effect of fractionated doses distributed over several years.² Many women receive substantial cumulative doses of ionising radiation to the breast from medical diagnostic X-ray procedures, including mammograms. Data from a study of leukaemia mortality are not relevant to the risk of breast cancer after cumulative low-dose exposures to ionising radiation.

The IARC investigators offer no evidence that their data "provide the most precise direct estimates so far made of carcinogenic risk after protracted exposure to ionising radiation". In particular, despite their general claim, their data do not show "that the estimates that form the basis of current radiation protection recommendations" are correct for breast and other radiogenic cancers.

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- National Research Council, Committee of the Biological Effects of Ionising Radiation. Health effects of exposure to low levels of ionising radiation. V. Berr (chapter 5). Radiogenic cancer at specific sites: leukaemia. Washington, DC: National Academy of Sciences, 1990: 212-53.
- National Research Council, Committee of the Biological Effects of Ionising Radiation. Health effects of exposure to low levels of ionising radiation. V. Berr (chapter 5). Radiogenic cancer at specific sites: leukaemia. Washington, DC: National Academy of Sciences, 1990: 253-67.

Gynaecological monitoring during tamoxifen therapy

SIR—We take issue with several of Bissett and co-workers' statements (Nov 5, p 1244) about gynaecological surveillance of women during tamoxifen therapy. These commentators quite rightly emphasise that (1) tamoxifen has oestrogenic effects on the endometrium, (2) endometrial polyps and hyperplasia might develop in as many as a quarter of patients receiving this drug for a long-time, and (3) 1-2 women per 1000 per year might develop endometrial carcinoma.

In view of these facts, it is hard to believe that Bissett and colleagues should not consider an annual gynaecological examination and an annual transvaginal ultrasound examination of the endometrium in these patients as a must. To await the occurrence of vaginal discharge or bleeding, before referring a breast cancer patient on tamoxifen to a gynaecologist is unacceptable. Should we assume that the highly questionable notion of cost-benefit ratio is a sufficient reason for Bissett and colleagues not to treat patients properly? Can there be any justification for letting atypical endometrial hyperplasia develop and to treat it, once present, by a (very costly) hysterectomy?

tion, childhood diarrhoea, influenza, malaria and filaria to more complicated problems like allergy and asthma, rheumatoid disorders, diabetes, migraine and fibromyalgia, many of which have defied a permanent cure even in allopathy.

Hahnemann's cures

Homoeopathy (from the Greek words *homois*, meaning 'similar', and *pathos* meaning 'suffering') was developed by German physician Christian Fredrick Samuel Hahnemann (1755-1843). An allopath himself, Hahnemann gave up his lucrative practice realising that side effects of allopathic treatment often outweighed the cure, and took to translation of medical books. In the 1780s, while translating Cullen's *Treatise on Materia Medica*, he came across a statement that the cinchona bark (which contains quinine) cured malaria because of its tonic action on the stomach. Deciding to experiment, he took a strong dose of cinchona tincture himself and experienced fever, chills, headache and thirst — symptoms typical of malaria.

He theorised that a drug's power to cure a disease arose from its ability to produce symptoms in a healthy person that were similar to those caused by the disease itself. Strong doses of drugs produce symptoms of diseases that can be cured by the same drugs when given in smaller doses.

Based on this premise, homoeopathic remedies are prepared by repeatedly diluting an active ingredient until it virtually disappears from the solution; the higher the dilution, the higher the potency of the medicine. The doses are usually given as sugar pills that have absorbed the prepared solution. For example, while conventional allopaths prescribe a few drops of belladonna tincture for a variety of gastro-intestinal problems, homoeopaths use belladonna diluted trillions of times. A 30c-dose of belladonna (c stands for one-in-100 dilution, and 30 denotes the number of times the dilution is repeated) is about a million billion times more dilute than a solution containing one molecule of salt in a volume of water as large as all the earth's oceans combined.

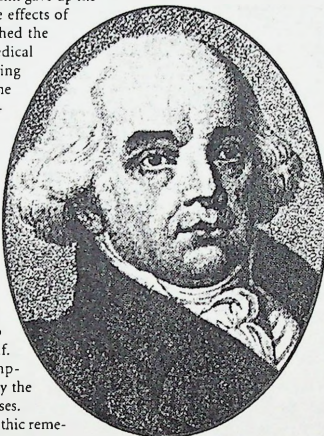
According to the laws of chemistry and probability, even at a lower dilution of 1:10²⁴, or a homoeopathic potency of 12c, a remedy would be diluted beyond a point where theoretically it would not contain even a single molecule of the original substance. Aware of this problem, Hahnemann proposed that vigorous shaking after each dilution causes the dilutant to imbibe the properties of the original substance in the drug. He called it "potentisation".

For and against

Advocates of homoeopathy point to immunisation and allergy treatment as two allopathic practices that follow the 'Law of Similars'. In both cases, allopaths use substances that are identical to disease-causing agents, but are administered either in benign modified forms (vaccines) or in smaller doses (allergens). Critics, however, argue that these analogies are flawed,

since homoeopathic treatments are based on substances that produce similar symptoms, and not the same causative agents.

Similarly, while proponents argue that homoeopathy has stood the test of time (about 200 years), opponents point out that such successes could be simply due to a 'placebo' effect (homoeopathic cures are placebos, effective due to the psychological influence of close personal attention from the doctor). In a classic study on placebos in the '60s, Arthur Shapiro, now professor of psychiatry at Mount Sinai School of



An allopath himself, Hahnemann gave up his lucrative practice realising that side effects of allopathic treatment often outweighed the cure, and took to translation of medical books. An experiment with the cinchona bark in the 1780s led him to develop homoeopathy

Medicine in New York, gave pregnant women ipecac, which usually induces vomiting, and told them it would stop their nausea. The impact of their belief was so strong that in most cases the nausea-inducing drug actually prevented nausea! Supporters of homoeopathy argue that homoeopathy provides many therapeutic benefits which cannot be explained by the placebo effect.

The most fundamental objection to homoeopathy is that the mechanism of action of homoeopathic drugs is not known. However, proponents contend that most treatments prescribed even by allopaths are unproven and the methods by which 85 per cent of their medications work are not understood.

Testing times

According to modern pharmacological methods, 'randomised double-blind' clinical trials are necessary to establish the clinical efficacy of a drug as against a placebo, a look-alike dummy medication. The subjects are randomly assigned to receive either the drug or the placebo, and neither the subject nor the investigator knows which is which. Over the last decade, most results of clinical trials conducted for homoeopathic remedies reported that these remedies worked better than placebos.

A review of 107 such studies was done in 1991 by Dutch epidemiologists Jos Kleijnen, Paul Knipschild and Gerben Riet from the University of Lumburg, the Netherlands (*British Medical Journal*, Vol 302, p316-323). They observed that of the 105 studies with interpretable results, 81 showed that

In India: a matter of money and training

Homeopathy came to India in 1839 with John Martin Honigberger, a doctor who was invited to treat Ranjit Singh, the ruler of Punjab, for polyuria of the vocal cords and oedema. India's first homeopathic medical college was established in Calcutta in 1881.

Today, there are over 1,50,000 registered homeopathic practitioners in India, and more than 100 pharma companies produce homeo remedies exclusively. About 110 degree colleges and 12 post-graduate colleges impart homeopathic education, administered by the Central Council of Homeopathy. A separate Central Council for Research in Homeopathy (CCRH) was established in 1978, which today has 51 units all over the country.

According to V P Singh, senior scientist at CCRH, the council has "developed anti-epidemic preventive treatments which were successfully used in smallpox and plague prevention". He adds,

homeopathy was effective. However, since all the studies reviewed were not of the same quality, the reviewers scored different studies according to their scientific rigour. Of the 23 'best' studies which scored more than 55 points, they found that 15 showed positive results.

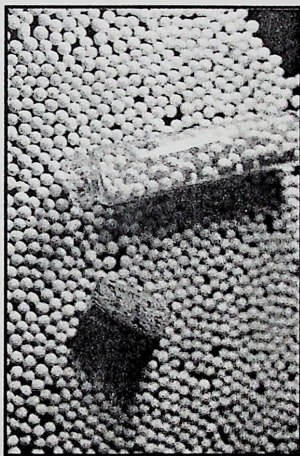
Based on this, the researchers commented that this body of evidence "would probably be sufficient to establish homeopathy as a regular treatment for certain conditions". However, they also added, "At the moment the evidence of clinical trials is positive but not sufficient to draw definitive conclusions because most trials are of low methodological quality and because of the unknown role of publication bias. This indicates that there is a legitimate case for further evaluation of homeopathy, but only by means of well-performed trials."

Among the 'good quality' randomised, double-blind clinical trials, the most significant ones have tested homeopathic remedies for the following disorders:

- Migraine: Trial conducted in Italy by B Brigo and G Serpelloni (1991) showed that homeopathic remedies were active in migraine headaches (*Berlin Journal of Research in Homeopathy*, Vol 1, p98-106).
- Childhood diarrhoea: In the first successful clinical trial of homeopathy (conducted in Nicaragua) to be accepted by an American peer-reviewed medical journal, J Jacobs and his colleagues from the University of Washington reported (1994) that homeopathic treatment brought about a statistically significant (15 per cent) decrease in diarrhoea (*Pediatrics*, Vol 93, p119-725).
- Influenza: In 1989, J P Ferley and his colleagues from the Grenoble University Hospital (France) reported that

"Within the first few years of establishment of CCRH, we have done elaborate clinical trials to establish the efficacy of homeopathic remedies for tonsillitis, sinusitis, pharyngitis, laryngitis, allergic rhinitis, contact dermatitis and allergic dermatitis. In collaboration with the doctors of the All India Institute of Medical Sciences (AIIMS), New Delhi..."

Singh, however, laments the termination of these trials due to non-cooperation of AIIMS administrators. Says V M Nagpaul, deputy director of CCRH, "Allopaths and medical scientists often do not cooperate with us and act like big brothers. The trials at AIIMS were made possible because of the interest taken by the then director, V Ramalingaswamy. As soon as he was replaced, everything changed and our trials ended abruptly. Today, we do not even have access to the full records of our trials."



AMIT SHINER/CC

compared to placebos, homeopathic treatment was highly effective (*British Journal of Clinical Pharmacology*, Vol 27, p329-335).

- Fibromyalgia: In a study (1989) of fibrositis (primary fibromyalgia) patients, Peter Fisher and his associates from St Bartholomew's Hospital, London, showed that homeopathic remedies brought about a decrease in pain and the number of tender spots (*British Medical Journal*, Vol 299, p365-366).

- Rheumatoid arthritis: In 1980, R G Gibson conducted clinical trials on 46 patients (*British Journal of Clinical Pharmacology*, Vol 9, p453-459), who showed improvements in subjective pain, morning stiffness and grip strength, compared to placebo-treated patients who did not. Another study by Andrade *et al* in 1991 (*Scandinavian Journal of Rheumatology*, Vol 20, p204-208) had found that placebo patients showed almost as much improvement as those receiving homeopathic treatment, but the number of patients observed was so small that the authors could not dismiss Gibson's findings.
- Pain and inflammation: Kleijnen's review of clinical trials of homeopathic remedies referred to 20 studies on trauma and pain, of which 18 indicated that homeopathy was effective in treating a variety of pains. But in a recent trial of 24 patients who underwent dental surgery (Lokken *et al* 1995, *British Medical Journal*, Vol 310, p1439-1442), it was found that pain after surgery was essentially the same, irrespective of treatment with homeopathy or placebo. However, the authors acknowledged that "attainment of clinical proof for the non-existence of a homeopathic effect is impossible."

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| NAME | FROM | ACTIVITY | JOURNAL/MAG |
|--------------------|---------------------------|--|--------------------|
| Dr. K.S. Das | CALCUTTA [W.B] | Immunisation for measles with homoeopathic remedies; Blood donation camp; Advocacy & Lobbying. | - |
| Dr. Amaresh Ghosal | CALCUTTA [W.B] | General Health Check up. Routine lab check up. Chariatable clinic. | - |
| Rohini Printers | TIRUNELVELLI T.N | Publication | MEDITIMES |
| Dr.David Shimra | MANIPUR | Inviting me to study his project | LETTER |
| Dr.Achintya Kumar | CALCUTTA W.B | Community Health Care | - |
| Dr.J.Samson | KANYAKUMARI, TAMILNADU | Community Health care Herbal medicine | - |
| Dr.B.M Sharma | UDAIPUR, RAJASTHAN | Purpose of project | - |

**FOLLOWING ARE THE HOMOEOPATHS WHO ARE SAID TO HAVE DOING
COMMUNITY HEALTH IN THE FOLLOWING WAY.**

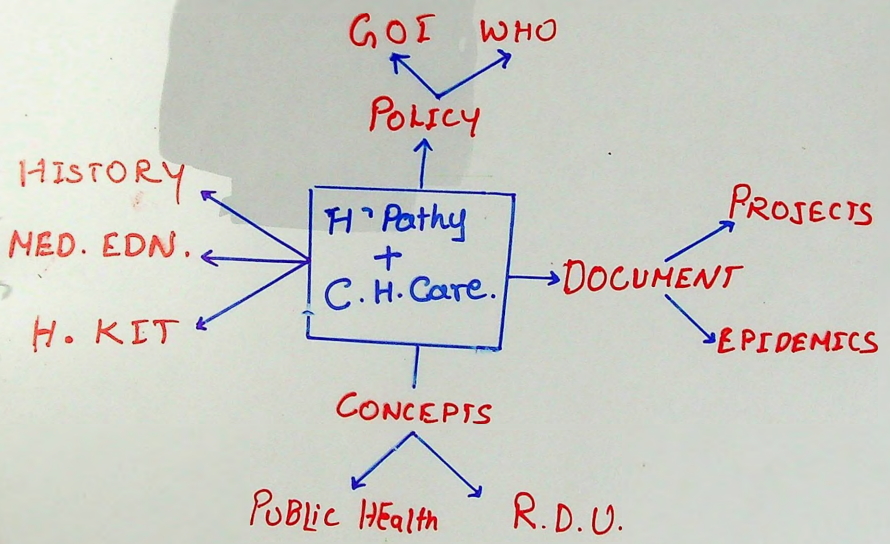
| NAME | FROM | ACTIVITY | JOURNAL/MAG |
|----------------------------------|--------------------------|---|--------------------|
| Dr. Anand Prasad, BSc., BHMS. | MIRGANG [BIHAR] | Running community health centre since 10 years. | - |
| Dr. Das | TULSIGHAT[W.B] | Awareness and motivation for AIDS / STD. | MEDITIMES |
| Dr.Lok Mani Gupta | KOTA [RAJASTHAN] | Medical camp since 10 years. | MEDITIMES |
| Dr. Siddhapurkar | GULBARGA [KARNATAKA] | Medical camp since 7 years. | MEDITIMES |
| Dr. Suryanarayan | NELIMARLA [A.P] | Serving people in backward tribal area since 10 years. | MEDITIMES |
| Mr. H.S. Narayan | BANGALORE [KARNATAKA] | Free clinic since 10 years | MEDITIMES |

**FOLLOWING HOMEOPATHS HAVE EVINCED KEEN INTEREST IN MY
PROJECT/COMMUNITY HEALTH,FOLLOWING MY PROJECT'S ADVERTISEMENT**

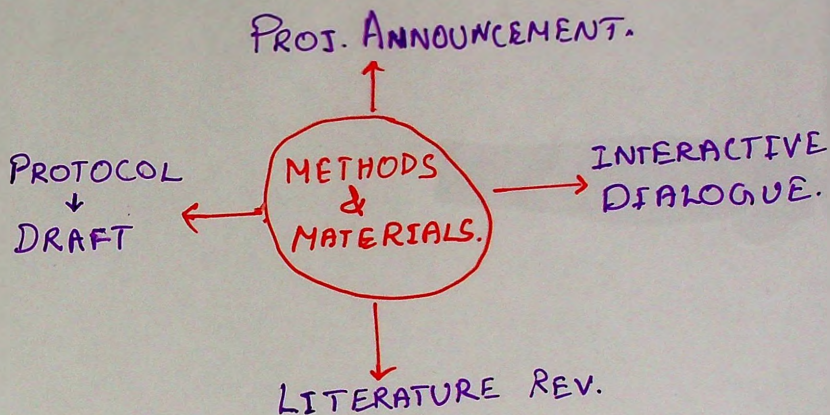
| NAME | FROM | REQUEST | |
|--------------------|-------------------------|--|-----------------|
| Dr. Gopal Pandit | BHAGALPUR [BIHAR] | Aims & objective of CHC | HOMEO MIRROR |
| Dr. Ram Nivas Jain | HISSAR [HARYANA] | Input to start community Health Programme. | - |
| Dr.I.N. Saha | KOKHARAJHAR [ASSAM] | Running Charitable clinic & wants sponsorship | - |
| Dr. G.P. RAO | RAMKOLA [U.P] | Wants to join Project. | - |
| Dr.Satya Prakash. | HARDOI [U.P.] | Wants to join Project | - |
| Dr.P.S. Sannasi. | BOOTISPURAM [T.N.] | Wants to join Project. | - |
| Dr. Ankur. | BILASPUR [ASSAM] | Wants to know about my Project | - |
| Mr.R Subbaiah. | TUNGABHADRA DAM | Details of project | - |
| Dr.Manish Bhartiya | New Delhi | Publication of my announcement | - |
| Dr.Pradeep Nayak | BANGALORE, KARNATAKA | Aims & Objectives of CHC | - |

HOMOEOPATHY & COMMUNITY HEALTH CARE.

AIM To Present a Synoptic view of potential of Homoeopathy in Indian Health Care System with Particular focus on its potential in Community Health Care.



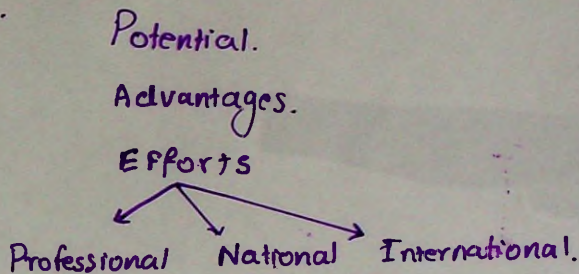
FOLLOW UP...



NEED FOR THE STUDY.

1. Health & F.W directive.
2. Poor Documentation.
3. Gen. Perception. - Individualistic.

ROLE OF HOMEOPATHY IN G.H. CARE.



RESONANCE IN CONCEPTS.

| PUBLIC HEALTH | RDU. |
|-----------------------------|-------------------------|
| Disease | Drug Action. |
| C.I.F. Disease | Combination |
| Risk factors | Expiry date |
| Ch. Diseases | Dose. |
| Dynamics of C.Ds. | Potency |
| Investigation of Epidemics. | Adverse Drug Reactions. |
| Immunity. | |

Has this
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to a few hospitals
for comment

FOREWORD

On 2nd October, 1977 a massive programme was launched by the Government of India for the delivery of health care in the rural areas through Community Health Workers. These workers are selected by the people of the community to which they belong, and they serve a population of about 1,000. They are trained to educate the people in the villages as to how to keep healthy and how to prevent disease by taking the necessary immunizations, drinking safe water, eating nutritious and clean food, maintaining personal and environmental hygiene, and utilizing the available services for maternal and child health, family planning and medical care.

Each Community Health Worker is provided with a kit containing a few simple medicines so that he or she can give immediate treatment for common minor ailments and provide first aid before referring the sick or injured to the Subcentre or Primary Health Centre for medical care.

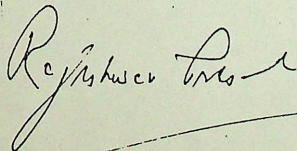
The Manual for the Community Health Worker is meant to serve as a guide and reference book for the Community Health Workers, to enable them to carry out the tasks which they have been trained to perform. It contains chapters on maternal and child health, family planning, nutrition and the control of communicable diseases including immunization and environmental sanitation. It also contains chapters on rendering first aid to the injured and simple treatment of minor ailments.

Our country has a wealth of knowledge in various traditional systems of medicine, and chapters on these systems have also been included in the Manual, so that in those areas where indigenous systems of medicine are popular, the Community Health Workers can be trained to use these traditional remedies.

The second edition of this Manual has incorporated suggestions received from several individuals and institutions. It also contains two additional chapters on Naturopathy and Medicinal Plants which, it is hoped, the Community Health Workers will find useful.

In the task of promoting and maintaining the health of our people, it is necessary for the Community Health Workers and the Government Health Workers to coordinate their efforts and to develop a deep sense of dedication to the community which they serve.

We have great expectations from the Community Health Workers and feel sure that they will serve as an important link in the chain of delivery of health care to our people.



Homoeopathy

17.1 Introduction

Homoeopathy is a system of treatment by which diseases are cured by drugs which produce effects on the body similar to the signs and symptoms of diseases.

Minute doses of homoeopathic medicines mobilize the inherent mechanisms of the body against the influence of disease producing organisms and various types of other human sickness. This, therefore, results in rapid, gentle and permanent restoration of health. Since the doses of homoeopathic medicines used are very small, there are practically no side-effects. With the aid of homoeopathic medicines, many cases of common ailments can be managed successfully and serious cases can be greatly helped before the arrival of proper professional help. Homoeopathic treatment does not conflict with surgery, physical therapy or other non-medical measures.

17.2 Preparation, handling and storage of homoeopathic medicines

The "Homoeopathic-kit" contains all the important and commonly used medicines which one may need to treat common ailments. While giving the medicine to a patient, the *name* and *potency* of the drug should be noted carefully. Extreme care is needed in handling and storage of homoeopathic medicines. The vials containing the medicines should be tightly corked. They should always be put back in the kit-box which should be kept closed and in a cool, dry and preferably in a shaded place. No other strong smelling things like camphor, menthol, essences, scents, etc., should be kept nearby as these may destroy the action of homoeopathic medicines and make them inert. If carefully stored and handled, the homoeopathic medicines will not deteriorate and will keep their power for a long time.

17.3 Administration of medicines

The medicines may either be administered dry, by placing them upon the tongue, or dissolved in water.

In most cases, 5 to 8 globules should be placed dry on the tongue. For children 2 to 4 globules and for infants 1 to 2 globules will be sufficient for a dose. If the tongue is dry, add a few drops of drinking water. Even new-born babies are able to swallow this. In the case of Combination Tablets, give 4 tablets with a small amount of warm drinking water to adults. In children and infants, dissolve 4 tablets in half a cup of warm, drinking water and give one teaspoon of this. Avoid undue handling and touching the medicine. The drug should be taken from the bottle on to a piece of clean paper.

Where repeated doses of the medicine at short intervals are required, the appropriate remedy should be administered in solution in water. For this purpose take a clean tea cup and rinse it with water. Fill it half full of drinking water, put 5 to 8 globules of medicine into the water, mix it thoroughly by stirring with a clean spoon. Keep the tumbler containing the medicine well covered with a clean saucer in a cool place, free of odours of any kind. When thus prepared, a dessertspoonful to adults, or a teaspoonful to children and infants may be given at a time.

The more active or virulent the disease, the more frequently must the remedy be repeated. In acute conditions like severe pain, troublesome cough, diarrhoea or vomiting, the medicine may have to be repeated as often as every 10 to 15 minutes until the patient gets relief from the pain, or the vomiting ceases, or the diarrhoea stops, or the cough gets easier and the patient goes to sleep. With relief of symptoms, the patient will have a sense of well being. These reactions will show that the medicine is doing its work.

17.4 Regimen during homoeopathic treatment

The patient should partake of light, digestible and nourishing food. In fevers only the lightest

and simplest kinds of foods are proper. Both mental and physical rest are most essential.

While taking homoeopathic remedies the patient should be careful to refrain from taking other medicines. Certain articles of diet are forbidden such as strong coffee or excessive spices. The patient should also abstain from tobacco and alcoholic drinks.

17.5 Referral & records

Refer your cases as necessary to the Health Worker, Subcentre or Primary Health Centre in good time according to the instructions given under each ailment. Whenever in doubt about the disease or its treatment, contact the Health Worker attached to your Subcentre or Primary Health Centre.

Keep a record of the treatment given to each patient. Refer cases to the Health Worker or to the Subcentre or Primary Health Centre as necessary with their records.

17.6 Homoeopathic treatment for common ailments

17.6.1 Fever

Fever is a common condition and is generally accompanied by other signs and symptoms such as headache, bodyache, shivering, running of the nose, sore throat, nausea, vomiting, diarrhoea, or skin rash. Proceed as follows:

1. Ask the patient to remain in bed.
2. Tell the patient to drink plenty of fluids.
3. At the onset of fever give *Aconite 6X* and *Combination No. 1* tablets alternately every one hour; if better, two hourly.
4. If the fever is accompanied by sore throat, earache, cough, bodyache, or running of the nose give *Belladonna 6* and *Merc bin iodide 6* alternately every two hours.
5. If the fever does not subside, give *Baptisia 3X*, two hourly till such time that he is assisted by the Subcentre or Primary Health Centre.
6. Refer to the Subcentre if:
 - (i) The fever does not come down within two days
 - (ii) The fever is accompanied by stiff neck, convulsions, unconsciousness or vomiting.

17.6.2 Headache

Like fever, headache can also be accompanied by other signs and symptoms such as fever, rash, earache, running of the nose, sore throat, or vomiting. Proceed as follows:

1. Give *Mellilotus 30* and *Combination No. 11* tablets alternately every two hours for two days.
2. Treat the other symptoms accompanying the headache as follows:

| | |
|-------------------------|--|
| Headache accompanied by | |
| (i) Fever | <i>Aconite 6X</i> and <i>Combination No. 11</i> tablets alternately every two hours. |
| (ii) Sore throat | <i>Belladonna 6</i> and <i>Merc bin iodide 6</i> alternately every two hours. |
| (iii) Cold and Cough | <i>Bryonia Alba 30</i> and <i>Combination No. 1</i> tablets alternately every two hours. |
| (iv) Earache | <i>Belladonna 30</i> and <i>Combination No. 11</i> tablets alternately every two hours. |

Refer the patient to the Subcentre if:

- (i) The headache is accompanied by stiff neck
- (ii) The patient is pregnant
- (iii) The headache is accompanied by fever and there is no relief even after two days.

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17.6.3 Backache

Proceed as follows:

1. Bed rest
2. Treatment:

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|---|---|
| (i) If backache is due to injury | <i>Arnica 200</i> every two hours. |
| (ii) If backache is accompanied by joint pain and the pain is felt more with the least movement | <i>Bryonia 30</i> and <i>Combination No. III</i> tablets alternately every two hours. |
| (iii) If the backache is accompanied by joint pain and if the pain is relieved by movement | <i>Rhustox 30</i> and <i>Combination No. III</i> tablets alternately every two hours. |

3. Refer the patient to the Subcentre if the backache persists for more than three days or if there is any restriction in movement.

17.6.4 Joint pains

Proceed as follows:

1. Bed rest
2. Apply heat to the joint by means of a hot water bottle or hot sand or by wrapping the joint with a cloth soaked in hot water and wrung out.
3. Treatment:

| | |
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| (i) If joint pain is more on the least movement | <i>Bryonia 30</i> and <i>Combination No. III</i> tablets alternately every two hours. |
| (ii) If joint pain is better by movement | <i>Rhustox 30</i> and <i>Combination No. III</i> tablets alternately every two hours. |
| (iii) If joint pain is accompanied with fever and the joint is red, hot, swollen and painful to touch | <i>Belladonna 30</i> and <i>Combination No. III</i> tablets alternately every two hours. |

4. Refer the patient to the Subcentre
 - (i) If the patient is a child with pain in several joints and fever
 - (ii) If there is no improvement after 3 days of treatment.

17.6.5 Diarrhoea

Proceed as follows:

1. Give plenty of fluids to drink
2. Give soft diet like banana, buttermilk, arrowroot conjee, and rice gruel.
3. If there are signs of dehydration, i.e., sunken eyes, dry mouth, or wrinkled skin, give rehydration mixture, or follow the instructions given in Chapter 11, Section 11.1.5.
4. Give *China 6* and *Cynodon Dactylon 6X* alternately two hourly.
5. Give *Chamomilla 30* every two hours in children having diarrhoea during dentition when the child is cranky and irritable.
6. Treatment:

If the stools are:

| | |
|--|--|
| (i) Watery, profuse, painless, offensive | <i>Podophyllum 30</i> and <i>Combination No. IV</i> alternately every two hours. |
| (ii) Mixed with blood and mucus | <i>Merc Sol 30</i> and <i>Combination No. IV</i> alternately every two hours. |
| (iii) Accompanied by nausea, vomiting or dehydration | <i>Arsenic Album 30</i> and <i>Ipecac 30</i> alternately every two hours. |

7. Refer the patient to the Subcentre if:
- There are signs of dehydration
 - There is no improvement within two days.

17.6.6 Cold

Proceed as follows:

- Give *Arsenic Album 6* and *Combination No. 1* tablets every two hours for four days.
- Refer the patient to the Subcentre if the cold does not subside after 4 days of treatment.

17.6.7 Cough

Proceed as follows:

- Treatment:

| | |
|------------------------------------|---|
| (i) Dry cough accompanied by fever | <i>Belladonna 30</i> and <i>Merc Sol 30</i> alternately every two hours for 3 days. |
| (ii) Loose cough | <i>Arsenic Album 6</i> and <i>Ipecac 30</i> alternately every two hours for 3 days. |

- Refer the patient to the Subcentre:
 - If the cough does not subside
 - If the cough is accompanied by fever and chest pain.

17.6.8 Vomiting

Vomiting may occur alone or it may be accompanied by pain in the abdomen, diarrhoea or fever. In women it may occur during pregnancy.

Proceed as follows:

- Give a milk diet
- If there are signs of dehydration, give rehydration mixture or as suggested in Chapter 11, Section 11.1.5.
- Give *Ipecac 30* and *Arsenic Album 30* alternately every one hour and if better, every 2 hours.
- Refer the patient to the Subcentre:
 - If the vomit contains blood
 - If the patient is dehydrated
 - If the patient is unable to retain anything
 - If there is no improvement within two days.

17.6.9 Pain in the abdomen

Pain in the abdomen can also occur with other signs and symptoms like nausea, vomiting, diarrhoea or constipation.

Proceed as follows:

- Advise milk and a soft diet.
- Treatment:

| | |
|--|---|
| <i>Pain in abdomen associated with</i> | |
| (i) No symptoms | <i>Colocynthis 30</i> and <i>Combination No. V</i> tablets alternately every two hours. |
| (ii) Diarrhoea | <i>China 6</i> and <i>Cynodon dactylon 6X</i> alternately every two hours. |
| (iii) Constipation | <i>Nux Vomica 30</i> and <i>Combination No. V</i> alternately every two hours. |
| (iv) Nausea and vomiting | <i>Ipecac 30</i> and <i>Arsenic Album 30</i> alternately every two hours. |
| (v) Passing worms | <i>Cina 30</i> every two hours. |
| (vi) Fever | <i>Belladonna 30</i> every two hours. |

3. Refer to the Subcentre:

- (i) If the pain does not subside within 24 hours
- (ii) If there are signs of shock
- (iii) If the patient is pregnant.

17.6.10 Indigestion

Proceed as follows:

1. Treatment:

| | |
|--|---|
| <p><i>Indigestion</i></p> <ul style="list-style-type: none"> (i) With heaviness and belching (ii) Due to rich, greasy food (iii) Due to spicy food (iv) With nausea or vomiting (v) With diarrhoea (vi) In children during dentition | <p><i>Carbo Veg 30</i> and <i>Combination No. XII</i> alternately every two hours.</p> <p><i>Pulsatilla 30</i> and <i>Combination No. XI Tablets</i> alternately every two hours.</p> <p><i>Nux Vomica 30</i> every two hours.</p> <p><i>Ipecac 30</i> and <i>Arsenic Album 30</i>.</p> <p><i>China 6</i> and <i>Cynodon Dactylon 6 X</i> alternately every two hours.</p> <p><i>Chamomilla 30</i> and <i>Combination No. VI</i> alternately every two hours.</p> |
|--|---|

2. Refer the patient to the Subcentre if there is no improvement within two days.

17.6.11 Constipation

Constipation may also be accompanied by pain in the abdomen, nausea and vomiting.

Proceed as follows:

- 1. Advise the patient to drink plenty of water
- 2. Advise the patient to eat plenty of fresh fruits and green leafy vegetables.
- 3. Treatment:

| | |
|--|---|
| <p><i>Constipation</i></p> <ul style="list-style-type: none"> (i) Of long standing (ii) Of recent origin | <ul style="list-style-type: none"> (a) <i>Sulphur 30</i> in the morning and <i>Nux Vomica 30</i> in the evening for seven days. (b) <i>Combination No. VII</i> thrice a day. <i>Cascara Sagrada Q.</i> 4 to 6 drops in half a cup of water, one teaspoon every three hours for two days. |
|--|---|

4. Refer the patient to the Subcentre if the patient is vomiting and has severe pain in the abdomen accompanied by fever.

17.6.12 Earache

Earache may be accompanied by running of the nose, sore throat, discharge from the ear, dizziness, disturbances of hearing, or fever.

Proceed as follows:

1. Treatment:

| | |
|--|--|
| <p><i>Earache:</i></p> <ul style="list-style-type: none"> (i) With fever (ii) With catarrh, sore throat, but without fever | <p><i>Belladonna 30</i> and <i>Merc Sol 30</i> every hour; if severe pain then half hourly.</p> <p><i>Merc Sol 30</i> and <i>Combination No. VIII</i> tablets alternately every two hours.</p> |
|--|--|

2. Refer the patient to the Subcentre:
 - (i) If the pain does not subside within 24 hours
 - (ii) If there is a foreign body in the ear
 - (iii) If the patient has dizziness or disturbances of hearing
 - (iv) If the fever does not subside and pain is more severe.

17.6.13 Sore eyes

Treat the patient as follows:

1. Clean the eyes with boiled, cooled water and cotton wool. Use separate cotton wool for each eye. Clean the eye from the inner to the outer end.
2. Drop *Euphrasia eye drops* inside the lower eyelid. Repeat three times a day. Or use eye drops as in Chapter 11, Section 11.1.11.
3. Give *Belladonna 30* and *Euphrasia 30* alternately every two hours.
4. Keep the patient away from bright lights and dust.
5. Refer the patient to the Subcentre:
 - (i) If there is an eye injury or a foreign body in the eye
 - (ii) If there is no improvement within 24 hours after the treatment
 - (iii) If the child with sore eyes has measles.

17.6.14 Toothache

Toothache may be accompanied by fever, swelling and redness of the gums, or by decay of the tooth.

Proceed as follows:

1. Add two drops of *Kreosote Q* in half a cup of water. Use this solution as a gargle. Repeat as necessary.
2. With cotton wool on a match stick apply *Kreosote Q* on the decayed tooth. Repeat as necessary.
3. Treatment:

Toothache

| | |
|---|--|
| (i) Without fever | <i>Staphysagria 200</i> and <i>Combination No. IX</i> alternately every two hours. |
| (ii) With fever and swelling of the gums or if painful to touch | <i>Belladonna 30</i> and <i>Merc Sol 30</i> alternately every two hours. |

4. Refer the patient to the Subcentre:
 - (i) If the pain does not subside within two days
 - (ii) If the swelling increases or the fever does not subside.
 - (iii) For further treatment in cases of a decayed tooth, or swelling and redness of the gums.

17.6.15 Boils and Abscesses

These are skin infections seen most frequently in children who are not kept clean. If neglected, a boil develops into an abscess which contains pus. This has to be removed.

1. Treatment:

| | |
|---|--|
| (i) In early stages of boils | <i>Belladonna 30</i> and <i>Merc Sol 30</i> alternately every two hours. |
| (ii) Very painful to touch | <i>Arnica 200</i> and <i>Combination No. XIII</i> tablets alternately every two hours. |
| (iii) If the abscess is formed and is painful | <i>Hepar Sulph 30</i> every two hours. |

2. Refer the patient:

- (i) If there are red streaks running beyond the area of the boil and the part becomes painful to touch
- (ii) If the abscess is formed
- (iii) If there is no relief after two days of treatment.

17.6.16 Ulcers

Proceed as follows:

1. Clean the ulcer with boiled, cooled water and cotton wool.
2. Dry it with clean cotton wool.
3. Apply *Calendula ointment*.
4. Apply a clean dressing and keep in place with a bandage or adhesive plaster.
5. Give *Merc Sol 30* and *Combination No. X tablets* alternately every two hours.
6. If there is no relief, change the dressing as necessary, and give *Hepar Sulph 30* and *Combination No. X tablets* every two hours for one week.
7. Refer the patient to the Subcentre:
 - (i) If there is fever
 - (ii) If the patient has several ulcers and gets tired easily or eats and drinks water excessively.

17.6.17 Scabies

Proceed as follows:

1. Ask the patient to bathe the part with soap and water.
2. Clean the part with cotton wool.
3. Apply *Calendula ointment*. Repeat twice daily. (See also Chapter 11, Section 11.1.13 No. 1).
4. Ask the patient to put on clean clothes and change the clothes daily.
5. Ask the patient to boil the clothes and the bedding with soap or washing soda. Dry them in the sun.
6. Give *Merc Sol 6* and *Combination No. XI tablets* alternately every four hours for seven days.
7. Refer the patient to the Subcentre if there is no improvement.

17.6.18 Ringworm

Proceed as follows:

1. Bathe with water and soap.
2. Dry with cotton swabs.
3. Apply *Calendula ointment*. Repeat as necessary.
4. Give *Sepia 6* and *Combination No. XI tablets* alternately every three hours for seven days.
5. Refer the patient to the Subcentre if there is no improvement.

17.6.19 Burns and Scalds

Proceed as follows:

1. Cases where skin is intact or only partially destroyed
 - (i) Wash with running water.
 - (ii) Apply *Cantharis ointment*.
 - (iii) Dress with gauze. Keep the gauze in position with a loose bandage and adhesive tape.
 - (iv) Make the patient drink plenty of fluids.
 - (v) Give *Cantharis 30* and *Urtica Urens 3X* alternately every hour.
2. Cases where skin is completely destroyed

The burnt area looks raw, there is severe pain and the patient may go into shock. In such cases treat as follows:

- (i) Cover the affected area with a clean sheet or piece of cloth.
- (ii) Make the patient drink plenty of fluid.

- (iii) Give *Cantharis 30*, *Urtica Urens 3X* alternately every 10 minutes. Rush the patient to the Primary Health Centre.

17.6.20 Wounds

A wound may be a simple grazed skin, a skin cut by a knife or other sharp cutting instrument, a torn skin, or a punctured skin.

Proceed as follows:

1. Simple grazed wound: Wash the wound with clean water and cotton wool and dry with cotton wool. Apply *Calendula ointment*, dress the wound and bandage. Give *Calendula 30* and *Arnica 200* alternately every two hours for two days.

2. Cuts:

(a) If the cut is small

- (i) Stop the bleeding by using direct pressure.
- (ii) Wash the wound with water, then dry it with cotton wool.
- (iii) Apply *Calendula ointment*.
- (iv) Dress the wound and bandage it.
- (v) Give *Arnica 200* every two hours for two days.
- (vi) Dress the wound daily as necessary.

(b) If the cut is big

- (i) Stop the bleeding by direct pressure. If bleeding still continues, apply a tourniquet.
- (ii) Give *Arnica 200* every 5 minutes.
- (iii) Rush to the hospital.

3. Torn skin:

(a) If the skin is torn

- (i) Remove as much dirt or foreign matter as possible.
- (ii) Wash the wound with soap and water.
- (iii) Dry with cotton wool.
- (iv) Apply *Calendula ointment*.
- (v) Dress the wound with a clean bandage.
- (vi) Give *Arnica 200* every half an hour.

(b) If the wound is gaping

- (i) Bring the edges together by using strips of adhesive tape.
- (ii) Give *Arnica 200* and *Calendula 30* alternately every 20 minutes.
- (iii) Rush the patient to the Primary Health Centre.

4. Punctured wound:

(a) If the wound is small

- (i) Stop the bleeding by direct pressure.
- (ii) Wash the wound with water.
- (iii) Dress with *Calendula ointment*.
- (iv) Give *Arnica 200* and *Ledum 30* alternately every 15 minutes.

(b) If the wound is big and is bleeding profusely or the wound is in the abdomen or chest and is deep

- (i) Stop the bleeding by direct pressure or by applying a tourniquet.
- (ii) Give *Arnica 200* every 10 minutes.
- (iii) Rush the patient to the Primary Health Centre.

17.6.21 Sprains

Proceed as follows:

1. Give rest and support to the injured joint.

2. Apply a cold compress.
3. Apply *Arnica mother tincture*.
4. Bandage the joint firmly.
5. Give *Rhustox 30* and *Arnica 200* alternately every two hours.
6. Rush the patient to the Primary Health Centre.

All cases of fractures and dislocations should immediately be referred to the Primary Health Centre (refer to Chapter 10).

17.6.22 Dog bite

Proceed as follows:

1. Clean the wound with soap and water.
2. Apply *Calendula Ointment*.
3. Dress the wound and apply a clean bandage.
4. Give *Ledum 6* and *Hydrophobinum 30* alternately every two hours.
5. Refer to the Primary Health Centre.

17.6.23 Scorpion sting and Insect sting

Proceed as follows:

1. Apply a cold compress.
2. Apply *Echinacea ointment* locally.
3. Give *Apis Mel 6* and *Ledum 6* alternately every two hours.
4. Refer the patient to the Health Worker or the Primary Health Centre:
 - (i) If the pain does not subside
 - (ii) If the patient is in shock
 - (iii) For further treatment.

17.6.24 Snake bite

Treat the patient as mentioned in Chapter 10, Section 10.1.4.

17.6.25 Lice

Proceed as follows:

1. Wash the hair with soap and warm water daily.
2. Give *Carbolic Acid 6* and *Psorinum 30* alternately every 4 hours for 7 days.
3. Repeat the treatment as necessary.

Note: See Appendix 17.1: Homoeopathic Medicines and Appendix 17.2: Guide for the Use and Administration of Homoeopathic Drugs for External Use.

APPENDIX 17.1

Homoeopathic Medicines to be Carried by Community Health Worker

For internal use:

| S.No. | Drugs | Potency | S.No. | Drugs | Potency |
|-------|------------------|---------|-------|-----------------|---------|
| 1. | Aconite | 6 | 18. | Hepar sulph | 30 |
| 2. | Apis mel | 6 | 19. | Hydrophobinum | 30 |
| 3. | Arnica | 200 | 20. | Ipecac | 30 |
| 4. | Arsenic album | 6, 30 | 21. | Ledum | 6, 30 |
| 5. | Baptisia | 3x | 22. | Melilotus | 30 |
| 6. | Belladonna | 6, 30 | 23. | Merc bin iodide | 6, 30 |
| 7. | Bryonia alba | 30 | 24. | Merc sol | 6, 30 |
| 8. | Calendula | 30 | 25. | Nux vom | 30 |
| 9. | Cantharis | 30 | 26. | Podophyllum | 30 |
| 10. | Carbolic acid | 6 | 27. | Psorinum | 30 |
| 11. | Carbo veg | 30 | 28. | Pulsatilla | 30 |
| 12. | Cascara sagrada | C | 29. | Rhus tox | 30 |
| 13. | Chamomilla | 30 | 30. | Staphisagria | 250 |
| 14. | China | 6 | 31. | Sepia | 6 |
| 15. | Colocynth | 30 | 32. | Sulphur | 30 |
| 16. | Cynodon dactylon | 6x | 33. | Urtica urens | 3x |
| 17. | Euphrasia | 30 | | | |

Tissue remedies-combination tablets

S.No. Tablets

- I. Ferrum Phos 3x, Kali Mur 3x, Kali Sulph 3x, Nat Sulph 3x, Nat Mur 6x.
- II. Ferrum Phos 3x, Kali Phos 3x, Mag Phos 3x, Nat Mur 6x.
- III. Ferrum Phos 3x, Mag Phos 3x, Kali Sulph 3x, Nat Sulph 3x.
- IV. Cal Phos 3x, Ferrum Phos 3x, Kali Phos 3x, Kali Mur 3x, Mag Phos 3x.
- V. Ferrum Phos 3x, Mag Phos 3x, Cal Phos 3x, Nat Sulph 3x.
- VI. Cal Phos 3x, Ferrum Phos 3x.
- VII. Cal fluor 3x, Kali Mur 3x, Silicea 6x, Nat Mur 6x.
- VIII. Kali Mur 6x, Mag Phos 3x, Ferrum Phos 3x.
- IX. Ferrum Phos 3x, Mag Phos 3x, Cal Phos 6x.
- X. Cal Phos 6x, Cal Sulph 3x, Kali Sulph 3x, Nat Mur 6x, Nat Sulph 3x.
- XI. Cal flour 6x, Cal Sulph 3x, Kali Sulph 3x, Nat Mur 6x, Nat Sulph 3x.
- XII. Mag Phos 3x, Kali Mur 3x, Nat Phos 3x.
- XIII. Silicea 3x, Cal. Sulph 3x, Ferrum Phos 3x.

For external use:

| S.No. | Drugs | Use |
|-------|-----------|-----------|
| 1. | Arnica | external |
| 2. | Calendula | ointment |
| 3. | Cantharis | ointment |
| 4. | Echinacea | external |
| 5. | Euphrasia | eye drops |
| 6. | Kreosote | external |

APPENDIX 3

USE OF HOMOEOPATHIC MEDICINES FOR THE TREATMENT OF
MINOR AILMENTS

3.1 INTRODUCTION TO HOMOEOPATHY

Homoeopathy is a methodology of therapeutics first propounded by Samuel Hahnemann in 1796. It is based on the principle of similars, namely that diseases are curable by those drugs which produce effects on the body similar to the symptoms of the disease (*similia similibus curantur*—let likes cure likes). A similar thought has been expressed in the ancient text of India as विषम विषमोपशम (विषमोपशम)

Homoeopathy is a safe, scientific method of restoring and maintaining health and is effective in many acute and chronic disorders of the body or mind which may or may not respond to other measures.

The discipline of homoeopathy is based on the following premises :

1. Normal health depends on the ability of the body to maintain homeostasis or balance of the various biochemical factors regulating the body functions.
2. Recovery from illness is dependent on the inherent vital force of the body, *i.e.* the basic pattern of health.
3. Most disorders or diseases of the human body produce symptoms which are emotional, mental and/or physical in nature.
4. A substance which is capable of evoking certain symptoms when administered to an *apparently healthy* human being under controlled conditions may become a potentially effective therapeutic agent when it is prepared according to the homoeopathic pharmacopeial techniques of bringing out the potency of the drug, and if it is administered according to the principles of similars.
5. A single drug should be prescribed if possible and administered in the minimum effective dose.

In homoeopathic treatment, small doses of natural remedies are used to stimulate the body's own defence mechanisms and curative processes. Sickness is not considered as a local condition but as a process involving the whole individual—*i.e.* his psychological as well as physical make up. The patient is, therefore, treated on a total (or holistic) basis and the treatment is based on the individual patient and is not directed at a particular diagnosis or disease.

In dosage the quality or potency selected is of significance and not the quantity of the remedy. Normally four to five pills of medicated globules of the homoeopathic medicine is the adult dose while for children and infants the dose is one or two pills. The medicine may be placed directly on the tongue or it may be dissolved in a little water. Homoeopathic medicated globules are dispensed in a lactose base in packets of individual doses which are to be taken *direct orally, untouched by hand*. Biochemic tablets can, however, be touched by hand. Homoeopathic medicines have no expiry date for their effectiveness but they should be kept away from sunlight, heat, and strong scents and other odours.

During treatment with homoeopathic medicines, patients should avoid taking onion, garlic, stimulants, or alcohol. Coffee and tea should also be avoided but, if necessary, they may be taken one hour before or after the medication. Homoeopathic medicines should not be taken simultaneously with drugs of other systems of medicine. However, if a patient has been receiving homoeopathic treatment but has not shown any signs of improvement, the treatment should be stopped and there is no contraindication to changing over to another system of medicine.

Homoeopathic medicines have no side-effects or toxic untoward reactions. Occasionally aggravation of the symptoms may develop which will, however, disappear if further medication is stopped. Whenever in doubt consult a qualified homoeopathic physician.

3.2 LIST OF HOMOEOPATHIC MEDICINES TO BE CARRIED BY THE HEALTH WORKERS (MALE AND FEMALE)

| <i>Sr. No.</i> | <i>Name of drug</i> | <i>Potency</i> |
|---|---------------------|----------------|
| A. <i>Medicines for internal use only</i> | | |
| 1. | Aconite | 6X |
| 2. | Antim. tart | 6X |
| 3. | Apis mel | 3X; 6X |
| 4. | Arnica | 30; 200 |
| 5. | Arsenic album | 30 |
| 6. | Baptisia | 3X |
| 7. | Belladonna | 6; 30; 200 |
| 8. | Bryonia | 3X; 30; 200 |
| 9. | Calendula off. | 30 |
| 10. | Camphor | 30 |
| 11. | Cannabis sativa | 30 |
| 12. | Cantharis | 30 |
| 13. | Carduus marianus | 3X |
| 14. | China | 6X |
| 15. | Colocynth | 30 |
| 16. | Crotalus horridus | 30 |
| 17. | Croton tig. | 30 |
| 18. | Cynodon dac. | 6X |
| 19. | Echinacea ang. | 30 |
| 20. | Euphrasia | 30 |
| 21. | Graphites | 6X |
| 22. | Hepar sulph. | 30 |
| 23. | Hydrastis | Q |
| 24. | Hydrophobinum | 30 |
| 25. | Hypericum | 200 |
| 26. | Ipecacuanha | 30 |
| 27. | Kali carb. | 30 |
| 28. | Ledum | 30 |
| 29. | Melilotus | 30 |
| 30. | Merc-bin-iodide | 6; 30 |
| 31. | Merc. sol. | 30; 200 |
| 32. | Nux vomica | 30 |
| 33. | Phosphorus | 200 |
| 34. | Podophyllum | 30 |
| 35. | Pulsatilla | 30 |
| 36. | Rhus. Tox. | 30; 200 |
| 37. | Ruta | 30 |
| 38. | Sepia | 6X |
| 39. | Sulphur | 6X; 30 |
| 40. | Symphytum | 30; 200 |
| 41. | Ustilago | 6X |
| 42. | Veratrum alb. | 30 |
| 43. | Vipera | 30 |

B. *Medicines for external use only* (Q indicates 'Mother Tincture')

1. Calendula ointment
2. Cantharis Q
3. Urtica urens Q
4. Euphrasia eye drops

C. *Bio-chemic Medicines* (for internal use)

| | | |
|-----|-----------------|--------------|
| 1. | Calcarea fluor. | 12X |
| 2. | Calcarea phos. | 3X; 12X |
| 3. | Calcarea sulph. | 12X |
| 4. | Ferrum phos. | 1X; 12X |
| 5. | Kali mur. | 6X; 12X |
| 6. | Kali phos. | 12X; 30X |
| 7. | Kali sulph. | 12X |
| 8. | Mag. phos. | 12X |
| 9. | Nat. mur. | 12X |
| 10. | Nat. phos. | 6X; 12X |
| 11. | Nat. sulph. | 6X; 12X; 30X |
| 12. | Silicea | 12X |

3.3 GUIDE FOR THE USE AND ADMINISTRATION OF HOMOEOPATHIC MEDICINES

| Sr. No. | Condition | Name of medicine with potency | Dose | Duration | Remarks |
|---|-----------|--|--|--------------------------|---------|
| 1. CONDITIONS AFFECTING THE SKIN | | | | | |
| 1.1 | ITCHING : | a. Sulphur 6 | 4 pills one dose daily in the morning | 7 days or until improved | |
| | | b. Natrum mur. 12X Kali sulph. 12X Calc. phos. 12X | 1 tablet of each four times during the day | —do— | |
| | | If the above medicines do not help then give : | | | |
| | | c. Graphites 6 | 4 pills one dose daily in the morning | 7 days or until improved | |
| | | d. Calc. phos. 12X Nat. sulph. 12X Kali mur. 12X | 1 tablet of each 4 times during the day | —do— | |

1.2 SKIN RASHES :

| | | | | |
|-------------------------------------|--|--|---------|--|
| —Skin rashes, hives and nettle rash | a. Apis mel 3X | 4 pills | | |
| | b. Kali sulph. 12X Nat. sulph. 12X Silicea 12X Nat. phos. 12X Ferrum phos. 12X | 1 tablet of each every 2 hours | 15 days | |
| —Ringworm | a. Sepia 6 | 4 pills once in the morning | 15 days | |
| | b. Kali. sulph. 12X Nat. sulph. 12X Nat. mur. 12X | 1 tablet of each four times during the day | 15 days | |

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India

| Sr. No. | Condition | Name of medicine with potency | Dose | Duration | Remarks | |
|---------|--|--|---|---------------------------------|---|---|
| | —For other rashes | a. Belladonna 30 | 4 pills | alternate | 15 days | |
| | | b. Calc. sulph. 12X Kali sulph. 12X Nat. mur. 12X Silicea 12X | 1 tablet of each | a & b every 2 hours | | |
| 1.3 | SKIN SWELLING : (Boil, Abscess, etc.) | a. Belladonna 200 | 4 pills | alternate | 2 days | |
| | | b. Merc. Sol. 200 | 4 pills | a & b every 2 hours | | |
| | | If the above medicines do not help then : | | | | |
| | | c. Calc. sulph. 12X Ferrum phos. 12X Kali mur. 12X Kali sulph. 12X Silicea 12X | 1 tablet of each every 2 hours | | 7 days | |
| 1.4 | ULCERS : | a. Hepar Sulph. 30 | 4 pills | alternate a and b every 2 hours | 4-5 days | For external application : Calendula ointment. |
| | | b. Silicea 12X Calc. fluor. 12X Ferrum phos. 12X Calc. phos. 12X Nat. sulph. 12X | 1 tablet of each | | | |
| 1.5 | ABRASIONS AND WOUNDS : | a. Arnica 30 | 4 pills | Alternate a and b every 2 hours | 4-5 days | For external application : Calendula ointment. |
| | | b. Calendula 30 | 4 pills | | | |
| 1.6 | BURNS AND SCALDS : | | | | | |
| | —If slight without vesication | Urtica urens Q | (One part to 4 parts of water) to be applied as lotion and the rags kept wet with it without being removed. | | | |
| | —If there is vesication (i.e. blister formation) | Cantharis Q | (One part to ten parts of water) to be applied externally | | Till burning is relieved and later every 4 hours for 2-3 days | |
| | | and Cantharis 30 | 4 pills to be taken every 2 hours | | | |
| 1.7 | DOG BITE : | Along with the general measures : | | | | |
| | | a. Hydrophobinum 30 | 4 pills three times daily | One week | If the dog is found to be rabid, these | |

| <i>Sr. No.</i> | <i>Condition</i> | <i>Name of medicine with potency</i> | <i>Dose</i> | <i>Duration</i> | <i>Remarks</i> |
|----------------|------------------|--------------------------------------|---------------------|---|--|
| | | b. Belladonna 30 | 4 pills twice daily | Six months at least | patients should be referred to the hospital immediately. |
| 1.8 | SCORPION STING : | a. Echinacea ang. 3X | 4 pills | alter- nate a and b | 2-3 days |
| | | b. Ledum 3X | 4 pills | ½ to 1 hourly; when better, every 2 to 4 hours | |

2. CONDITIONS AFFECTING THE MUSCLES AND JOINTS

2.1 PAIN IN JOINTS :

| | | | | | |
|---|--------------------|--------------------|---------|---|---|
| —If pain is aggravated by movement | a. Bryonia 30 | } 1 tablet of each | 4 pills | alter- nate a and b every 2 hours | Till relief is obtained or for 7 to 10 days |
| | b. Nat. phos. 12X | | | | |
| | Calcarea phos. 12X | | | | |
| | Ferrum phos. 12X | | | | |
| | Nat. sulph. 12X | | | | |
| Silicea 12X | | | | | |
| —If pain during movement is relieved or reduced | c. Rhus. Tox. 30 | } 1 tablet of each | 4 pills | alter- nate c and d every 2 hours | Till relief is obtained or for 7 to 10 days |
| | d. Calc. phos. 12X | | | | |
| | Ferrum phos. 12X | | | | |
| | Nat. sulph. 12X | | | | |
| | Silicea 12X | | | | |

| | | | | | |
|-------------------------|---------------------|---------------------|---------|---|---|
| 2.2 SWELLING OF JOINTS: | a. Calc. fluor. 12X | } 3 tablets of each | 4 pills | alter- nate a and b every 2 hours | Till relief is obtained or for 7 to 10 days |
| | Nat. sulph. 12X | | | | |
| | b. Bryonia 3X | | | | |

2.3 BACKACHE :

| | | | | | |
|--|---------------------|--------------------|---------|---|---|
| —If patient feels relief with movement | a. Rhus. Tox. 200 | } 1 tablet of each | 4 pills | alter- nate a and b every 2 hours | Till relief is obtained or for 7 to 10 days |
| | b. Nat. sulph. 6X | | | | |
| | Nat. phos. 6X | | | | |
| | Calc. fluor. 6X | | | | |
| —If pain is aggravated by movement | c. Bryonia 200 | } 1 tablet of each | 4 pills | alter- nate c and d every 2 hours | Till relief is obtained or for 7 to 10 days |
| | d. Ferrum phos. 12X | | | | |
| | Kali mur. 12X | | | | |
| | Calc. sulph. 12X | | | | |

| <i>Sr. No.</i> | <i>Condition</i> | <i>Name of medicine with potency</i> | <i>Dose</i> | <i>Duration</i> | <i>Remarks</i> |
|--|----------------------------|---|--------------------------------|------------------------------------|---|
| 2.4 | SPRAINS AND DISLOCATIONS : | a. Arnica 30 | 4 pills | alter-nate a and b every two hours | Till relief is obtained |
| | | b. Rhus. Tox. 30 | 4 pills | | |
| 2.5 | FRACTURES : | a. Symphytum 30 | 4 pills | morning and bed-time | Till union of the bones occurs |
| | | b. Calc. phos. 12X | 2 tablets | three times during the day | |
| 3. CONDITIONS AFFECTING THE RESPIRATORY SYSTEM | | | | | |
| 3.1 | SORE THROAT | a. Belladonna 6 | 4 pills | alter-nate a and b every 2 hours | Till relief is obtained or for three days |
| | | b. Merc-bin-iodide 6 | 4 pills | | |
| 3.2 | —If dry cough | a. Belladonna 200 | 4 pills | alter-nate a and b every 2 hours | 5-6 days |
| | | b. Merc. sol. 200 | 4 pills | alter-nate c and d every 2 hours | |
| | —If loose cough | c. Arsenic alb. 30 | 4 pills | alter-nate c and d every 2 hours | 5-6 days |
| | | d. Ipecac. 30 | 4 pills | | |
| 3.3 | PAIN IN CHEST : | a. Bryonia 30 | 4 pills | alter-nate a and b every 2 hours | For 24 hours |
| | | b. Calc. phos. 12X } Calc. sulph. 12X } | 3 tablets of each | every 2 hours | |
| | | If no improvement is noted within 24 hours then : | | | |
| | | c. Kali Carb. 30 | 4 pills | every 2 hours | Till relief is obtained or for 3-4 days |
| 3.4 | CHEST INJURIES : | a. Arnica 200 | 4 pills to be taken every hour | | The patient should be moved to the hospital as early as possible. |

DRA - 11

MAVELIL HOMOEOPATHIC MISSION JOURNAL
PUBLISHED MONTHLY

JUNE 1983

HOMOEOPATHY is the only rational system of medicine based on natural laws; and it takes note of the patient as a whole and effects cure of diseases in rapid, gentle and perfect manner.

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Mavelil Homoeo Mission Journal

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No. 7

Respiratory illness in adults

FRANK JOHNSON, M.B., B.S., M.F.-HOM.

My practice is in the north-east of England, adjacent to the river Tyne, four miles west of Newcastle. A bad area for bronchitis. The remedies I want to present to you are those I have found most useful in my practice.

ACUTE BRONCHITIS

My most frequently used remedy is Gelsemium. Last winter I saw an influenza-like syndrome accompanied by dry unproductive cough with aching chest muscles. The main indication for a Gelsemium was not the type of cough but the picture of prostration which the patient presented. He lay in bed, quite flat, head raised, and too weary to move. He complained of inability to keep warm.

The indications for Gelsemium matched the clinical picture I saw.

- 1 Muscular weakness
- 2 Apathetic
- 3 Dull generalized headache
- 4 Flushed, hot skin
- 5 Worse for cold and damp.

My next remedy in order of frequency is Hepar sulph. note one repertory states that an indication for this remedy is found in blonde females with weak muscles. There's proving for you! Search as I may I was unable to find this type of bronchitic patient, so I will return to my more mundane experiences. Indications for Hepar:

- 1 Irritable
- 2 They sweat more than Gelsemium cases
- 3 Dry, hoarse, thick croupy cough aggravated by cold, even smelling cold air
- 4 Dry air will bring on a paroxysm of coughing which will make the patient choke
- 5 Often relieved by damp air.

The above two remedies are given in 10M potency, four-hourly to a dose of six.

My next remedy is Bryonia. These patients have a dry cough resembling tracheitis rather than bronchitis. It is a painful cough. Quite unlike Hepar, these patients cough worse in a warm atmosphere. The great symptom here is pain. Pain which is worse for any movement, even slight inspiration. You rarely find them lying in bed like the Gelsemium who is too weary to move. They sit up in bed and stay put, too pained to move. They are at greater risk for obvious reasons. They are often irritable. Pain is the give-away symptom. I use a potency of 10M two-hourly, reducing as pain is reduced. I have given it more frequently.

CHRONIC BRONCHITIS

I see plenty of these cases at all stages, with emphysema, without it, and with ultimate Cor pulmonale. In all stages I find them extremely difficult to treat. I try to find the constitutional remedy which is of help. We are all aware that these cases present with minor changes in their symptomatology as the disease progresses. So often the mentals change. I endeavour to change my remedy to this changing pattern. You will appreciate one cannot enumerate the range of remedies used. I do however give all my chronic bronchitics Natrum sulph. when I first see them, with some success. This remedy in addition to their constitutional remedy I have found the best combination in these most distressing cases.

The Natrum sulph. chest is always dyspnoeic and worse in north-east winters which are invariably damp.

(To be continued)

Calories fat and cholesterol

Arthur B. Green

Needham, Massachusetts

(Continued from last issue)

It is modern man who demands meat from over-fattened animals, so farmers seeking top prices, cause docility, laziness and rapid weight gains in males by castration, and add synthetic hormones to fodder. The resulting weight is not healthy, but the steaks are tender.

9. Over-refined foods highly processed are huckstered to home-makers everywhere today, ranging from prepared cereals to gourmet dessert, 70% of which were not even known less than 20 years ago. What is the result? Heart disease? Yes, heart disease. But not from natural fats.
10. Take a good look at "Bossy". She is a Jersey. She weighs 1,000 pounds. Every day she eats 40 pounds of food. Her food contains less than 1 pound of fat. Yet she produces 80 pounds of milk each day which analyze 5% fat, or 4 pounds. She produces 3 pounds more fat than she consumes. Obviously she metabolizea this 3 pounds of fat.

This summarises the remarks of E. R. Kuck, Administrative Director of Brookside Research Laboratories, Inc., New Knoxville, Ohio. The garrison of the medical citadel, if it would cling to calories, fat and cholesterol for an explanation of heart disease, could find small comfort in them.

Modern Medicine's Responsibility

According to E. R. Kuck, what serves the commercial exploitation of dead skim milk-the whipped-up scare over calories, fat and cholesterol - is modern medicine's escape from responsibility for a fast-rising incidence of heart disease.

(To be continued)

Reflections

A. C. GORDON ROSS, M.B., CH.B., M.F.HOM.

(Continued from last issue)

It is now long past midnight and the old man must make tracks for bed with the thoughts of Plato ringing in his ears. It is his pious hope that the drug proving committee will look at the drugs proved from every aspect, and perhaps learn something from the thinkers of the past. Hahnemann cleared the paths, but time and the Establishment have put many obstacles in the way of truth.

This paper is in no way a criticism of the various drug proving committees— it is more a plea for more information about their provings to be set out in handy form. For instance, the writer would like to see a comparison of Alloxan, Uranium nitrate and Syzygium Jambolanum in the treatment of diabetes mellitus. His personal reference would be for the jambol seeds, but he would like the drug provers to look into the plant-potentized metals as developed by the Weleda Company. This consists of treating certain plants with metal during their growth. The plants are then made into compost, and used to enrich the soil in which further plants are grown. The final plant is then treated and the remedy extracted from it without any further potentization. Examples of preparations are Aurum per Hypericum, Cuprum per Chamomilla, and Stannum per Taraxacum, to name but a few.

Here we would seem, in theory at least, to be getting the best of both worlds, the metals having greater dynamic action. Have the provers looked into this idea?

In our famous golf course, the R & A are worried about the poor condition of the turf for the open championship next year, due to overplay and two poor seasons of growth due to the searing winds.

(To be continued)

CASES TREATED BY THE STUDENTS OF
MAVELIL HOMOEOPATHIC MISSION

Mrs. Savita Srivastava. M.Sc., L.L.B., Lecturer in Chemistry, women's College, Ranchi, Ref. No. 197367 wrote: "Received your letter dated 2-6-83 stating that I have secured 70% marks in the Final Examination.



I sincerely thank you and other members of the staff for my success. Your system of correspondence course is unique. All the lessons are explicit, simple and lucid. The prompt service rendered by your mission is really praise-worthy. I am very much impressed by the way they did corrections to all my answers to M.H.M. test papers. Your

Mrs. Savita Srivastava.

M.H.M. Journal provides useful and instructive material. I want to become a life-time member of your M.H.M. magazine and will send subscription of Rs. 150/- very soon. I have suggested this course to my friends and relations; many of them will join your course soon. I wish the Mission success and all the best in future. I have been keeping the record of cases treated by me. An extract of 12 cases is enclosed herewith. I would like to know your comments and suggestions regarding these cases.

Case No. 1. Two years back, I fell down from scooter and since then I had complaint of severe muscular pain in back and shoulders 2 or 3 times a month. I had tried many allopathic medicines, antibiotics, even injections. All of them gave only temporary relief. In September last, when the pain started, I took Nux Vomica 30, one dose to counteract the effects of allopathic drugs. Then I took Arnica 30, 3 doses

the same day. The pain became less and after third dose it had completely gone. I continued the medicine for two more days. After that I took Arnica 200 one dose. I am glad to inform you that seven months have passed and till now I have no complaint of that horrible pain.

Case No 2. Babu, age 5 years, was brought to me. He was dwarfish in appearance and seemed not more than 2-3 years of age. His mother stated that he was very susceptible to cold and always had swollen tonsils. He was very quiet and did not like to play with other children. He was timid and easily frightened. He was very slow in learning anything. He was a student of standard I, but had aversion towards studies. His mother was anxious because of his behaviour towards guests. Whenever any stranger arrived, he used to hide himself from them and was frightened. I gave Baryta Carb 6, 3 times a day for a week. It was observed that his swellings of tonsils and abdomen were reduced to a great extent. I asked his mother to continue the medicine. After one month's treatment, we were surprised to learn that he started taking interest in things around him. He also started playing with strangers. His mother is grateful for taking homoeopathic treatment.

Case. No. 3. My husband Mr. Srivastava age 34 yrs. was suffering from typhoid fever in November last year. He had pain and restlessness to such an extent that he was not even able to sleep. The temp. was high 102 - 104°F. He got some alleviation after taking pain-killers but the same complaints continued when their effect was gone. He was given chloromycetin capsules for 3-4 days but temperature was not coming down, I gave him Camphor 200 one dose to counteract the allopathic drugs. Then I started giving Kali Phos 3x, 4 tablets every two hours. After 2 doses his temp. came down to 100°. After the 6th dose, it became 99°, and he had sound sleep. In the morning his temperature was normal and he was feeling much better. I continued the medicine for two more days at an interval of six hours and he was completely cured.

Dr. (Mrs-) Pramila Chatterjee, M.B.,B.S., 218 Medium Regiment. C/o. 56 APO, Ref. No. 196210 wrote on 23rd April 1983, I received the good news that I passed my Final Examination with 70% marks. I am very grateful to the mission, especially



to Mr. M. T. George, for the prompt and excellent guidance, I received throughout my studies. I was motivated to learn Homoeopathy during my stay in Trivandrum, 7 years ago, when my daughter was treated for acute asthmatic Bronchitis by Homoeopathic doctor there. I am a doctor and am married to an Army Officer. I look after the welfare centre and I deal with Jawan's wives

Dr. (Mrs) Pramila Chatterjee, and their children. I combine Allopathy and Homoeopathy in my daily practice and have achieved the most satisfying results. This added knowledge has made me very popular with the families and they have developed so much faith in me that they come to me even with complicated cases. I have already told my friends about this course and two of my friends, one a doctor and the other a beautician, have already applied to you, for enrolment. Once again I thank this Mission for giving me this wonderful knowledge. I am enclosing reports of 14 cases successfully treated by me for your scrutiny and approval.

Case No. 1. A Jawan's wife 26 years old had a daughter 6 years old. After her first confinement she had 2 miscarriages at 3 months and 6 months and 2 still born. She came to me 7 months pregnant. She did not know the cause of all these mishaps. On examination I found her extremely anaemic with a pale waxy appearance. She felt very weak and complained of nausea and giddiness. She had 1st degree prolapse of uterus and white discharge which was thin and watery. I realised all her complaints were due to her very anaemic con-

dition. Her only worry was that she should be able to give birth to a live child. There was no history of Syphilis. The following treatment was given:-

1. Calcar Phos 3 x - 2 tabs 3 times a day for 2 weeks. Followed by 2. Ferrum Phos 12x - 2 tabs 3 times a day for 2 weeks. This was continued alternatively. In between I gave her Kali Mur 30. This treatment was given throughout her pregnancy with intervals of 1 week in between 3. To ensure live birth-2 months before delivery I asked her to take Cimicifuga 1 drop in 2 tsf of water as a daily dose till the time of her delivery. In between she was hospitalised for bleeding; but she recovered and was sent home. After that she had a full term live child (Female) without any complication. Thanks to God and homœopathy - the mother and baby are absolutely fine.

Case No. 2. Mrs. Pushpa Devi (w/o. NK Virendra Singh), A lady aged 45 years-

1. Intermittent fever with shivering, extreme weakness and prostration. She had Menorrhagia, leucorrhœa. Pain in abdomen. Her main complaint was thirstlessness and stinging burning pain in the uretra during Micturition, which was relieved by cold water. She was sad and tearful, she complained of severe prostration and fainting attacks; she was anæmic and there was pallor on her face. I gave her Apis-30, just 2 doses; I find these small doses do wonders in my patients- 1 dose on Friday morning and 1 dose on Tuesday morning to be taken on empty stomach. The next week she was smiling and there was no more pain. Her gynaec problems were still there. 2. I gave her Biochemic 15 - Containing Calc phos, Ferr phos, Kali phos, Mag phos and Kali sul 6, 1 tab. four times a day for a week. She had recovered completely and could not thank me enough. I directed her to take 2 more courses of 1 week each before the onset of her menstruation, She's gone home completely satisfied.

For Private Circulation Only.

MABELL HOMEO MISSION

LECTURES

LESSON No. H40

**BARYTA CARB, ACETIC ACID AND
AGNUS CASTUS**

Baryta Carbonica

Pure carbonate of Barium is triturated for use.

Its sphere of action is nutrition. This is one of the leading anti-scorfulous remedies. Children physically and mentally weak find in this a good remedy. Useful in condition of malnutrition in children when there is imperfect development of mind.

Chief characteristics

1. Complaints of dwarfish children; mind and body weak.
2. Paralytic condition.
3. Inclined to glandular swellings.
4. Defective assimilation.
5. Leading anti-scorfulous remedy.

Baryta Carb patients have great mental and bodily weakness, loss of memory, critical and irresolute. Marked weakness, with feeble pulse. He must lie down, worse standing or sitting.

Headache in evening, worse from noise. Vertigo with nausea. Eye sight weak due to age. Cataract, opaque cornea. Difficult hearing. Glands around ears painful and swollen. Frequent nose bleed. Bad odour from mouth. Paralysis of tongue in old people. Teethache with swollen gums before menses. Takes cold easily, with stitches and smarting pain. Suppurating tonsils from every cold. Tonsils inflamed with swollen veins. Repeated inflammation of throat after slightest cold. Swollen and suppuration of tonsils; can swallow fluids only. The head is disproportionately large for the body. Dwarfishness in body and mind. Children are late to come into usefulness of activity, late with their studies, late learning to walk. It compares with Borax and Nat. Mur. in this respect.

Appetite little, but food tastes well. Taste bitter in the mouth, in the morning. Weakness of digestion. Pressure in stomach after eating; hiccough, eructation and water brash relieves the pressure. Abdomen distended. Habitual, colic with hunger, but food is refused. Intense urging of stools with agonising pains. Urine frequent and profuse. Weak sexual power. Enlarged prostate.

Hoarseness and loss of voice. Paralysis of lungs in old people. Difficult expectoration of a yellowish, starchy, saltish mucus in the morning. Palpitation and distress in the region of heart. Offensive sweat on the feet. Swelling of arm, sprained pain in hip joint. Fatty tumours about neck. Burning, prickling here and there.

Want of clear consciousness. It is not the confusion of mind, but is not clear in his intellect. The Baryta Carb child will be seen hiding behind the furniture when strangers come in; will hide as for shame of something or as if afraid. The mother wonders if the child is going to learn something, the teacher reports that the child lacks capacity. But homoeopathic Physician knows that the child can be cured in the clinic. The child will keep the hand up over the face and peep out through the fingers. Bashful, timid, easily frightened, afraid of strangers. The child does not want to play, but sits in a corner. Child grows up without ability to perceive and therefore fails to develop.

Comparative Study.

Baryta Carb is to be compared to Cal. Carb for the constitution of the patient. The complaints of dwarfish children; do not grow, mind and body weak. For loss of memory, it is to be compared to Anacardium. Baryta Carb is suited to old age with mental and physical weakness.

Baryta Carb has symptoms common with Silicea. Both have offensive sweat on feet. The head is disproportionately large for the body. Both are sensitive to cold about the head and suffer from damp changes in weather. But Silicea and Cal. Carb. have profuse sweat on head but not Baryta Carb.

Baryta has a strong affinity of the throat, especially the tonsils, which become greatly inflamed and swollen and suppurate on the least exposure to cold, it is valuable in old quinsy subjects. Occasional doses of this in high potency usually aborts an attack of quinsy. For tonsilitis and adenoids it is a valuable remedy. Cal. Carb., Bell., Hep. Sulph., Merc., Silicea, Cal-phos etc. are some other useful remedies in this respect.

It is useful in dyspepsia of the young, who have masturbated and who suffer from seminal emissions, with heart troubles. Chronic cough of children with enlarged tonsils is often cured by this remedy. It cures fatty tumours especially about back, neck and scalp.

Modalities. Aggravation - morning, while sitting, when thinking of complaints. Better in open air, when standing or moving.

Dose. 30th is usually used. But some prefer higher potencies.

Acetic Acid.

For use, dilutions are prepared with pure water. This remedy is useful in complaints of pale, sickly people. Persons who have been weak for many years, who have inherited phthisis, emaciation, anaemia, weakness, loss of appetite, burning thirst and copious pale urine, find a good remedy in Acetic acid.

It has cured diabetes, with sugar in the urine or without, weakness, pallor and loss of flesh.

It has cured chronic, dry hacking cough in sickly, pale persons who have inherited phthisis with oedema of extremities, diarrhoea, dyspnoea, or night sweats. Profuse bleeding of piles.

Confusion of mind. Does not know her own children. Forgets what has recently happened. Anguish. Constantly borrows trouble. Peevishness, complaining.

Great thirst. Sensitive to stomach, vomiting of blood and food taken. Great pain and distension of abdomen, ameliorated by lying on the abdomen. Sour, frothy expectoration. Haemorrhage after labour.

Dose: 30th and upwards.

Agnus Castus:

The tincture is prepared from bruised berries. It is a shrub found in the south of Europe and on the shores of the Mediterranean. It is found growing on sandy spots, at the foot of rocks.

Chief characteristics.

1. Loss of sexual power.
2. Premature old age.
3. A depressing influence on sexual organs.
4. Sadness with impression of speedy death.

A depressing influence on sexual organs without previous excitement in both male and female, even to complete extinction of the virility, without a corresponding loss of nervous energy.

It should come to mind for sufferers who are broken from sexual excesses and secret vices. A young woman or a young man, who has indulged extensively in secret vices finds after marriage that she or he has no sexual thrill, can be cured by this remedy. Useful in premature old age, which arises in young persons from absence of sexual power. Useful in atonic condition of the sexual power and spermatorrhoea, specially in those who have abused themselves and who have frequently had gonorrhoea, especially for women in whom sexual instinct is entirely absent. Emission of prostatic fluid when straining at stool.

It cures uterine haemorrhage and restores suppressed menses in young women. The vagina is much relaxed, there is often prolapse and there is copious leucorrhoea.

Out of the above causes and conditions come many distressing symptoms. These patients suffer from headache photophobia, nervous symptoms, stomach disorders etc. He presses hard at stool, which often fails and slips back. [Sil. Sanicula and Thuja].

Caladium and Selen. follow well after Agnus in weakness of sexual organs or impotence.

MAVELIL HOMOEOPATHIC MISSION

P. B. No. 1015

Pattom Palace, Trivandrum - 4, (S. India.)

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Most of the diseases in your family can be cured with Homoeopathy and you will be able to save the Doctor's bills. Also it will save your relatives from the toxic effects of costly allopathic medicines and thus avoid unfavourable reactions of them.

We write this letter to give you the last opportunity and maximum concession we can offer. If you are really interested in joining our course at these concession rates, you must send your application fee of Re. 1/- and course fee so as to reach us within ten days after receipt of this reminder. After that this concession will automatically cease.

This is our LAST OFFER. Thank you for letting us to tell you about our Mission. We hope it will not be long before we can write again to bid you welcome to the distinguished membership of our institution.

If you are not interested, kindly give the relevant papers to any of your friends who are interested in the subject. We have spent about Rs. 4/-, for sending prospectus etc. We shall be thankful, if you can send the amount by M. O., Postal order or stamps.

JAI HIND

Yours cordially,

Dr. A. George.

Medical Expert.

Encl: A few pages of the institution's magazine (not complete.)

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A monthly journal published by Mavelil Homoeo Mission devoted to the propagation of Homoeopathy.

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1. Dr. A. George.
2. Dr. A. G. Vallakalil.

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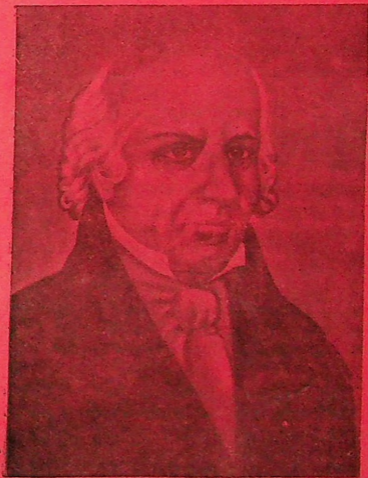
P. B. No. 1015.

PATTOM PALACE, TRIVANDRUM-4,

S. INDIA, Pin 695 004.

(Established in 1948)

PROSPEZUS-1983



Dr. SAMUEL HAHNEMANN
Founder of Homoeopathy

*Some facts about the Course
offered by our mission.*

1. Our Course covers a wide range of subjects, the knowledge of which is very useful to a practising Homoeopath.

2. The subjects we offer are given in the "Curricula of the Course", which we cover in its entirety.

3. The lessons which we send are prepared by experts in the various fields of the medicine.

4. The lessons are written in simple language, so that even laymen can follow without difficulty.

5. Tests are conducted from time to time, so as to judge the progress in studies and give the necessary guidance.

6. The fee for the course is very nominal, and is well within the reach of an average individual.

7. You can start the course any time of the year, study at your own pace in the comfort of your own home, and finish the course at your own convenience.

8. We keep in contact with our students even after the completion of the course so as to enable them to set up successful practice in Homoeopathy.

9. We publish a monthly journal for the benefit of our students, so as to keep them in touch with the latest developments and concepts in Homoeopathic treatment.

PROSPECTUS

MAVELIL HOMŌEO MISSION

Post Box No. 1015

PATTOM PALACE, TRIVANDRUM-4

Pin. 695 004.

Telephone 8206

The Mavelil Homœo Mission which is founded on concepts of social service is primarily devoted to the task of propagating homœopathic mode of treatment among the masses.

The Mission's objectives could be outlined as follows:

1. To create a sense of awareness among the people, that most of their bodily ailments can be cured by natural systems of treatment such as Homœopathy, Naturopathy and Biochemistry.
2. To propagate the merits of these systems, as the treatment is cheap, and the cures are of a permanent nature and do not cause any harmful side effects.
3. To build up a band of people devoted to the noble cause of Homœopathy, a band who would bring relief to the sufferings of the sick, and in the process create a career for themselves.
4. To educate the common people in matters of personal hygiene, sanitation and disease preventive methods, create in them the care and consciousness to lead a healthy, vigorous life, and to deliver them from energy sapping diseases and dependance on costly and habit forming patented medicines.
5. To strive for the promotion of homœopathy in India and abroad so that it can attain its undisputed place as a well accepted system of medical science.

We coach our students by correspondence course in any of the three mediums of instruction - English, Hindi and Malayalam. We are also planning to coach in some more major Indian languages, such that the benefit of this knowledge in Homoeopathy could reach as many people as possible.

Some facts about Homoeopathy

The practice of Homoeopathy and Biochemistry dates back to the 19th century. Even in countries like U.K. and U. S., Homoeopathy has been a recognised system of medicine.

In India, Homoeopathy is being given much greater patronage and importance than ever before. As a system of treatment which is very efficient and yet very cheap, its popularity is increasing day by day. Even the ardent believers of Allopathic medicine are now switching over to the time-proven concepts of Homoeopathy.

Some highlights of the system

The Father of the nation, Gandhiji once remarked, "Just as non-violence will never fail, so also Homoeopathy never fails. But the followers may fail by faulty application of the principles". Homoeopathic remedies are prescribed in such infinitesimal doses, that even a new born baby cannot get adversely affected by it. The system of treatment is so simple that a layman can understand it easily and practise it. Further, the cheapness of the drug makes it within the reach of even the poorest. In a country like ours Homoeopathy can be the answer for the poor ailing masses

who cannot afford costly treatment. The miraculous cures that Homoeopathy has achieved needs no special mention as these are already of common knowledge. Even in situations where allopaths had spread their hands in helplessness, Homoeopathy had brought timely and lasting cures. Homoeopathic remedies are easily administered by oral route and they get quickly absorbed



Mrs. L. V. Dharam Dass,
M4, Lalpatnagar
New Delhi.
Ref. No. 191791



Mrs. Lovely George,
Al Mulwa,
Post Box 343.
Dammam, Saudi Arabia.
Ref. No. 192011

to produce therapeutic effects. Homoeopathy has an undisputed place in epidemics like influenza, smallpox, cholera etc. Their prophylactic effects against Virus diseases are also well known. Unlike other systems, very little dietary restrictions are necessary while under Homoeopathic treatment.

Correspondence Course

Unlike other systems of medicine, Homoeopathy is eminently suited for learning by a correspondence course. You can undergo this course side by side with whatever occupation you are pursuing. This saves the time, trouble and money in going through a regular course. The correspondence course can be started any time of the year; you can study at your own pace, in the comfort and luxury of your own home. It takes an average, intelligent person about one year to complete our course; but a person who is able to put in extra effort can finish it even in six months time. Our lessons, which number more than 250, are prepared by Experts in the various branches of the Medical science. We judge the progress in the studies by conducting regular tests and guide the students according to their performance.

Fee for the Course

The Tuition Fee can be either in lump sum or by instalments as given below:-

a) **Lumpsum Scheme.**

Rs. 250 to be paid on enrolment.

b) **Instalment Schemes.**

- (1) Five monthly instalments of Rs.50 each and a last instalment of Rs.25, for a total of Rs. 275.
- (2) Twelve monthly instalments of Rs.25 each, for a total of Rs. 300.

Overseas students would pay 65 dollars (U.S.A.) or 35 pounds (U.K.) or their equivalent which would cover the higher incidence of postal expenses.

Concessional Schemes.

As our Mission is essentially a social service institution, we offer the financially hard pressed, concession in payment of fees by any of the following schemes:-

- (i) Lump sum scheme of Rs.150 to be paid on enrolment.
- (ii) Seven monthly instalments of Rs. 25 each, totalling Rs. 175.



Mr. J. P. Mittal.
4071, Sarafa Bazar,
Ambala Cantt,
Haryana,
Ref. No. 193196.



Mr. Prem Chandra Lal, M.sc.
Ganga Bansh Gopal Ashram,
Gallahati Approach Road,
P. O. BARPETA, Assam,
Ref. No. 180398.

- (iii) Thirteen monthly instalments of Rs.15 each, totalling Rs. 195.

Overseas students are not eligible for concession.

Free Offer. We offer the same course and the same coaching facilities to our concessional students

as to our Regular fee students. However we send our monthly homoeopathic journal free to our Regular students for a period of twelve months, whereas the concessional students get it free for six months. We also offer the book "Common Diseases and Their Treatment" by Dr. A. George free to our Regular students, and the concessional students a medical dictionary, provided they pay the fee in lumpsum on enrolment.

Eligibility for admission.

The minimum qualification for admission into the course is Secondary School Leaving Certificate or its equivalent. The qualification could however be waived, if the Mission is satisfied that the candidate is sufficiently literate and intelligent to successfully undergo the course. The lower age limit for admission to the course is sixteen.

Remittance of fee

1. Fee can be remitted by M. O., bank draft or postal orders. For amounts above Rs. 50/-, cheques could be sent provided a collection charge of Rs. 4/- is also included in the cheque amount.

2. Those who enrol as per instalment schemes should send the fee every month.

3. Students who default payment of fee for three consecutive instalments will be removed from the rolls. For re-entry of their names in the rolls, they have to remit a readmission fee of Rs. 5/- along with the balance of fee in arrears.

4. All correspondences and fee remittances should be made in the name of Prof. M. T. George, Managing Partner, Mavelil Homoeo Mission, Pattom Palace, Trivandrum, 695004.

Our Guarantee

With all justifiable pride we assert that we are Number One in the Field of Coaching Homoeopathy by correspondence. We have achieved this position



Mrs. Heather Susan Anand,
6241; Khawaja Bait.
Anand Villa,
Jasraon, Punjab,
(Toronto, Canada)
Ref. No. 190608.



Mrs. B. A. Soares,
Breezy Apartments,
Flat No. 1
C/G. J. B. Nagar,
Borivli East, Bombay,
Ref. No. 185795.

by dint of hard and selfless work and we solemnly pledge to continue in this position. If anyone can prove that he has received better postal coaching in homoeopathy from any other institution on comparable fees, we guarantee to repay the full amount of fee charged by us.

CURRICULA OF THE COURSE OF STUDY

Organon of Medicine

The theoretical basis of the Science of homœopathy. Vital force. Mechanism of drug action in homœopathy as compared to Allopathy and other systems of medicine. Disease, their symptoms and correlation to homœopathic remedies.

Pharmacy and materia medica

Commonly used homœopathic remedies and their relationship with one another. Method of preparation of mother tinctures, solution of different potencies. Administration of drugs. Difference between Allopathic and Homœopathic approach.

Basic Sciences

Physics, Chemistry, Botany, Zoology (Essentials only).

Anatomy and Physiology

Skeletal system: Bones that make up the human skeleton. Their articulation with each other and functions. Muscular system: various muscles of the body. Their action, Voluntary and involuntary muscles and their nerve supply in brief. Nervous System: Sensory and other nerves. Spinal cord, elementary knowledge of brain. Excretory System: formation of Urine, Kidneys, bladder; composition of Urine-normal and abnormal constituents. Methods of testing urine, Digestive system. Anatomy of the oral cavity, pharynx, Oesophagus. Stomach, small and large intestines. Pancreas, Liver, their functions. Functions of the various organs of the body, digestion and assimilation of food. Blood, its composition, clotting mechanism. Pulse, blood pressure; lymph, its composition and function. Physiology of respiration. The role played by the different structures in

respiratory mechanism. Reproductive Physiology, Hormones, structure and function of endocrines. Vitamins, minerals in growth and development.

Pathology and Bacteriology

● Signs and symptoms of inflammation, repair, immunity, infection. Acute and chronic changes in the organs



Rav L. S. Khatri,
C-52, Kumbha Nagar,
Chitorgarh, Rajasthan.
Ref. No.66727.



Mr. O. Pertin, B.A. Hons,
M.A., B.D.
P.O. Pasléhat,
Arunachal Pradesh.
Ref. No. 188776.

● due to disease process. Different types of Bacteria like Staphylococci, Streptococci, Pneumococci, Tubercular Bacillus, Filarial & Malarial Parasites. Worms.

Social and preventive Medicine:

Causative factors for disease. Sanitation and hygiene. Spread of disease in epidemic. Agents responsible

for spread of infection. Preventive concepts. Immunisation and control.

Treatment of Diseases:-

Most common Diseases, their signs and symptoms. Diagnosis. Totality of symptoms-treatment by homoeopathic remedies. Hahnemann's theory and its application in the treatment of chronic diseases, Management of ailments which had even puzzled eminent physicians. Diseases like measles, pneumonia, typhoid, diabetes, heart disease, mumps, whooping cough, rheumatic fever, different types of dysentery etc. Disinfectants and antiseptic agents. Prophylactic agents. We give importance to the cause, symptoms, prognosis, diagnosis etc. of important diseases, with Allopathic treatment where needed.

Surgery:

Principles of Surgery-Management of conditions like fracture, abrasions, burns, accidental injuries and first aid.

Diagnosis as applied to Homoeopathy:

Patient analysis as a whole. Instruments and aids for diagnosis.

Repertory:

Methods of finding the exactly indicated remedy from among the probables- a very important procedure which is the very basis of successful homoeopathic practice.

Gynaecology:

Signs and symptoms of pregnancy-Menstrual cycle disorders-amenorrhoea, menorrhagia, uterine prolapse, abortion, Labour - the three stages.

Dietics:

Essentials of a normal diet, minerals and vitamins; deficiency symptoms. Role of carbohydrates, proteins and fats.

Ophthalmology:

Common affections of the eye, like conjunctivitis, disorders of vision, cataract, glaucoma, myopia etc.

Cataract treated with homoeo medicines without operation.

Biochemic System:

General principles of Biochemic system. Management of diseases with Biochemic remedies. Benefits



Smt. Prabha Dixit,
w/o Dr. N.K. Dixit,
Opp. Agri. College,
P.O. Adhartal,
Jabalpur, M. P.
Ref. No. 68437.



Mrs. Bhuwani Pashu-
pathi, B. Com.
c/o Sqn. Ld. V. Pashupathi,
Air force Academy,
Hyderabad, A. P.
Ref. No. 189706.

of Homoeopathic Medicines used in conjunction with Biochemic remedies.

Medical Jurisprudence & Toxicology:

Death - chief forms of unnatural deaths. Death from asphyxia - hanging, strangulation, suffocation and drowning. Death from burns, scalds and starvation. Signs of virginity and rape. Signs of pregnancy.

Family Planning - Birth Control:

The "Safe period". Hormones and Spermatoxins, Surgical Methods, Oral Methods, Mechanical Methods, Family planning in all its aspects.

Psycho-Therapy;

How to develop the powers of memory and concentration—the sure keys to success. How to win the hearts of people and make you popular in Society.

The efficacy of prayer in healing sickness. Efficacy of suggestion and autosuggestion. The power of imagination. How to conquer fear and cowardice and



Miss. K. Sobha Rani B.Sc,
21/1, Mallakarluna
Temple Street,
Basavanagudi, Bangalore,
Ref. No. 191779



Mrs. Amarjit Kaur,
c/o Lt. Cdr. Ajit Singh,
J-6 Navy Nagar,
Bombay.
Ref. No. 188484.

make you mentally strong and fit, how to overcome inferiority complex, how to acquire peace of mind in times of dangers and difficulties.

Naturopathy: A very useful adjunct to Homoeopathy, is taught in all its aspects; Fasting, Kuhne's System, Grape cure, etc.

Method of Evaluation

After every 30 or 35 lessons, we send to the student a test paper which shall be answered by him. We value the test papers, make the necessary corrections and guide the student according to the progress he makes in his studies. We quote below, a verbatim appreciation of a student in this method of guidance:- Student S. C. Arcra, Ref. No. 193524, of 35,



Mr. Naresh Mishra
7/10, Vivekanand Road,
Durgapur-4, W. B.
Ref. No. 165332.



Mr. Sashi Bhan Jain,
Chemist, Qr. No. 91,
D. C. W. Road,
Dhrajadhra, Gujarat,
Ref. No. 187168.

Krishna Nagar, P. O. S. J. Enclave, New Delhi-110029 writes, "Please accept my thanks from the core of my heart the pains you have taken in advising me about my answers to test papers 1, 2 & 3. In fact, your entire Medical Board deserves thanks for this Yeoman service. When I read through your corrections, I felt as if I am a regular student of your esteemed Mission, instead of a correspondence course student."

On completion of the course the student will be asked to appear for the Final Examination on any day convenient to the student at his place of residence. The student is placed in 1st, 2nd, or 3rd division according to the marks he obtains in this examination. An Examination Fee of Rs. 25 has to be remitted by each candidate who appears in the Final Examination.

Practical Training

As the student approaches the end of the course, we encourage him to practise what he has learned, first among his family and friends and then gradually widen his circle of practice. On the completion of the theoretical course, if the student so desires, we arrange for practical training with any of our ex-students who are practising Homoeopathy in or near about his place of residence.

A Few Unsolicited Testimonials

Mr. R. Pandian. B. A., 3 Aranganatha Perumal Kovil St., Srivilliputhur, Tamilnadu, Ref. 188456 stated - "Thank you very much for your kind letter dated 20-2-82,



Mr. R. Pandian.

intimating my success in the Final Exam of Mavelil Homoeo Mission, securing I class with high marks. I would like to express my thanks and gratitude to you for your valuable lessons and excellent guidance which has helped me in achieving this success.

Please convey my hearty thanks to the staff and other members of your mission for

their pains-taking efforts and ready response to various queries and clarifications on the subject. My life's ambition to become a qualified Homoeopath has now been fulfilled, mainly with your help. As advised by you, I shall study various books written by eminent homoeopaths and make use of them as well, to serve the ailing and suffering humanity. I have already talked to my friends, colleagues and relatives about the best and splendid coaching offered by you to propagate the Homoeopathic science. I am proud to inform you that Thiru R. Sethurathinam who is a colleague of mine has since enrolled as a member of our institution. I hope some more people will follow suit in the near future. I assure you that I will be ever helpful to my institution to the best of my ability. In this connection I am happy to inform you that as soon as green signal was given by you through your letter dated 2-11-81. I started practising Homoeopathic system of medicines among the needy people. The reports of a few cases treated by me are enclosed here-with as required by you for ready reference. I shall continue treatment with utmost care and missionary zeal and keep up the name and tradition of my Institution for ever".



Miss. Salma Banu

Miss. Salma Banu M.,
D/o. Mr. S. Md. Moosa Khan,
District Munsif cum Sub Divisional
Judicial Magistrate, Hosur,
Ref. No. 189058, has written-"I
am in receipt of your kind letter
dated 9th March 1982, intimating
me that I have secured
Distinction i. e. 75 % in the
Final Examination. I sincerely
thank you for the good news.

Certainly the credit of my success goes to Prof. M. T. George & other staff of the mission, who prepared such nice lessons. Candidly saying, Homoeopathic system is much better compared to Allopathy as the Allopathic system suppresses the disease but the Homoeopathic system cures it completely.

I have taken Mavelil Homoeo Mission as my Alma mater for Homoeopathic & Biochemic studies. I have persuaded some of my friends to join this course. I shall send you Rs. 12/- by M. O. for annual subscription of the magazine in due course. I am enclosing herewith a report of cases successfully treated by me for your perusal".

Major Padamjit Singh Hara, Armoured Corps Centre and School, Ahmednagar, Pin-414804, Ref: No. 184122 wrote "Reports for 10 cases, successfully treated by me are enclosed herewith for your perusal. I take



Major Padamjit Singh

this opportunity to thank you and the staff of the Mission for the diligent efforts enabling my endeavours to result in a first division in the final examination. Your coaching has been painstaking and the student - teacher relationship very warm and genial. I would definitely like to record my appreciation of your understanding of the exigencies of

service for us people and permitting us to complete the course in the time available to us. Could you please let me know the next steps for the post graduate courses. With kind regards".

Mr. Charles Ferreira Alvares, M.A., L.L.B. M.B.A., Large de Igreja, Margao-Goa., Ref. No. 181803 wrote, "I am deeply grateful to you for the opportunity you gave me to become a qualified Homoeopath. Through your course my faith in the superior merits of Homoeopathy has been confirmed.



I am grateful to your devoted staff for valuing my answer papers patiently and guiding me through my studies. I had been instrumental in producing some miraculous cures through Homoeopathy; the reports of a few of such cases are being forwarded for the Mission's scrutiny. It shall always be my endeavour to proclaim

to others the good work you are doing in propagating this harmless, but effective system of healing."

M Gadadhari Barik, Vill. Chasakhand, P.O. Danar, Orissa, Ref. No. 181740, wrote "The day I received your letter in-



forming me that I passed the Final Examination creditably with 67% marks, was the happiest day in my life. I have achieved a major milestone in my life. I am now looking forward to having a successful career as a homoeopathic practitioner. I am very grateful to you for the wonderful way you had been guiding me through my studies. I pledge that

Mr. Gadadhari Barik

in my practice I shall show the same kind of devotion you had shown in your teaching. The advancement of Homoeopathy and the interest of your Institute shall always be uppermost in my mind."

Miss Feeroz Khatoon, D/o Mr. Rifaquat Ullah, Kachery Road, J. P. Badaun, U. P., Ref. No. 67364. wrote "I am very happy to know that I have passed the Final Examination in first division. I am so grateful to you for the excellent coaching you gave me. Please convey my



Miss. Feeroz Khatoon

heartfelt thanks to your staff for the patient and methodical way they guided me through the course. I shall strive my utmost to spread the superior merits of Homoeopathy as a modern Medical Science. I wish the Institute all success in its mission to propagate Homoeopathy."

Dr. P. K. Trahan Ph. D., 427-L, Model Town, Ludhiana, Ref. No. 161403 on 8th Nov. 81 wrote as follows- "I was overjoyed to learn from your letter that I have passed the final Examination with 70% marks. Thanks for the same. All the credit of this success goes to you and the experienced doctors of the mission who have prepared the lessons in most simple, easily understandable, clear, self-explanatory and comprehensive manner. I have no words to explain my gratitude to them.

Please find enclosed herewith 10 cases of the patients whom I have cured. During the last two



Dr. P. K. Trehan Ph. D.

years. I am practising Homoeopathy not only on humans but also on animals and plants.

I have also found Homoeopathy very effective in animals and plants. These days, I am applying it extensively on Poultry at the various farms, including Poultry farm of the Punjab Agriculture University, Ludhiana."



Miss. Urmila Kumar

Miss. Urmila Kumar, C/o. Brig. B. B. Kumar, Block-21, Flat-575, S P Marg, New Delhi - 21, Ref. No. 189352 wrote "Thank you very much for the beautiful certificate you sent me. I owe my success to the missionary zeal you have shown in coaching up your students. I am keeping a record of all the cases treated by me. Some of the

cures effected through this wonderful system had baffled Allopathic doctors. I shall never be faithful to your Institute and to the Homoeopathic system. I hope to send you very soon another set of case reports for publication in your magazine.

This is to express my gratitude to you and to your staff for all that they have done for securing me a high pass in my final examination. The lessons were written in simple language, easy to follow, but covered all the important subjects necessary for a practising Homoeopath. You have kindled my appetite for the study of the system in greater detail, and as suggested by you I shall continue to gather all the latest information about this Modern healing system. I am sending Rs. 100 by M. O. to become a life-subscriber of your magazine.

Mr. I. N. Bhatnagar, Special Judicial Magistrate. Barabanki, Ref. No. 192503 wrote "Many thanks for your letter dated 30-12-81 intimating my success in the final examination. I am glad to know that I secured 70^o7_o marks, more than 1st class marks. The credit of my success goes to the staff of the mission for preparing such extremely fascinating lectures in Homoeopathic and Biochemic system of treatment. They are so elaborate and useful and very helpful in treating patients. It almost serves the purpose of Materia Medica. I wish the Mission more success in the creditable work. I am sending herewith case reports of 10 cases as required. I use mostly Biochemic medicines and they give good results. I have not taken practice as a profession. After obtaining the certificate from you I may work with more zeal."

N. B. If any dispute arises out of postal tuition and our transactions; it will be settled only in Trivandrum courts.

Application Form

MAVELIL HOMOEOPATHIC MISSION

P. B. No. 1015

Pattom Palace, Trivandrum - 4

Pin. 695004

S. INDIA

1. Name (Mr. / Mrs. / Miss.).....

2. General Education & present occupation

3. Address of the applicant in full (Capital letters)

4. Regular or Concessional
5. Amount of fee sent By M. O. or P. O. or bank draft
 including the registration fee of Re. 1/-

Agreement:- I solemnly agree on my word of honour that I shall not expose the Postal Lectures to anyone, and I hereby declare that from the day I commence my study I shall consider myself morally bound to advance the cause of Mavelil Homoeo Mission as set forth in the Prospectus and I shall abide by the rules of the Mission.

place.....

Date.....

Signature.....

WE SUPPLY PURE AND GENUINE Homoeopathic and Biochemic Medicines to our students at reasonable prices-cheaper than at Calcutta. We also stock original B. & T. MEDICINES.

DELISAFE:- A special preparation of the institution. This is a valuable remedy for almost all ailments occurring during pregnancy. It acts as a



Mr. A.K. Sharma
B.Sc., L.L.B.
Karam Chand Street,
Lower Purani Mandi,
Jammu Tawi. J & K.
Ref. No. 191177.



Mrs. Anju Dayal,
B. A. Hons.
43. Bungalow Road,
Kamal Nagar,
Delhi.
Ref. No. 188955.

uterine tonic preventing malpresentation of the foetus. If given during pregnancy it prevents all complications and ensures SAFE AND EASY DELIVERY. Guarantees adequate supply of milk in mother's breasts. Price for a month's use Rs 9. For 3 months, use Rs. 25/-only. Postage and packing extra.

Medical Expert:
Dr. Incharge of Training:
Office Manager

Dr. A. GEORGE
Dr. A. G. Vallakalli
Mr. Joseph Ommen B. E.

Managing Partner:

Prof: M. T. George B. A., B. Sc. (Engg), M I E.

Chronic Diseases

Treated by Correspondence

We undertake free treatment of all full fee students in their personal cases. For cases recommended by our students we charge only Rs. 45/- as consultation fee. It is our desire to do what is possible



Dr. Rajesh Mahato M.B.B.S.
A- 322, Shastri Nagar
Jodhpur, Rajasthan
Ref. No. 193448



Lt. Col. A. K. Bhatnagar,
4 P. C Banerjee Road
Allahabad, U. P.
Ref. No. 192485

to help all chronic sufferers including those affected with tuberculosis, mental unsoundness, chronic stomach disorder etc. But the acceptances of cases will be limited by the time available for the medical staff.

MAVELIL HOMOEIO MISSION
P. B. No. 1015
PATTOM PALACE, TRIVANDRUM-4 (S. INDIA)
Pin: 695004.

Phone- 68256

Ref: No. 201.110.

Date: 4-4-83

Dear Sir/Madam,

We acknowledge with thanks the receipt of your letter. We are glad to note that you are interested in the study of Homoeopathy.

We forward herewith a copy of our prospectus for your perusal. If you will but go through it carefully you will easily realise the vast and fascinating opportunities a study of Homoeopathy would throw open before you.

Medical profession affords the greatest scope for doing real service to our people while providing decent livelihood. No one can deny the fact that there is good scope for medical men to settle in rural areas. Nearly 85 percent of our countrymen are living in rural areas and most of our doctors are concentrated in cities and towns.

As one keenly interested in Homoeopathy you would have come across various tempting offers of Homoeopathic coaching at cheaper terms. Thus when you go through our prospectus you might, as an intelligent person want to know whether ours is the best one available and if so whether the tuition fees are moderate. Ordinarily, this is a difficult point to convince anybody. But those are the very questions which we can answer with confidence. Let us clear your doubts, if you have any.

Our institution is unique in more than one respect. The experts serving you through the mission are highly qualified and experienced doctors who have over the past thirtyfour years not only coached up thousands of students throughout the length and breadth of India, but have coached students from

America, Australia, Africa, Ceylon, Europe, Kuwait, Malaya, Saudi Arabia, and other countries. These students are now practising as fullfledged doctors, bringing honour to themselves and to the art of homoeopathic treatment. We need no credentials than the hundreds of letters which we regularly receive from our students expressing their present position in life and society.

Our lectures are so elaborately and carefully prepared that an intelligent reader would easily realise that they are vastly superior to any others offered by other institutions. Our lectures are more than 250 in number. The most careful attention and painstaking efforts that have gone into the preparation of our lessons have put them in a class of their own. They are written in very simple English so as to satisfy the needs of even those who are not very conversant with English. We also offer the course in Hindi and Malayalam. Hindi and Malayalam lessons are direct translations from English. The tuition fee is the same whether you take up tuition in Hindi or English. A special feature of our course is that we give a series of lectures on various diseases, their treatment side by side with allopathic approach to such conditions. We have also included a number of lectures on Happy marriage, Birth control, Mother and Baby care, Modern drugs, Sex and its problems, use of Stethoscope, testing of urine, checking blood pressure etc. Technical terms and difficult words are explained as foot note to the lessons.

We give concession of fee to those who are financially handicapped. But please note concessions are given only to the very needy and deserving candidates. Those who can afford are advised to join as per non-concessional terms. The various schemes of payment of fee under concessional terms are given on page 5 of the English prospectus, on page 6 of the Hindi prospectus and on page 6 of the Malayalam prospectus.

It may also be noted that all those who join the mission within 15 days of the receipt of prospectus will get our magazine free for six months.

All students who pay the fee in lump sum under non-concessional terms will get our magazine free for one year.

In case you still feel that any other detail would be of assistance to you in choosing this fascinating career, please do not hesitate to write to us. I would be most happy to answer your queries.

SOME FACTS ABOUT THE INSTITUTION

Mavelil Homoeo Mission is registered with the Govt. of Kerala. The partners of the firm form the executive committee which regularly meets to admit students and to award concession to deserving candidates. The Managing partner shall be in charge of all the activities of the Institution and shall represent the Institution in all its dealings and also to receive payments and defray expenses.

We have our approved Doctors in various places in India and abroad who can give practical training to our students. It can be arranged at any place to suit your convenience.

Upon the successful completion of this valuable correspondence course you will receive 'M. H. M'. of which you will be aptly proud. Those who complete our course successfully would be given the required advice for doing homoeopathic practice. Diplomas are issued by certain institutions on the mere payment of some money. We do not want to cry down other institutions but you should not be misguided by such institutions,

Our Institution is a Social Service Organisation. It is not an institution founded on commercial lines keeping in mind mere profits. The fees charged by us are only to meet the cost of printing lectures, advertisements, clerical and postal expenses. When you want to select an institution for homoeopathic study first compare the syllabus and then compare the cost. To become a good Homoeopath you must study the science in full as per our syllabus.

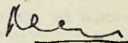
We have a circulating library which our students can make use of. Each student has to pay a deposit Rs. 100 which will be refunded. They can keep any book for a fortnight. All good books in Homoeopathy (English, Hindi and Malayalam) are available in the library.

We coach the candidates until they come out successful in the Final Examination. Please note that no extra fee, other than the fee mentioned in the prospectus is charged for additional coaching. If any student can prove that our lessons are inferior to the lessons of any other such institution we are prepared to refund the money paid by him / her for professional coaching.

Please note that we do not charge the postal expenses as some others do. We meet all the postal expenses for sending lessons, magazines, medicines etc. to our students.

This is a turning point in your career. Any decision you make now may affect you and your family too. We believe you would take advantage of this offer and get our help and guidance in making you a successful Homoeopathic Doctor.

Yours cordially



M. T. George
Managing Partner

N. B. If for any reason you do not wish to enrol now, the prospectus may kindly be given to any other person who is interested in the study of the science.

INTRODUCTION BY DR. RAM SUBRAMANIAM

I am Dr. Ram MD, DCH - a practicing paediatrician at Mulund, a suburb next to Thane in Mumbai. I have been in practice since 1979. I have a 20-bedded Paediatric Hospital.

In the year '93, I had a very bad attack of severe labyrinthitis following Mefloquin - a new drug at that time for Malaria. I was bedridden for 3 weeks. Luckily as god would have it, an elderly homeopath Dr (Mrs) Phatak administered homeopathic medicines which cured me completely in 48hrs. That was my turning point. After my recovery she just requested me to try Homeopathy in children, she said this branch has tremendous scope because the susceptibility in virgin and results are phenomenal. I gave it a thought; I had tried small stints at various places to learn "homeopathy in few weeks" - but none of these gave me the mental satisfaction. I got after zeroing down to I.C.R. Mumbai which I joined in Feb '94. After a lot of sacrifices in my daily schedules, I finally spoke one day to my director Dr. K.M. Dhawale MD, DPM, MF, HOM (London) saying that I wanted to dedicate this hospital of mine for full fledged Homeopathic treatment (Indoor & Outdoor). Thus this dream of mine was given birth to on the 6th of Oct '96 (Dussehra day) following an inauguration by our stalwarts and senior most members of ICR - Dr Kasad/Dr (Mrs) Phatak/Dr Dixit.

Importance of Paediatrics in private practice

- (a) This is the most important branch of general practice constituting 50-60% of practice
- (b) It is a barometer of the success of the physician concerned and hence the success of the country as far as health services are concerned.
- (c) It is very rewarding in the hands of GOD because "A CHILD IS A FORM OF GOD"
- (d) It attracts "world wide care and sympathy"

PAEDIATRIC SET UP AND WORKING: -[Chart provided]

Suffice to say that it is total "TEAM" work i.e. "Together everybody achieves More T.E.A.M." It needs round the clock close monitoring and assessment, viz susceptibility & sensitivity and expressions, remedy response etc. which extremely difficult for one individual.

CASE TAKING [CHART PROVIDED]. Action is released after total work up of the case thus having an idea of the various Acute, intercurrent and constitutional and its related remedies in mind before using them judiciously. Emergencies are treated with the basic remedy after assessing the form and other parameters but entire case taking & processing upto planning and programming is completed within the first 24hrs. The I.C.R.'s Software - "Organon 96" - Homeopathic Work Station has been of great assistance, it has become our "Working Partner".

OBJECTIVES OF SET UP

- (1) Clinical diagnosis and logical approach on the grounds of homeopathic philosophy.
- (2) Infrastructure is provided by S.C.R. (Standard case record of I.C.R.), Clinical training and Organon 96 (Software).
- (3) Convert my hospital into an institution where "all will learn".
- (4) Use of modern technology for diagnostic purposes, record maintenance and

document the data without losing quality, It is total "Team Work".

ADVANTAGES OF HOMEOPATHIC IN PAEDIATRICS.

- (1) Side effects compared to Allopathic - negligible if "judiciously" used.
- (2) Easily accepted by children's.
- (3) Cost effectiveness - major advantage [Chart provided].
- (4) INCREASE IN BODY RESISTANCE

/Late Attacks.

/Less Attacks.

/Mild Attacks.

- 1) General concepts which I learnt. FULL 2 PAGES(attached on next page RESULTS:-
Salient features

(1) Admission have come down by 50%. But still monetary & mental happiness same, on this contrary increased +2.

(2) Cost effectiveness is unbelievable [Chart provided].

(3) No tension at night or on holidays. This is the most important "Nightmare" every night for a practicing Paediatrician.

(4) Switch over only 10-15%. i.e. 85% cases treated fully homoeopathically in the first two years after inception- phenomenally great achievement.

CASES:- Cases + Working + Appraisal in each case enclosed.

CONCLUSIONS:- DREAM X FAITH = MOTIVATION

|
ACTION

|
ACHIEVEMENT

|
APPRECIATION

|
SUCCESS

|
RECOGNITION

|
THANK YOU "LORD".

- 1) General concepts which I have learnt

(1) The notion in people's mind that Homeopathy is only for chronic- has been completely eradicated from my mind. Live experiences of umpteen no. of cases and that too sick children who ideally would have needed institutional management and sometimes even ICU management - Intensive PAEDIATRIC care management - have been managed excellently by our team headed by our seniormost Teacher

Dr. Dilip Dixit . LCEH, MICR - Mumbai.

(2) Timing is most important in the usage of remedies. Many a times "Masterly Inactivity", is much safer than "Enthusiastic Overactivity & that too when you are dealing with the "Virgin" susceptibility..

There are many case instances to document this and the ones which we have brought to present is only a "tip" of the iceberg.

(3) Knowledge of Miasms especially Tubercular & Sycotic Miasm & constitutional Psoric in great detail - forms the hallmark of correct prescription, use of intercurrent - judiciously at the appropriate time of the possible effects. It is likely to produce - are all parts of the entire planning and programming which one has to undertake before understanding what one has to achieve in a particular disease entity & that too in a child - with all the known text book complications of that condition glaring at you & warning you.

(4) Knowledge of M.M. especially - commonly used Polycrests in full detail is an absolute must for selection of appropriate remedy.

(5) Potency & repetition - are the "crux" of therapeutics. I call it "titration" - which we all have done during our Inter science or 12th standard practicals in Chemistry. One drop here & there would make an ocean of a difference

Similarly one dose here & there would make all the differences in your understanding of the interpretation - viz med. agg: followed by > or simple > or Homeopathic or disease progression. Your next prescription cannot follow without answering those things & hence using your subjectivity to the "test" of your ability to cure the child rapidly, gently & completely.

(6) Finally all the above cannot be achieved if you do not have a complete "Clinical" knowledge of the condition you are treating viz etiology, Pathology, Pathogenesis, symptoms & signs of disease, symptoms & signs of complications (Most imp); Investigation - Routine, Specific & advanced Treatment of disease, Treatment of complications & last but not the least Prognosis is (true recognition normally & in complications & final outcome) & chances of recurrence.

(7) Lastly - Faith in God & a small prayer to him daily to help you to remain humble & tell him that you are grateful to him for all the "wisdom" he has given to you in alleviating the suffering of these "Precious" children.

APPRAISAL

- CASE 1 : Acute Bronchiolitis - A common condition in practice but which every paediatrician dreads to manage due to its rapid pace & complications; also with many D.D's. Frequent assessment of vital parameters is of utmost importance alongwith the proper Remedy & Potency selection with careful repetition to deal with this major emergency.
- CASE 2 : Infectious mononucleosis with 9th nerve paresis - Important clinical entity closely related to cervical adenitis & its D.D's. This case demonstrates the importance of picking up the complication care & later careful management of the same by assessment of prognostic criterias viz. impending respiratory paralysis, thus preventive transfer of the child to P.I.C.U.
- CASE 3 : Intussusception "Most major" emergency in entire medicine needing monitoring every 2 hrs. This case would be a demonstration of importance of careful monitoring & need of total Team Work.
- CASE 4 : Atopic Eczema - A very common condition in busy paediatric practice - suppression of which leads to Recurrent Respiratory problems esp. Asthama case. Case demonstrates the importance of knowledge of immunology along with careful assessment of susceptibility for excellent response in shortest possible time.
- CASE 5 : Acute Nephritis with HT with CCF - A dreaded condition which I thought of shifting to Nephrology Dept. KEM Hospital. But hats off the Science! Timely use of accurate Homeopathic forces with careful monitoring turned the tables of the case like a 'Miracle' & Recovery was as smooth as a "Wave".

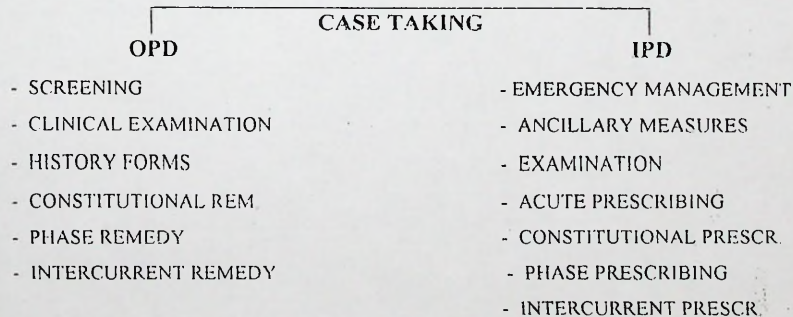
PAEDIATRIC SETUP & WORKING

ROPE
WALKING

DELICATE
BRANCH

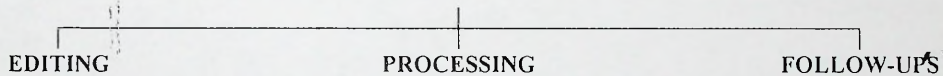
VIRGIN
SUSCEPTIBILITY

3 CONSULTANTS 5 R.M.O'S 20 STAFF
3 SUPERVISORS 8 LEARNERS



HOMOEOPATHIC SOFTWARE USED
ORGANON'96
21ST CENTURY HOMOEOPATHIC WORK-STATION

CASE TAKING



EDITING

- * CHIEF COMPLAINTS
- * ASSOCIATED COMPLAINTS
- * PATIENT AS A PERSON
- * MENTAL STATE
- * REACTION PHY. FACTORS
- * PAST & FAMILY HISTORY
- * PHYSICAL EXAMINATION
& INVESTIGATIONS

PROCESSING

- * SYMPTOM CLASSIFICATION
- * MIASMATIC EXPRESSION
- * TOTALITIES
 - REPERTORIAL
 - NON REPERTORIAL
- * E.E.T.
- * REPERTORIZATION

FOLLOW-UPS

- * CRITERIA
- * REM. REACTION ANALYSIS

THE RESULT-STATISTICS

-----1997----- 1998-----

| DIAGNOSIS | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT |
|------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| A.G.E. WITH DEHYDRATION | 8 | 4 | 3 | 6 | 8 | 10 | 3 | 2 | 4 | 5 | 7 | 2 | 5 | 1 |
| PNEUMONIA | 3 | 6 | 5 | 4 | 4 | 3 | 1 | 3 | 1 | 1 | 3 | 4 | 11 | 3 |
| BRONCHIOLITIS | 16 | 8 | 2 | 2 | 6 | 1 | 2 | 4 | 1 | 1 | 6 | 8 | 23 | 11 |
| HEPATITIS | - | 1 | 1 | - | 1 | 4 | 2 | 2 | - | 1 | - | 2 | 1 | - |
| VIRAL FEVERS HYPERPYREXIA | 4 | 5 | 3 | 2 | 2 | 1 | 2 | - | - | - | 3 | 7 | 5 | 3 |
| MALARIAL FEVER | 1 | 5 | 3 | 2 | 4 | 2 | 1 | 2 | 1 | 3 | 3 | 1 | - | - |
| ENTERIC FEVER | 2 | 3 | 3 | 11 | 4 | 2 | 2 | 3 | 6 | 5 | 2 | 1 | 1 | 3 |
| SHORT STAY FOR OBSERVSN | - | 2 | 1 | - | - | 3 | 1 | 1 | 1 | - | 1 | 2 | - | - |
| TOTAL ADMISSIONS | 42 | 49 | 23 | 49 | 49 | 30 | 24 | 39 | 29 | 19 | 32 | 51 | 70 | 39 |
| SWITCH OVER | 7 | 4 | 5 | 1 | 6 | 2 | 4 | 7 | 4 | 10 | 4 | 4 | 13 | 3 |

SURGICAL CASES - ACUTE APPENDICITIS-2

■ INTUSSUCEPTION-2

* COST EFFECTIVENESS OF TREATMENT *

| CLINICAL CONDITIONS | ALLOPATHIC Rx | APPROX. COST | TOTAL COST | HOMOEOPATHIC Rx = TOTAL COST |
|---------------------|---|--------------|------------|-------------------------------------|
| 1) A.G.E. | Iso. P. Rs. 35 X 3 | Rs. 216 | Rs. 387 | Rs. 10/- If required I.V. Fluids |
| | iv SET Rs. 36 | | | |
| | Venflon Rs. 75 | | | |
| | Inj. Mikacin Rs. 33 x 5 100 mg B.D. | Rs. 150 | | |
| | Syr. Gramogyl Rs. 21 | Rs. 21 | | |
| 2) PNEUMONIA | ISO. P. Rs. 35 | Rs. 156 | Rs. 856/- | Rs. 10/- |
| | IV SET Rs. 36 | | | |
| | VENFLON Rs. 75 | | | |
| | Inj. Cefaxone Rs. 140 x 5 100 mg tds x 5d | Rs. 700 | | |
| 3) ENTERIC FEVER | ISO. P. Rs. 35 X 3 | Rs. 216 | Rs. 1160/- | Rs. 10/- |
| | IV SET Rs. 36 | | | |
| | VENFLON Rs. 75 | | | |
| | Inj. Ciplox Rs. 50 x 5 x 5d | Rs. 250 | | |
| | Inj. Cefaxone Rs. 140 x 5 250 mg tds x 5d | Rs. 700 | | |

HEMANTH KUMAR
 HOMOEPATHIC CLINIC
 701, 3rd Floor, 28th Main,
 1st Block, Jayashree, Bangalore-60.

* ADVANTAGES *

- ☆ NO SIDE EFFECTS
- ☆ EASY ACCEPTANCE BY CHILDREN
- ☆ COST EFFECTIVENESS
- ☆ INCREASE IN BODY RESISTANCE
 - INFREQUENT ATTACKS
 - LESS ATTACKS
 - Milder Attacks

CASE NO - 50/98

AGE 1

NAME K. A.
AGE 4 mts SEX MALE
STATUS SINGLE
FATHER truck driver
ADDRESS RES. mumbra

DIAGNOSIS BRONCHIOLITIS

RELIGION MUSLIM
MOTHER housewife

CHIEF COMPLAINTS

1

#/5

Onset 15 days cold, cough mild

AGE 3 DAYS

Watery Rhinorrhoea

<Waking On

Fever-high Grade

Cough

<morning

Salivation/sticky

Rx Allopathic

Appetite Less

*BRONCHIOLITIS
Crankiness

>HOLDING CLOSE

Fears A Lot

>Rocking

does not accept feeds

GIT

Greenish Sticky Stool A/f Allopathic

Rectum

Spluttering

Med

Freq.: 3 times/day

A. PHYSICAL CHARACTERISTICS *

PERSPIRATION GENERAL MORE

PARTIAL HEAD

STOOL

CONSISTENCY Semisolid

NO. 1/Day

Urine n

H/o Gases

7. DEVELOPMENTAL LANDMARKS PROBLEMS

BIRTH FTND

WEIGHT 3.3Kg

SLEEP LIGHT STARTLING ON SLIGHTEST NOISE

C. REACTIONS PHYSICAL FACTORS

THERMAL - Chilly

C3H2

STARTLING FROM SLIGHTEST NOISE

PAST HISTORY

ALLERGIC RHINITIS

MOTHER

HYPERTENSION

PATERNAL GRANDFATHER

DIABETES:MELLITUS

PATERNAL GRANDFATHER

HYPERTENSION

PATERNAL GRANDMOTHER

BRONCHIAL ASTHMA

MATERNAL GRANDMOTHER

ALLERGI. DERMATITIS

FATHER

O/E - RESTLESSNESS

Moaning

RR- 60/ min

chest- crepts +

L 2FP ; S NP

INVESTIGATIONS

CBC - WNL

CHEST X'RAY- NAD

Straightening of ribs
noted

S: 2-3 yrs

knobs : calves

MSSV

Pain

a/t playing much

CASE 1 - Bronchiolitis

| Clinical Thinking | Physical Examination | Investigations |
|---|---|--|
| <p>6 month old boy coming with c/o Mild cold & cough since 8-10 days Severe cough since 2-3 days Coryza with cough Breathing difficulty since morning due to which the patient reported in the clinic. There was also high grade fever. Pt had taken allopathic Rx & came down with loose stools.</p> | <p>Pt breathless + restlessness++ cranky++ Moaning+ respiratory rate increased- 72-80/min Chest crepts ++ LIVER 2FP S -NP</p> | <p>Chest x-ray- Straightening of ribs rest NAD</p> |

| Differential Diagnosis | Final Diagnosis |
|---|--|
| <p>1. BRONCHOPNEUMONIA - XRAY FINDINGS WILL RULE OUT 2. PNEUMONITIS - CLINICAL PRESENTATION DIFFERS, ALSO PACE FAST IN PNEUMONITIS X RAY FINDINGS -ve</p> | <p>BRONCHIOLITIS AGE 6 MTHS. CLINICAL PRESENTATION X RAY FINDINGS</p> |

MSV
Knees : calves
S:2-3 yrs

PAIN

a/f playing much

CASE I - Bronchiolitis

| Acute Totality | Chronic Totality | intercurrent Totality |
|--|---|--|
| ANTIM TART Generals - Crankiness ³ >carrying on shoulder ³ > rocking ³ Drowsiness Very feeble response, Reaction poor. Sector - Rapid involvement of chest Secretions ++, Crepts++. | SILICEA 1. Perspiration head profuse ³ , head ³ . 2. Sleep-startles on slightest noise ³ . 3. Chilly patient-C3H2 4. Physical make up-lean, thin child | Not used in this case as no clear cut indications of the same. |

Planning & Programming

Pace-Moderate to fast

Susceptibility-Poor- Pace moderate

Disease common symptoms coming up.

lack of characteristics.

Sensitivity-High- Crankiness ++ > rocking³, >3holding close

startling on slightest noise

Potency choice - Moderate, frequent repetition in acute.

Moderate, infrequent repetition in chronic treatment.

5:2-3 yrs

knees : calves

MSV

Pain

a/f playing much

FU CRITERIA :- 1. RESTLESSNESS
2. CRANKY / MOANING
3. SLEEP
4. APPE TITE

5. FEVER
6. COUGH
7. STOOLS
8. O/E

CASE-1
5FOLLOW-UP SUMMARY

| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Inter-pertation | Action |
|-----------------|----|------|----|------|----|----|----|-------------------|-----------------------|--|
| 12/01/98 2PM | ++ | ++ | D | LESS | + | ++ | + | RR 82-86 L 2FP | | Antim tart 200 4 hrly. |
| 12/01/98 PM | >+ | >+ | SQ | >3 | >3 | >2 | SQ | | >+ | CT ALL |
| 13/01/98 | >3 | +3/0 | E | D3 | 0 | SQ | <2 | RR >2 | Hom.< | Omit Antim tart 200 Sac Lac Continued |
| 14/01/98 | <+ | +3/0 | E | >3 | 0 | 0 | >3 | RR >+ | Potency Exhausted | Antim tart 1M (1P) Stat SL 4.Hrly. |
| 15/01/98 | >3 | >3/0 | G | G | 0 | +1 | N | RR 72/Min | > | Sil 200 (1P) HS. |
| 16/01/98 | >3 | >3 | G | G | 0 | +1 | N | RR 64/Min | Better after Const.RX | SL continued PT DISCHARGED |

O/E.R.S: HARSH BREATHING +, RONCHI +,
No Crepts., PT COMFORTABLE ACTIVE

'D' - DECREASE

'E' - ERRATIC

'SQ' - STATUS QUO

APPRAISAL

Acute Bronchiolitis :- A case which every paediatrician dreads to manage - Because the pace is very very rapid and complications are maximum when listed - viz. Respiratory failure, metabolic acidosis, alcoholic tetany, encephalopathy, pneumonia, myocarditis, CCF, Pneumatocoles, lungabscess, pneumothorax & empyema & then Intercostal Drainage & its management in the ward for weeks & months, bronchopleural fistula, collapse of lung, Bronchiectasis, meningitis, some times septicaemia, DIC, renal failure etc. etc. the list is unending.

(2) This common condition in paediatricians needs proper clinical understanding of conditions which are close differential diagnosis viz. Acute Bronchiolitis, Acute Bronchitis, Asthmatic Bronchitis, Allergic Bronchitis, Pneumonia, Bronchopneumonia, Acute laryngotracheobronchitis etc. etc.

(3) Judicious use of remedy/potency/repetition. All are very very important. The respiratory remedies like Pulsatilla, Arsenic, Merc, Hepar, Spongia, Drosera, Coccus, Rumex, & finally ant-tart - all need proper understanding of the various clinical conditions. Proper use of potency, repetition after monitoring (as I had mentioned titrating) are of paramount importance in this condition. frequent monitoring every 4 hrs. for criteria like sleep, Restlessness, Drowsiness, Appetite, change in subjective symptoms viz. cough, fever, breathlessness, vomiting etc. change in signs viz. level of consciousness, temp. Pulse, RR, mov. of intercostal, suprasternal, & subcostal areas, chest findings - viz. Wheezing, crepts, Bronchial, breathing, harsh breathing (implications of these terminologies, seeing for liver enlargement and associated tachycardia to R/O impending CCF etc. etc. - All these need to be done judiciously in quick precision and proper conveying to your Sr. teacher/consultant for release of appropriate remedy in properly selected potency and careful repetitions after assessing susceptibility/sensitivity during each point of time - viz. during each follow up and thus noting the remedy response which was desired and which happened thereby making you take the next step.

(2) This case demonstrate how your knowledge & MM in dealing with & using imp. polycrests of resp. sector is essential for faster results.

MSY

Pain

a/f playing much

knees ; calves

S:2-3 .rs

Ant. tart has a characteristic dullness, drowsiness,
along with resp. sectors vital signs alterations viz.
RR increase, acc. muscles of resp. ++, & course crepts ++

Arsenic on the other hand has restlessness / irritability
with more of wheezing component.

Pulsatilla comes quiet close but pace is rapid in
Antin tart.

Merc comes rarely only if syph. miasm +, Salivation +2,
& night aggravation.

Hepar - more for URTI & mild LRTI and so on and so forth.

H55V

Pain

a/f playing much

knees ; calves

S12-3 yrs

CASE II - Infectious Mononucleosis with 9th Nerve Paresis

| Clinical Thinking | Physical Examination | Investigations |
|---|--|---|
| <p>6 yr old</p> <p>THROAT PAIN SINCE 2 DAYS < SWALLOWING FEVER SINCE Y'DAY CERVICAL GLAND++ PAIN NAUSEA VOMITING GIDDINESS SINCE TODAY</p> | <p>DULL LOOK TEMP- 102.4 °F CERVICAL LYMPHNODES ++ GLANDS- BELOW ANGLE OF MANDIBLE. POST TRIANGLE++ TENDER+ TONSILS++ FOLLICLES++ CHEST- CLEAR LIVER I/P ; SPLEEN - NP</p> | <p>HB- 13.4 ; WBC - 14,200 N60 L37 E3 MP- NOT DETECTED SGPT -27 X'RAY CHEST - NAD THROAT SWAB- NO C.Diphtheria seen Diplococci+</p> |

| Differential Diagnosis | Final Diagnosis |
|--|---|
| <ul style="list-style-type: none"> • FOLLICULAR TONSILLITIS • MALARIA • DIPHTHERIA <ul style="list-style-type: none"> - NO FEVER - THROAT SWAB POSITIVE • ANICTERIC HEPATITIS • LRTI | <ul style="list-style-type: none"> • INFECTIOUS MONONUCLEOSIS <ul style="list-style-type: none"> - CERVICAL LYMPHNODES++ - FOLLICULAR TONSILLITIS++ - FEVER++ - LIVER-I/P |

TOTALITY -

| Chronic Totality | Intercurrent Totality - Tub | Acute Totality - Hep Sulph |
|--|--|---|
| CONSTITUTIONAL- CAL PHOS - Fearful - Wants Company - Shy - Chill - Cr - Cold food /Drinks Fruits | <ul style="list-style-type: none"> • FAST PACE • INFECTIOUS - GLANDULAR INVOLVEMENT - Nerve Complication • Talks during sleep • Fundamental Miasm (load) | <ul style="list-style-type: none"> • TONSILLAR AFFECTION • PUS POCKETS • CHILLY PT. • RELATED TO CONSTITUTIONAL |

Planning & Programming :-**SUSEPTIBILITY** - MODERATE--

CHARACTRISTICS++

REVERSIBLE PATHO.

SENSITIVITY - MODERATE--

SENSITIVITY TO PAIN ++

NERVE INVOLVEMENT

POTENCY - MOD

REPETITION- ACUTE FREQUENT

CHRONIC INFREQUENT

INTERCURRENT INFREQUENT

FOLLOW- UP SUMMARY -

| Date | Throat Pain | Fever | Temp | Cervical Lymphnodes | Tonsils - Follicles | Liver | New Complaint | Interpretation | Action |
|------|-------------|----------|-------|---------------------|---------------------|--------------|---------------|-----------------------|------------------------------------|
| 2/5 | <swallowing | feverish | N | - | +++ | - | - | - | MIF200 4 hr.lv |
| 4/5 | same | ++ | 101.4 | - | same | - | - | Disease Progress | Hep. Sul. 200 4hrly |
| 6/5 | same | ++ | 102.4 | ++ | ++ | L.F.P. | - | Infect. Mononucleosis | Tub 1 M HS; Hep Sul 1M 6hrly |
| 9/5 | >2-3 | - | N | >2-3 | >2-3 | just palable | - | Improving | Hep Sul 1M 6hrly |

| Date | Throat pain | Nasal twang | Liquid regurgi | cervical lymphnodes | follicles | palatal movement | Further progress | Interpret. | Action |
|---|-------------|-------------|----------------|---------------------|-----------|------------------|------------------|---------------------------|---|
| 10/5 | mild | | | >2-3 | >2-3 | depressed | - | post 1M 9th nerve paresis | omit Hep Sul Tub 1M HS |
| 11/5 | mild | + | + | >2-3 | >2-3 | Same | - | | Disch. SL |
| 12/5 | - | same | > | + | + | | - | | Tub 1M HS C.P.200 HS |
| (Dr Kini's opinion taken-diagnosis--same; Rx Adv --Wyselone 10 mg BD antibiotics ; Atleast 6 wk.s for recovery with Rx) | | | | | | | | | |
| 20/5 | - | >+ | >+ | | | | - | Improving | Tub 1M HS C.P.200 HS SL 2--2 X 1WK |
| 27/5 | - | >2 | >2 | - | - | N | - | Definite improvement | Tub 1M HS C.P.200 HS for 2 Wks |

APPRAISAL

Infectious Mononucleosis .
concepts learning in this case.

(1) Importance of knowledge of conditions closely related to cervical adenitis + fever - e.g. Inf. Mono, Mumps, non-specific lymphadenitis & then also pus pockets — sugg. condi. like Inf Mono + sec folli tonsillitis, Quinsy, Diphtheria etc.

(2) Persistence of fever necessitating need for invest. like MP Urine , SGPT & XRC to R/O, associated Malaria, UTI, Anicteric hepatitis & Pneumonia.

(3) Finally picking the complication very early viz. 9th Nerve palsy - foll Inf. Mono. Taking timely DM (Neurologist's Opinion) — advised Steroids for 6 weeks later Reassuring the parents and giving them the option of both therapies & highlighting the side effects of steroids Patient reposing faith on us & the Homeo System. We starting the treatment On- 10/5 & full recovery in 2 weeks.

(2) Use of TUB ——— When complication sets in (1) the body is fighting its last straw (2) There is rapid and erratic down fall within 12 hrs. , the phasic remedy not useful at the stage (3) The TUB miasmatic load on the child - all needing the judicious use of intercurrent TUB - along c̄ Freq. monitoring of prognostic criteria — viz. palatal movements, regurgitation - amt, freq, intensity, duration; mov. of diaphragm & intercostal muscles to see if any spread ——— most, most imp. any further spread would have warranted urgent transfer of child to I P.C.U. (Intensive Paed Care Unit) along c̄ Ventilatory support & other hi-fi gadgets.

(3) Finally seeing the smooth end result - no steroids, and its abuse. No financial burden on pt. (discharged when generates } & managed purely c̄ regular FU's on OPD basis).

CASE III - INTUSUSCEPTION

| Clinical Thinking | Physical Examination | Investigations |
|---|---|--|
| Chief Complaint- <i>lyx 4mb</i> A/F cake Vomiting since 2 days Severe Abdominal Pain ++ >3 Bending >2 Pressure Stool passed today after 2 days Brown Colour, Gases foul smelling | Temp - 99.5° F No Icterus P/A No Lump Felt L/S - Not Palpable Chest - Clear | Hb 11.7 WBC - 20.5 N43 L49 E1 M7 MP - Not detected SGPT - 22 Stool (R) - N USG (urgent) - Intussusception Ilio-colic |

| Acute Totality | Chronic - CALC IOD | Intercurrent - TUBERCULINUM BOV. |
|---|---|--|
| COLOCYNTH- Abdominal Pain >3 bending >2 pressure SYMPTOMATIS RELIEF AFTER COLO BUT NO FURTHER REDUCTION IN SIZE ON USG | - OBSTINATE - FEAR OF DARK - SHY - HOT PT - PERSPIRATION SCALP - < DENTITION | -PATHOLOGY - PROTRUSION/PROLAPSE -RAPID PACE -FUNDAMENTAL & DOMINANT MIASM -TUBERCULAR |

ACUTE TOTALITY REVIEWED- ON 21/01/98

PLUMBUM MET - Spasmodic effects in acute stages & Paralytic effects in later stages

Planning & Programming :-

SUSEPTIBILITY - * HIGH

* RAPID PACE

* STRUCTURAL REVERSIBLE CHANGES

* CHARACTERISTICS

POTENCY - ACUTE HIGH

CHRONIC MOD

REPETITION - ACUTE FREQUENT

CHRONIC INFREQUENT

SENSITIVITY - MODERATE - HIGH : - * CRYING CONTINUOUS ++ DUE TO PAIN

(MIND & NERVES)

FOLLOW UP SUMMARY -

| DATE | ACTIVITY/ CRYING | SLEEP/APP | ABD PAIN/VOM | P/A-LUMP | USG | INTERPRET- ATION | ACTION |
|------------|---------------------|-------------|-----------------|----------------------------|--------------------------------------|--|---|
| 18/1/98 | WEAKNESS | DISTURBED/N | ++ | | | FOOD POISONING | AA 200 QDS |
| 20/1 PM | ++ | S/LESS | ++/S | NO LUMP | INTUSSUSCE- PTION 6.0 X 3.2 cm | CLINICAL THINKING RAPID PACE | COLO200 1 DOSE → COLO10M 1HRLY |
| 21/1 | >3 | N/N | 0/0 | S.B.DR. SHETH LUMP FELT | 5.9 X 4.1 cm | SYMPTOMATIC RELIEF BUT SIZE IS PARALYTIC STATE | PLUMBUM 200 2HRLY |
| 22/1 | N | N | 0 | S/B DR. SHETH | 5.4 X 2.8 cm | PARTIAL > | PLUMBUM 1M 2HRLY |
| 24/1 | | | | NO LUMP FELT | | | CT ALL |
| 26/1 | | | | | 2.4 X 2.9 X 3.7 CM | MIASMATIC BLOCK | TUB 1M HS PLUMB 1M 2 HRLY |
| 29/1 | | | | | NAD | >3 | CALC 1 200 HS |

APPRAISAL

Intususception - This is one of the " Most major " emergencies in the entire medicine. No surgeon would ever dare to take risk. I am very much thankful to the patient's parents, Aunty - a Homeopath at Bhivandi - 1.1/2 hrs from Bombay and my ex houseman - who reposed so much faith on our team that the Paed. Surgeon himself was baffled - Not to underestimate his excellent cooperation (our Paed Surgeon colleague) who has helped us not only in this case but 3 other cases

- 1 Intususception
- 2 Acute appendicitis

all managed homeopathically.

Concepts which I would like to highlight -

(1) Emergency case of such dimension needs monitoring every 2 hrs. since impending complications — viz. obstruction gangrene, perforation, shock etc. can occur very rapidly,

(2) Need for total team work - Paediatrician -cum - Homeopath, RMO & Nurses for round the clock vigil, & the co-operation of the Paediatric surgeon. Hats off to him for having taken such a major risk on his shoulders. Thus reposing faith on our team and homeopathic system in particular.

(3) Use of plumbum - This was an important learning and should be understood by one and all. After colo had completed its action (viz. - no further reduction in size of lump as per USG) our Sir immediately switched over to plumbum. He told us to go and refer source books We came to know about the spasmodic effect ++ in the acute stage and paralytic effect ++ in the later stages of its proving. Thus later effect was used and lo! the results were mind boggling to one and all

A case which will take us a long way in years to come.

CASE IV 1) CLINICAL THINKING :-

bulb

CHIEF COMPLAINT

ONSET - SINCE 15-20 DAYS REDDISH PAPULAR
ERUPTIONS **

LOCATION - NECK

SKIN

FOREHEAD

SCALP

FOLD OF HANDS

&

LEGS

VULVA

DRYNESS *

> OIL
APPLICATION

ITCHING **

ASSOCIATED COMPLAINTS -

1. O = SINCE 3 MTS OF
AGE
2. O = 3 MTS OF AGE
F = M

CONSTIPATION
HARD STOOLS
URTI A/F COW
Cold → MILD
COUGH

F.BABY 10MTS

PHYSICAL EXAMINATION

TPR = N

SYSTEMIC - NAD

SKIN - REDDISH PAULAR

ERUPTIONS - DRYNESS**

SCALP - CRADLE CAP

SCALING *

FINAL DIAGNOSIS - S/B DR. D. THAKKAR (M.D. DERMAT)

*** CRADLE CAP WITH SEBORRHIC ECZEMA WITH A TOPIC ECZEMA.**

TOTALITY :-

CONSTITUTIONAL

SILICA:-

SENSITIVITY TO SLIGHTEST NOISE³

FEARFUL³ COOKER NOISE
MIXER NOISE
DOOR BELL

STARTLING SLEEP DURING ++

CHILLY
CRAVING - MILK², BANANA², PICA²
PERSPIRATION
CONSTIPATION - BALL LIKE HARD

INTERCURRENT

BACCILINUM:-

FUNDAMENTAL & DOMINANT MIASM - TUBERCULAR
HYPERSENSITIVITY OF SKIN
CHILLY PT
RAPID PACE

PLANNING & PROGRAMMING OF Rx :-

SUSCEPTIBILITY :- MODERATE

- PATHOLOGY REVERSIBLE
- PACE RAPID
- CHARACTERISTICS "

SENSITIVITY :- HIGH
(MIND & NERVES)

- MENTAL CHARACTERISTICS "

POTENCY :-

CONSTITUTIONAL - LOW
INTERCURRENT - MODERATE IN
DILUTIONS

REPETITION :- INFREQUENT

FOLLOW-UP SUMMARY-

| DATE | SLEEP | SKIN | | | LESIONS NEW/OLD | ITCHING | STOOL | INTERPRE TATION | ACTION |
|--|-------|---|----------------|-----------------|--------------------|---------|---------------------------------|----------------------|---|
| | | HANDS/ LEGS | NECK/ CHEEK | SCALP/ VULVA | | | | | |
| 19/3/98 | | | | | | | | | BACC 200 3rd dil HS |
| 26/3 | G | ↑ For 1 st day > on its own | > | S | O/>' | | HARD++ CRIES SINCE 2 DAYS | SLIGHT < THEN SO' | BACC 200 3rd dil SIL 30(IP) HS wkly |
| 2/4 | G | >' | | S | 2-3 heat boils | | HARD' Once blood SLIGHT | | ct all |
| 9/4 | G | S/D | S/D | S/D | | >' | >' | | ct all x 2 wks |
| 19/4 | G | >'' | +/O | S | - | > | N | ACUTE COMP. | COLOCY 200 IP=6 4 hrly (IP) |
| C/O EXCESSIVE CRYING SINCE Y'DAY >'' LYING ON ABDOMEN O/E - P/A NO LUMP USG = NAD | | | | | | | | | |
| 23/4 | G | | > | > | - | - | HARD' | | BACC 200 3rd dil SIL 30 1P HS wkly x 2wks |
| ABDOMINAL PAIN = O | | | | | | | | | |
| 14/5 | O | O | O | O/O | >/I | >' | > | > | ct all |
| 25/5 | G | O/O | SLIGHT/ O | O/O | O/>' | O | N | >' | BACC 200 3rd dil SIL 30 1P HS PLACEBO x 2 wks |

SENSITIVITY TO NOISE

- COOKER SOUND
- MIXER SIUND
- TALKING IN LOUD VOICE
- CAR HORN
- OPENING OF BEDROOM DOOR
- TOUCH
- PLASTIC (POLYTHENE) BAG NOISE
- SNEEZING OF OTHERS
- COUGHING
- CRACKLING OF PAPERS
- DOOR BELL

AD
APPRAISAL

(1) Very very common condition in paediatric practice.
In a busy practice, I would put the incidence as 1-2 week
(very high incidence).

I have been fully convinced that suppression of this \bar{c} steroids, definitely produces Respiratory problems (recurrent). in each and every case. Thus there is no other alternative other than homeopathy so that the poor child is adleniated totally and freed from th \bar{a} suffering of not only this condition but also the recurrent respiratory infection.

(2) Knowledge of immunology essential - Types of hypersensitivity reaction - I, II, III, IV. This falls in I(G) - IgE mediated . What exactly occurs & how it produces reaction on the skin etc. - all these knowledges are imp. to decide the state of susceptibility , potency - lowest or in diluted form repetition etc.

(3) Use of Bacillinum - which is more when allergy component is predominant and that too diluted so as to avoid erratic responses.

(4) Sensitivity of silica - appreciated by sensitivity to noise of cooker, whistle, mixer, door bell any slight sound etc. etc.

(5) Excellent response in shortest possible time with complete cure.

CASE V - ACUTE NEPHRITIS WITH C.C.F. + HYPERTENSION
CLINICAL THINKING :-

| CHIEF COMPLAINT <i>10y-old</i> | PHYSICAL EXAMINATION | INVESTIGATIONS |
|--|---|--|
| <ul style="list-style-type: none"> • FACE PUFFINESS SINCE 2D WITH ABDOMINAL PAIN • URINE OUTPUT ? ↓ | <ul style="list-style-type: none"> • PALLOR + • PUFFINESS OF FACE • TPR = N • OEDEMA FEET + • B.P. 120/80 mm of Hg (Expected 90/50) • LIVER - 4FP • CVS - Cardiac Murmur | <ul style="list-style-type: none"> • CBC - WNL URINE - Occult Blood +ve S. Creatinine = N ECG = WNL 2D ECHO = Dilated RA & RV ? due to HT with CCF with Acute Glomerulo Nephritis |
| DIFFERENTIAL DIAGNOSIS :- | | FINAL DIAGNOSIS:- |
| <p>- NEPHROTIC SYNDROME</p> <p>AGE 1 TO 3 YRD</p> <p>NO H/O SORE THROAT</p> <p>TRIAD OF</p> <ul style="list-style-type: none"> - HYPOPROTEINEMIA - HYPERCHOLESTREREMIA - HYPERTENSION | | <p>* ACUTE NEPHRITIS WITH CCF WITH HT</p> <p>- CRITERIAS AS ABOVE</p> |

TOTALITY :-

| ACUTE | CHRONIC | INTERCURRENT |
|--|---|--|
| <u>VERAT VIRID</u> ⇒ CONGESTION IN VARIOUS ORGANS ⇒ PATHOLOGY ⇒ INDUCES FALL IN SYSTOLIC & DIASTOLIC B.P. | <u>NAT. MUR.</u> ⇒ CONSTITUTIONAL REMEDY AFTER CASE TAKING | <u>TUB. BOV.</u> ⇒ IMMUNE COMPLEX REACTIONS IN GLOMERULAR BASEMENT MEMBRANE WITH ↑ RES ACTIVITY ⇒ RAPID PACE |

PLANNING & PROGRAMMING OF Rx :-

SUSCEPTIBILITY LOW - MOD

- ◆ STRUCTURAL CHANGES
-REVERSIBLE
- ◆ PACE- FAST
- ◆ LESS CHARACTERISTICS
- ◆ DM - TUBERCULAR

POTENCY :- LOW

SENSITIVITY :- LOW - MOD

- ◆ LACK OF MENTAL SYMPTOMS

REPITION :- FREQUENT

FOLLOW-UP SUMMARY-

| DATE | FACE PUFFINESS | ABD PAIN | B.P. | LIVER | URINE OUTPUT | INTERPRE- TATION | ACTION |
|--------------|---------------------------------|-------------|---------------------------------|----------|-----------------|--------------------------|---|
| 13/4/97 | + | + | 130/80 NO MURMUR | 3FP | | | PUS 200 4 hrly (3 doses) |
| 14/4 am | + | + | 140/100 | 4FP | 100 cc in 9hrs | DISEASE AGGRAVATION | VERAT VIRID 30 2 hrly |
| 14/4 11pm | > | > | 100/70 NO MURMUR | 2FP | CHILD ALERT | >2 | Nat Mur 30 1PHS Verat Vir 30 4hrly |
| 15/4 | >2 | > | 120/90 | 2FP | 700 cc | SQ | TUB BOV 1M 1PHS Verat Vir 30 4 hrly |
| 16/4 am | S | | 136/90 | 3FP | | SQ | Nat Mur 200 (1P) Stat Verat V 200 4hrly |
| 17/4 | S | - | 130/94 | 2 1/2 FP | 540 cc | Slight Disease Aggra. | Nat Mur 200 4 hrly |
| 18/4 | > | - | 110/90 | 2 FP | > | Slight > | Nat Mur 200 4 hrly |
| 19/4 | > | - | 120/80 | | 27 | > | PLACEBO PT DISCHARGED |
| 21/4 | - | - | 104/70 | | N | | PLACEBO |
| 28/4 | - | - | 110/70 | 2 FP | N | SQ | Tub Bov 1M (1P) HS |
| 6/5 | | | 90/50 to 80/50 Checked Daily | 1 FP | N | >3 | Tub Bov 1M (1P) HS Nat Mur 200 1P HS |
| 13/5 | NO COMPLAINTS - RECOVERED FULLY | | | | | | PLACEBO |

. 4
APPRAISAL

A dreaded condition viz. Acute Nephritis &
Hypertension & CCF.

S/B Cardiologist - Advised Dopamine Drip
Lasix etc. etc.

But the total case taking, sector involvement, presence of Hypertension & timely use of Verat Viridum, turned the tables of this case like a "miracle". I thought of shifting the case to Nephrology Dept. - KEM Hospital, but seeing the progress viz. fall in B.P. liver size reduction, decrease in oedema feet, output adequate, absence of pericardial Rub: improvement in Generals - all occurring within 24 hrs. - made me say hats off to the Science. It was the early days when our centre was set up.

The recovery was as smooth as a "wave". The turbulence was over. Our Sir calls susceptibility a wave - which is in turmoil or is smooth. We have to use the forces which he compares to Dagger & Sword (Actuta - which can kill 5-7 people) or an AK-47 (Intercurrent - which can kill many people or the Patton tank - (constitutional - which can kill everybody, en masse) in the war between disease and medicinal forces.

Thus my fascinating travel through these baffling experiences is getting enriched further & further daily. Thanks to our team, My Institute, My teachers & last but not the least MY PATIENTS.

SCIENCE AND ART OF HOMEOPATHY

Dr. Nora Satin Choudhary*

The history of homeopathy began with Samuel Hahnemann's famous theory of 'similars' through which disease effects are removed by medicines having corresponding medicinal effects. Later, better cures and less side-effects continued to be sought through experimentation with greater and greater drug dilutions. On these cornerstones rest the whole regimen of homeopathic cures through acute, chronic and the less identifiable illness for which the individual's mental, physical and environmental situation has to be considered as a whole. Dr. Nora Satin Choudhary describes how this science blends with art when a patient's symptoms along with his sensations, the time of day, the weather, the food eaten, his mental state all synthesize into a drug picture for which cure begins with the right drug.

Homeopathy was discovered by Samuel Hahnemann, a German doctor, in the late eighteenth century. By the middle of the nineteenth century he had experimented and discovered ninety nine medicines. After his son's death due to malaria, he experimented with China (the Peruvian bark) and found that it caused the same symptoms of chill and paroxysms when given to a healthy person. Taking a clue from that, he established the theory of 'similars'. Disease effects are removed by the application of medicines having corresponding medicinal effects.

Hahnemann, through experimentation, found that the thing that cured the disease symptoms could cause it too. The principle is known as 'Similia Similibus Curentis'. Hence any element, insect, plant or mineral that has medicinal qualities of curing a particular disease or group of diseases (or the derangements of the vital force) can also cause it. It is for this reason that homeopathic

medicines are tried on human beings directly. Healthy people taking the medicine, develop the symptoms and the medicine then is 'proved' by its ability to cure those very symptoms in a sick organism. That's the reason why these medicines do not get outdated. Even after years of use they are found to be as useful. New medicines are being added to the repertory but the old ones are not being discarded. They still have their use — as much now as earlier.

By and large these medicines do not have any adverse side effects. That does not mean that they can be taken or prescribed indiscriminately. Given wrongly it can inflame the symptoms uncontrollably and cause much harm. The lower potencies are not as dangerous as the higher ones.

During his experiments Hahnemann found that the medicine in its crude form, in large doses, had an affect but also had other undesirable side effects. Whereas when diluted they became even more efficacious. This experimentation in

'potenzing' the drug continued after Hahnemann and was taken to 'greater heights' by Kent who specialized in lm, cm, mm potencies. It is because of this infinite dilution that the medicine becomes unidentifiable, but that does not mean that it does not have the curative power. Very recent research has shown how water retains the 'memory' of the molecule long after that molecule cannot be identified by scientific research methodology. As Shakespeare had put it "There are more things in Heaven and Earth than you dream of". This 'Molecular Memory' discovery has been described as it were if you throw your car-key in the river and further on take a little water and start the car with it. Further research in this field may bring to light the secret of this method of potenziating.

The organic or inorganic materials used for medicine are more or less the same in various systems of medicine. It's the stress

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on one aspect or the other that makes the difference. There are certain fundamental and basic differences in the philosophies of allopathy and homoeopathy. The latter tends to treat each individual as a separate entity whereas in allopathy everyone gets the same medicine for that particular malady. This is where comes the importance of the vital life-force in an organism. To quote Hahnemann himself: 'The material organism, without the vital force, is capable of no sensation, no function, no self-preservation; it derives all sensation and performs all the functions of life solely by means of the immaterial being (the vital principle) which animates the material organism in health and in disease: Any illness is due to some derangement of this 'spiritual self' acting (automatic) vital force or principle: The homoeopath, therefore, sets out to cure this derangement, of the vital principle, in its totality. If a person has a headache and also pain in the stomach with fever, it's the task of the homoeopath to find a medicine which will cure all three for, after all, all parts belong to one individual entity. He will not prescribe different medicines for the three different ailments but see them as various disturbances of one organism.

A very major chasm that is slowly narrowing down is the importance of the mental states or symptoms that manifest themselves along with the physical ones. Homoeopathy has always stressed the mental state of a patient more than the physical. The manifestations of the former are, therefore, emphasized and great care is taken to see that the doctor gets the right mental symptoms or picture. Now, slowly the doctors of other systems of medicine are also realizing this. Research has shown how depression and loneliness erode the body's defence mechanism, thus proving the age old dictum of laughter being the best medicine.

The two broad classifications of illnesses are — acute and chronic.

"The diseases to which man is liable are either rapid morbid processes of the abnormally deranged vital force, which have a tendency to finish their course more or less quickly, but always in a moderate time - these are termed 'acute' diseases". In contrast "The true natural 'chronic' diseases are those that arise from a chronic miasm, which when left to themselves, and unchecked by the employment of those remedies that are specific for them always go on increasing and growing worse, notwithstanding the best mental and corporeal regimen, and torment the patient to the end of his life with ever aggravated suffering" — (Samuel Hahnemann in Organon of Medicine)

Last but not least comes the part where a truly scientific system of medicine becomes an art. There are no specific remedies for specific problems, the individual has to be taken as a whole — mental, physical and the environmental factors to be considered and the symptoms matched to that of the medicine. The peculiar sound of a cough, the ache on the left or right side and even finer points of psychological outlook have to be found among hundreds of remedies and matched. That's where the perception of the prescriber comes in. A difference of shade here or there and it makes all the change.

The highest artistic ability and reasoning combined together will make this truly scientific system of medicine a real success and a winner. This is where comes the understanding of the chronic miasms of psora, syphilis and sycosis. They are responsible for the origin and sustenance of all chronic diseases. Though there are conflicting opinions about the importance of understanding these miasms, Dr. Herring felt it not of vital importance for "what influence can it have, whether a physician adopts or rejects the psoric theory, so long as he always selects the most similar medicine possible?" (Dr. Herring in his introductory remarks in the Organon (3rd American edition).

Dr. Allen, however, in "The Chronic Miasms" argues that the most similar remedy cannot be selected "unless we understand the phenomena of the acting and basic miasms; for the true similia is always based upon the existing basic miasms, whether, we be conscious or unconscious of the fact. The curative remedy is by the pathogenesis of a certain pathogenesis of existing miasms". As both doctors, with conflicting opinions about this aspect, were eminently successful shows that though they were reaching the same conclusions of similars it was by varied ways. Each practising the art in his own way, but with a sound scientific base.

Even more delicately balanced is the discriminative art of sighting the sensations. There are of course the physical sensations as of cold, heat etc. and the mental perceptions as to how a person feels — happy, gay, depressed brain-fag etc. But the most complicated are the sensations — 'as if'. They are not always true or probable but they are very strong and, unless taken into consideration while prescribing, they will render the treatment futile. They can be sensations as varied as if an impending accident or death to an intensely physical feeling of having received a bruise over the eye or of having warts in the eyes. Neither of these things are really there in the eye — but the sensations itself is an important symptom.

Added to this media of symptoms — physical, mental and through sensations — real and 'as if' — is the influence cast on an organism by the weather. For there are medicines which work better during cold nights and hot days (always of course keeping in view the principle of the similars). But then we are all aware that certain weather conditions make us feel better or worse. Some asthmatics have problems in humid climate while others are worse off during hot or cold weather. Headaches can come

Continued on page 30

LETTERS

Plague: Homoeopathy has inexpensive remedies

Sir, In 1944 there was a widespread attack of plague in Ramanagara Taluk of Bangalore District and Hindupur Taluk of Ananthpur District.

I had the occasion to treat hundreds of plague cases at Ramanagara and surrounding places. There were a lot of deaths in spite of the allopathic treatment. Some local people urged the patients to give a trial to homoeopathic treatment.

In a locality where already a few deaths had occurred despite allopathic treatment, people switched over to homoeopathic treatment. Four persons suffering from bubonic plague were treated by me and within a week they were restored to their original health.

The news spread like a wild fire and people began to flock to me and most of the people survived. Only about seven or eight people, who were in a critical conditions when they came to me, died.

The remedies used were *Ignatia* and *Badiaga* both in 30 potencies.

The news reached Hindupur. One late Rao Saheb Raja Rao opened a plague relief committee. He invited me to serve there. There 11 people took this treatment and all of them survived.

People who have faith in homoeopathy may keep a phial of *Ignatia 30* as a prophylactic and take 2 doses a day till the epidemic lasts.

When fever and pain in glands are found, they should use both *Ignatia* and *Badiaga* alternately, once in an hour or two, about 4 to 8 times a day. The patient should be all right within about 5 days or at most 1 week.

In case of involvement of lungs with cold and cough and haemoptysis, *Phosphorus 30*, *Bryonia 30*, *Arsenic Album 30* and *Ipecac 30* may be thought of and administered by experienced homoeopaths.

I am 81 years old, and have written these lines solely with the purpose of helping people.

D SUNDARA RAO
Bangalore

CHAPTER 17

Homoeopathy

17.1 Introduction

Homoeopathy is a system of treatment by which diseases are cured by drugs which produce effects on the body similar to the signs and symptoms of diseases.

Minute doses of homoeopathic medicines mobilize the inherent mechanisms of the body against the influence of disease producing organisms and various types of other human sickness. This, therefore, results in rapid, gentle and permanent restoration of health. Since the doses of homoeopathic medicines used are very small, there are practically no side-effects. With the aid of homoeopathic medicines, many cases of common ailments can be managed successfully and serious cases can be greatly helped before the arrival of proper professional help. Homoeopathic treatment does not conflict with surgery, physical therapy or other non-medical measures.

17.2 Preparation, handling and storage of homoeopathic medicines

The "Homoeopathic-kit" contains all the important and commonly used medicines which one may need to treat common ailments. While giving the medicine to a patient, the *name* and *potency* of the drug should be noted carefully. Extreme care is needed in handling and storage of homoeopathic medicines. The vials containing the medicines should be tightly corked. They should always be put back in the kit-box which should be kept closed and in a cool, dry and preferably in a shaded place. No other strong smelling things like camphor, menthol, essences, scents, etc., should be kept nearby as these may destroy the action of homoeopathic medicines and make them inert. If carefully stored and handled, the homoeopathic medicines will not deteriorate and will keep their power for a long time.

17.3 Administration of medicines

The medicines may either be administered dry, by placing them upon the tongue, or dissolved in water.

In most cases, 5 to 8 globules should be placed dry on the tongue. For children 2 to 4 globules and for infants 1 to 2 globules will be sufficient for a dose. If the tongue is dry, add a few drops of drinking water. Even new-born babies are able to swallow this. In the case of Combination Tablets, give 4 tablets with a small amount of warm drinking water to adults. In children and infants, dissolve 4 tablets in half a cup of warm, drinking water and give one teaspoon of this. Avoid undue handling and touching the medicine. The drug should be taken from the bottle on to a piece of clean paper.

Where repeated doses of the medicine at short intervals are required, the appropriate remedy should be administered in solution in water. For this purpose take a clean tea cup and rinse it with water. Fill it half full of drinking water, put 5 to 8 globules of medicine into the water, mix it thoroughly by stirring with a clean spoon. Keep the tumbler containing the medicine well covered with a clean saucer in a cool place, free of odours of any kind. When thus prepared, a dessertspoonful to adults, or a teaspoonful to children and infants may be given at a time.

The more active or virulent the disease, the more frequently must the remedy be repeated. In acute conditions like severe pain, troublesome cough, diarrhoea or vomiting, the medicine may have to be repeated as often as every 10 to 15 minutes until the patient gets relief from the pain, or the vomiting ceases, or the diarrhoea stops, or the cough gets easier and the patient goes to sleep. With relief of symptoms, the patient will have a sense of well being. These reactions will show that the medicine is doing its work.

17.4 Regimen during homoeopathic treatment

The patient should partake of light, digestible and nourishing food. In fevers only the lightest

and simplest kinds of foods are proper. Both mental and physical rest are most essential.

While taking homoeopathic remedies the patient should be careful to refrain from taking other medicines. Certain articles of diet are forbidden such as strong coffee or excessive spices. The patient should also abstain from tobacco and alcoholic drinks.

17.5 Referral & records

Refer your cases as necessary to the Health Worker, Subcentre or Primary Health Centre in good time according to the instructions given under each ailment. Whenever in doubt about the disease or its treatment, contact the Health Worker attached to your Subcentre or Primary Health Centre.

Keep a record of the treatment given to each patient. Refer cases to the Health Worker or to the Subcentre or Primary Health Centre as necessary with their records.

17.6 Homoeopathic treatment for common ailments

17.6.1 Fever

Fever is a common condition and is generally accompanied by other signs and symptoms such as headache, bodyache, shivering, running of the nose, sore throat, nausea, vomiting, diarrhoea, or skin rash. Proceed as follows:

1. Ask the patient to remain in bed.
2. Tell the patient to drink plenty of fluids.
3. At the onset of fever give *Aconite 6X* and *Combination No. 1* tablets alternately every one hour; if better, two hourly.
4. If the fever is accompanied by sore throat, earache, cough, bodyache, or running of the nose give *Belladonna 6* and *Merc bin iodide 6* alternately every two hours.
5. If the fever does not subside, give *Baptisia 3X*, two hourly till such time that he is assisted by the Subcentre or Primary Health Centre.
6. Refer to the Subcentre if:
 - (i) The fever does not come down within two days
 - (ii) The fever is accompanied by stiff neck, convulsions, unconsciousness or vomiting.

17.6.2 Headache

Like fever, headache can also be accompanied by other signs and symptoms such as fever, rash, earache, running of the nose, sore throat, or vomiting. Proceed as follows:

1. Give *Mellilotus 30* and *Combination No. 11* tablets alternately every two hours for two days.
2. Treat the other symptoms accompanying the headache as follows:

| | |
|--------------------------------|--|
| <i>Headache accompanied by</i> | |
| (i) Fever | <i>Aconite 6X</i> and <i>Combination No. 11</i> tablets alternately every two hours. |
| (ii) Sore throat | <i>Belladonna 6</i> and <i>Merc bin iodide 6</i> alternately every two hours. |
| (iii) Cold and Cough | <i>Bryonia Alba 30</i> and <i>Combination No. 1</i> tablets alternately every two hours. |
| (iv) Earache | <i>Belladonna 30</i> and <i>Combination No. 11</i> tablets alternately every two hours. |

Refer the patient to the Subcentre if:

- (i) The headache is accompanied by stiff neck
- (ii) The patient is pregnant
- (iii) The headache is accompanied by fever and there is no relief even after two days.

17.6.3 Backache

Proceed as follows:

1. Bed rest
2. Treatment:

| | |
|---|---|
| (i) If backache is due to injury | <i>Arnica 200</i> every two hours. |
| (ii) If backache is accompanied by joint pain and the pain is felt more with the least movement | <i>Bryonia 30</i> and <i>Combination No. 111</i> tablets alternately every two hours. |
| (iii) If the backache is accompanied by joint pain and if the pain is relieved by movement | <i>Rhustox 30</i> and <i>Combination No. 111</i> tablets alternately every two hours. |

3. Refer the patient to the Subcentre if the backache persists for more than three days or if there is any restriction in movement.

17.6.4 Joint pains

Proceed as follows:

1. Bed rest
2. Apply heat to the joint by means of a hot water bottle or hot sand or by wrapping the joint with a cloth soaked in hot water and wrung out.
3. Treatment:

| | |
|---|--|
| (i) If joint pain is more on the least movement | <i>Bryonia 30</i> and <i>Combination No. 111</i> tablets alternately every two hours. |
| (ii) If joint pain is better by movement | <i>Rhustox 30</i> and <i>Combination No. 111</i> tablets alternately every two hours. |
| (iii) If joint pain is accompanied with fever and the joint is red, hot, swollen and painful to touch | <i>Belladonna 30</i> and <i>Combination No. 111</i> tablets alternately every two hours. |

4. Refer the patient to the Subcentre
 - (i) If the patient is a child with pain in several joints and fever
 - (ii) If there is no improvement after 3 days of treatment.

17.6.5 Diarrhoea

Proceed as follows:

1. Give plenty of fluids to drink
2. Give soft diet like banana, buttermilk, arrowroot conjee, and rice gruel.
3. If there are signs of dehydration, i.e., sunken eyes, dry mouth, or wrinkled skin, give rehydration mixture, or follow the instructions given in Chapter 11, Section 11.1.5.
4. Give *China 6* and *Cynodon Dactylon 6X* alternately two hourly.
5. Give *Chamomilla 30* every two hours in children having diarrhoea during dentition when the child is cranky and irritable.
6. Treatment:

| | |
|--|--|
| <i>If the stools are:</i> | |
| (i) Watery, profuse, painless, offensive | <i>Podophyllum 30</i> and <i>Combination No. 11</i> alternately every two hours. |
| (ii) Mixed with blood and mucus | <i>Merc Sol 30</i> and <i>Combination No. 11</i> alternately every two hours. |
| (iii) Accompanied by nausea, vomiting or dehydration | <i>Arsenic Album 30</i> and <i>Ipecac 30</i> alternately every two hours. |

7. Refer the patient to the Subcentre if:
 - (i) There are signs of dehydration
 - (ii) There is no improvement within two days.

17.6.6 Cold

Proceed as follows:

1. Give *Arsenic Album 6* and *Combination No. 1* tablets every two hours for four days.
2. Refer the patient to the Subcentre if the cold does not subside after 4 days of treatment.

17.6.7 Cough

Proceed as follows:

1. Treatment:

| | |
|------------------------------------|---|
| (i) Dry cough accompanied by fever | <i>Belladonna 30</i> and <i>Merc Sol 30</i> alternately every two hours for 3 days. |
| (ii) Loose cough | <i>Arsenic Album 6</i> and <i>Ipecac 30</i> alternately every two hours for 3 days. |

2. Refer the patient to the Subcentre:
 - (i) If the cough does not subside
 - (ii) If the cough is accompanied by fever and chest pain.

17.6.8 Vomiting

Vomiting may occur alone or it may be accompanied by pain in the abdomen, diarrhoea or fever. In women it may occur during pregnancy.

Proceed as follows:

1. Give a milk diet
2. If there are signs of dehydration, give rehydration mixture or as suggested in Chapter 11, Section 11.1.5.
3. Give *Ipecac 30* and *Arsenic Album 30* alternately every one hour and if better, every 2 hours.
4. Refer the patient to the Subcentre:
 - (i) If the vomit contains blood
 - (ii) If the patient is dehydrated
 - (iii) If the patient is unable to retain anything
 - (iv) If there is no improvement within two days.

17.6.9 Pain in the abdomen

Pain in the abdomen can also occur with other signs and symptoms like nausea, vomiting, diarrhoea or constipation.

Proceed as follows:

1. Advise milk and a soft diet.
2. Treatment:

| | |
|--|---|
| <i>Pain in abdomen associated with</i> | |
| (i) No symptoms | <i>Colocynth 30</i> and <i>Combination No. 1</i> tablets alternately every two hours. |
| (ii) Diarrhoea | <i>China 6</i> and <i>Cynodon dactylon 6X</i> alternately every two hours. |
| (iii) Constipation | <i>Nux Vomica 30</i> and <i>Combination No. 1</i> alternately every two hours. |
| (iv) Nausea and vomiting | <i>Ipecac 30</i> and <i>Arsenic Album 30</i> alternately every two hours. |
| (v) Passing worms | <i>Cina 30</i> every two hours. |
| (vi) Fever | <i>Belladonna 30</i> every two hours. |

2. Refer the patient to the Subcentre:
 - (i) If the pain does not subside within 24 hours
 - (ii) If there is a foreign body in the ear
 - (iii) If the patient has dizziness or disturbances of hearing
 - (iv) If the fever does not subside and pain is more severe.

17.6.13 Sore eyes

Treat the patient as follows:

1. Clean the eyes with boiled, cooled water and cotton wool. Use separate cotton wool for each eye. Clean the eye from the inner to the outer end.
2. Drop *Euphrasia eye drops* inside the lower eyelid. Repeat three times a day. Or use eye drops as in Chapter 11, Section 11.1.11.
3. Give *Belladonna 30* and *Euphrasia 30* alternately every two hours.
4. Keep the patient away from bright lights and dust.
5. Refer the patient to the Subcentre:
 - (i) If there is an eye injury or a foreign body in the eye
 - (ii) If there is no improvement within 24 hours after the treatment
 - (iii) If the child with sore eyes has measles.

17.6.14 Toothache

Toothache may be accompanied by fever, swelling and redness of the gums, or by decay of the tooth.

Proceed as follows:

1. Add two drops of *Kreosote Q* in half a cup of water. Use this solution as a gargle. Repeat as necessary.
2. With cotton wool on a match stick apply *Kreosote Q* on the decayed tooth. Repeat as necessary.
3. Treatment:

| | |
|---|--|
| <i>Toothache</i> | |
| (i) Without fever | <i>Staphysagria 200</i> and <i>Combination No. IX</i> alternately every two hours. |
| (ii) With fever and swelling of the gums or if painful to touch | <i>Belladonna 30</i> and <i>Merc Sol 30</i> alternately every two hours. |

4. Refer the patient to the Subcentre:
 - (i) If the pain does not subside within two days
 - (ii) If the swelling increases or the fever does not subside.
 - (iii) For further treatment in cases of a decayed tooth, or swelling and redness of the gums.

17.6.15 Boils and Abscesses

These are skin infections seen most frequently in children who are not kept clean. If neglected, a boil develops into an abscess which contains pus. This has to be removed.

1. Treatment:

| | |
|---|--|
| (i) In early stages of boils | <i>Belladonna 30</i> and <i>Merc Sol 30</i> alternately every two hours. |
| (ii) Very painful to touch | <i>Arnica 200</i> and <i>Combination No. XIII</i> tablets alternately every two hours. |
| (iii) If the abscess is formed and is painful | <i>Hepar Sulph 30</i> every two hours. |

2. Refer the patient:

- (i) If there are red streaks running beyond the area of the boil and the part becomes painful to touch
- (ii) If the abscess is formed
- (iii) If there is no relief after two days of treatment.

17.6.16 Ulcers

Proceed as follows:

1. Clean the ulcer with boiled, cooled water and cotton wool.
2. Dry it with clean cotton wool.
3. Apply *Calendula ointment*.
4. Apply a clean dressing and keep in place with a bandage or adhesive plaster.
5. Give *Merc Sol 30* and *Combination No. X tablets* alternately every two hours.
6. If there is no relief, change the dressing as necessary, and give *Hepar Sulph 30* and *Combination No. X tablets* every two hours for one week.
7. Refer the patient to the Subcentre:
 - (i) If there is fever
 - (ii) If the patient has several ulcers and gets tired easily or eats and drinks water excessively.

17.6.17 Scabies

Proceed as follows:

1. Ask the patient to bathe the part with soap and water.
2. Clean the part with cotton wool.
3. Apply *Calendula ointment*. Repeat twice daily. (See also Chapter 11, Section 11.1.13 No. 1).
4. Ask the patient to put on clean clothes and change the clothes daily.
5. Ask the patient to boil the clothes and the bedding with soap or washing soda. Dry them in the sun.
6. Give *Merc Sol 6* and *Combination No. XI tablets* alternately every four hours for seven days.
7. Refer the patient to the Subcentre if there is no improvement.

17.6.18 Ringworm

Proceed as follows:

1. Bathe with water and soap.
2. Dry with cotton swabs.
3. Apply *Calendula ointment*. Repeat as necessary.
4. Give *Sepia 6* and *Combination No. XI tablets* alternately every three hours for seven days.
5. Refer the patient to the Subcentre if there is no improvement.

17.6.19 Burns and Scalds

Proceed as follows:

1. Cases where skin is intact or only partially destroyed
 - (i) Wash with running water.
 - (ii) Apply *Cantharis ointment*.
 - (iii) Dress with gauze. Keep the gauze in position with a loose bandage and adhesive tape.
 - (iv) Make the patient drink plenty of fluids.
 - (v) Give *Cantharis 30* and *Urtica Urens 3X* alternately every hour.
2. Cases where skin is completely destroyed

The burnt area looks raw, there is severe pain and the patient may go into shock. In such cases treat as follows:

- (i) Cover the affected area with a clean sheet or piece of cloth.
- (ii) Make the patient drink plenty of fluid.

- (iii) Give *Cantharis 30*, *Urtica Urens 3X* alternately every ten minutes. Rush the patient to the Primary Health Centre.

17.6.20 Wounds

A wound may be a simple grazed skin, a skin cut by a knife or other sharp cutting instrument, a torn skin, or a punctured skin.

Proceed as follows:

1. **Simple grazed wound:** Wash the wound with clean water and cotton wool and dry with cotton wool. Apply *Calendula ointment*, dress the wound and bandage. Give *Calendula 30* and *Arnica 200* alternately every two hours for two days.

2. **Cuts:**

- (a) **If the cut is small**

- (i) Stop the bleeding by using direct pressure.
 - (ii) Wash the wound with water, then dry it with cotton wool.
 - (iii) Apply *Calendula ointment*.
 - (iv) Dress the wound and bandage it.
 - (v) Give *Arnica 200* every two hours for two days.
 - (vi) Dress the wound daily as necessary.

- (b) **If the cut is big**

- (i) Stop the bleeding by direct pressure. If bleeding still continues, apply a tourniquet.
 - (ii) Give *Arnica 200* every 5 minutes.
 - (iii) Rush to the hospital.

3. **Torn skin:**

- (a) **If the skin is torn**

- (i) Remove as much dirt or foreign matter as possible.
 - (ii) Wash the wound with soap and water.
 - (iii) Dry with cotton wool.
 - (iv) Apply *Calendula ointment*.
 - (v) Dress the wound with a clean bandage.
 - (vi) Give *Arnica 200* every half an hour.

- (b) **If the wound is gaping**

- (i) Bring the edges together by using strips of adhesive tape.
 - (ii) Give *Arnica 200* and *Calendula 30* alternately every 20 minutes.
 - (iii) Rush the patient to the Primary Health Centre.

4. **Punctured wound:**

- (a) **If the wound is small**

- (i) Stop the bleeding by direct pressure.
 - (ii) Wash the wound with water.
 - (iii) Dress with *Calendula ointment*.
 - (iv) Give *Arnica 200* and *Ledum 30* alternately every 15 minutes.

- (b) **If the wound is big and is bleeding profusely or the wound is in the abdomen or chest and is deep**

- (i) Stop the bleeding by direct pressure or by applying a tourniquet.
 - (ii) Give *Arnica 200* every 10 minutes.
 - (iii) Rush the patient to the Primary Health Centre.

17.6.21 Sprains

Proceed as follows:

1. Give rest and support to the injured joint.

2. Apply a cold compress.
3. Apply *Arnica mother tincture*.
4. Bandage the joint firmly.
5. Give *Rhus tox 30* and *Arnica 200* alternately every two hours.
6. Rush the patient to the Primary Health Centre.

All cases of fractures and dislocations should immediately be referred to the Primary Health Centre (refer to Chapter 10).

17.6.22 Dog bite

Proceed as follows:

1. Clean the wound with soap and water.
2. Apply *Calendula Ointment*.
3. Dress the wound and apply a clean bandage.
4. Give *Ledum 6* and *Hydrophobinum 30* alternately every two hours.
5. Refer to the Primary Health Centre.

17.6.23 Scorpion sting and Insect sting

Proceed as follows:

1. Apply a cold compress.
2. Apply *Echinacea ointment* locally.
3. Give *Apis Mel 6* and *Ledum 6* alternately every two hours.
4. Refer the patient to the Health Worker or the Primary Health Centre:
 - (i) If the pain does not subside
 - (ii) If the patient is in shock
 - (iii) For further treatment.

17.6.24 Snake bite

Treat the patient as mentioned in Chapter 10, Section 10.1.4.

17.6.25 Lice

Proceed as follows:

1. Wash the hair with soap and warm water daily.
2. Give *Carbolic Acid 6* and *Psorinum 30* alternately every 4 hours for 7 days.
3. Repeat the treatment as necessary.

Note: See Appendix 17.1: Homoeopathic Medicines and Appendix 17.2: Guide for the Use and Administration of Homoeopathic Drugs for External Use.

APPENDIX 17.1

Homoeopathic Medicines to be Carried by Community Health Worker

For internal use :

| S.No. | Drugs | Potency | S.No. | Drugs | Potency |
|-------|------------------|---------|-------|-----------------|---------|
| 1 | Aconite | 6 | 18. | Hepar sulph | 30 |
| 2. | Apis mel | 6 | 19. | Hydrophobinum | 30 |
| 3 | Arnica | 200 | 20. | Ipecac | 30 |
| 4. | Arsenic album | 6. 30 | 21. | Ledum | 6. 30 |
| 5. | Baptisia | 3x | 22. | Melilotus | 30 |
| 6. | Belladonna | 6. 30 | 23. | Merc bin iodide | 6. 30 |
| 7 | Bryonia alba | 30 | 24. | Merc sol | 6. 30 |
| 8. | Calendula | 30 | 25. | Nux vom | 30 |
| 9. | Cantharis | 30 | 26. | Podophyllum | 30 |
| 10. | Carbolic acid | 6 | 27. | Psorinum | 30 |
| 11. | Carbo veg | 30 | 28. | Pulsatilla | 30 |
| 12. | Cascara sagrada | Q | 29. | Rhustox | 30 |
| 13. | Chamomilla | 30 | 30. | Staphisagria | 250 |
| 14 | China | 6 | 31. | Sepia | 6 |
| 15. | Colocynth | 30 | 32. | Sulphur | 30 |
| 16. | Cynodon dactylon | 6x | 33. | Urtica urens | 3x |
| 17. | Euphrasia | 30 | | | |

Tissue remedies-combination tablets

| S.No. | Tablets |
|-------|---|
| I. | Ferrum Phos 3x, Kali Mur 3x, Kali Sulph 3x, Nat Sulph 3x, Nat Mur 6x. |
| II. | Ferrum Phos 3x, Kali Phos 3x, Mag Phos 3x, Nat Mur 6x. |
| III. | Ferrum Phos 3x, Mag Phos 3x, Kali Sulph 3x, Nat Sulph 3x. |
| IV. | Cal Phos 3x, Ferrum Phos 3x, Kali Phos 3x, Kali Mur 3x, Mag Phos 3x. |
| V. | Ferrum Phos 3x, Mag Phos 3x, Cal Phos 3x, Nat Sulph 3x. |
| VI. | Cal Phos 3x, Ferrum Phos 3x. |
| VII. | Cal fluor 3x, Kali Mur 3x, Silicea 6x, Nat Mur 6x. |
| VIII. | Kali Mur 6x, Mag Phos 3x, Ferrum Phos 3x. |
| IX. | Ferrum Phos 3x, Mag Phos 3x, Cal Phos 6x. |
| X. | Cal Phos 6x, Cal Sulph 3x, Kali Sulph 3x, Nat Mur 6x, Nat Sulph 3x. |
| XI. | Cal flour 6x, Cal Sulph 3x, Kali Sulph 3x, Nat Mur 6x, Nat Sulph 3x. |
| XII. | Mag Phos 3x, Kali Mur 3x, Nat Phos 3x. |
| XIII. | Silicea 3x, Cal. Sulph 3x, Ferrum Phos 3x. |

For external use:

| S.No. | Drugs | Use |
|-------|-----------|-----------|
| 1. | Arnica | external |
| 2. | Calendula | ointment |
| 3. | Cantharis | ointment |
| 4. | Echinacea | external |
| 5. | Euphrasia | eye drops |
| 6. | Kreosote | external |

H O M O E O P A T H Y

INTRODUCTION

Homeopathy is a system of treatment by which diseases are cured by drugs which produce effects on the body similar to the symptoms of diseases.

Minute doses of homeopathic medicines mobilize the defence mechanisms of the body against the offending disease processes. The results are rapid, gentle and permanent restoration of health. Homeopathic medicines are best suited to children and weak, elderly individuals. With the aid of homeopathic medicines, many cases of common ailments can be managed successfully and serious cases greatly helped before the arrival of proper professional help. Homeopathic treatment does not conflict with surgery, physical therapy or other non-medical measures.

Preparation, handling and storage of homeopathic medicines

The "Homeopathic-kit" contains all the medicines which one may need to treat common ailments. While giving the medicine to a patient, the name and potency of the drug should be noted carefully. Extreme care is needed in handling and storage of homeopathic medicines. They should always be put back in the kit-box which should be kept closed and in a cool, dry and preferably in a shaded place. No other strong smelling things like camphor, menthol, essences, scents etc. should be kept nearby as these will destroy the action of homeopathic medicines will not deteriorate and will keep their power for many years.

Administration of medicines

The medicines may either be administered dry, by placing them upon the tongue, or dissolved in water.

In most cases, 10 to 15 globules should be placed dry on the tongue. For children - 7 to 10 globules and for infants 3 to 5 globules will be sufficient for a dose. If the tongue is dry, add a few drops of drinking water. Even new-born babies are able to swallow this. In the case of Combination Tablets, give 4 tablets with a small amount of warm drinking water to adults. In children and infants, dissolve 4 tablets in half a cup of warm, drinking water and give one teaspoon of this. Avoid undue handling and touching the medicine. The drug should be taken from the bottle on to a piece of clean paper.

When repeated doses of the medicine at short intervals are required, the appropriate remedy should be administered in solution in water. For this purpose take a clean tea cup and rinse it with water. Fill it half full of drinking water, put 10 to 15 globules of medicine into the water, mix it thoroughly by stirring with a clean spoon. Keep the tumbler containing the medicine well covered with a clean saucer in a cool place, free of odours of any kind. When thus prepared, a dessert spoonful to adults, or a teaspoonful to children and infants may be given at a time.

The more active or virulent the disease, the more frequently must the remedy be repeated. In acute conditions like severe pain, troublesome cough, diarrhoea or vomiting, the medicine may have to be repeated as often as every 10 to 15 minutes until the patient gets relief from the pain, or the vomiting ceases, or the diarrhoea stops, or the cough gets easier and the patient goes to sleep. With relief of symptoms, the patient will have a sense of well being. These reactions will show that the medicine is doing its work.

Regimen during homeopathic treatment

The patient should partake of light, digestible and nourishing food. In fevers only the lightest and simplest kinds of foods are proper. Both mental and physical rest are most essential. While taking homeopathic remedies the patient should be careful to refrain from taking other medicines. Certain articles of diet are forbidden such as strong coffee or excessive spices. The patient should also abstain from tobacco and alcoholic drinks.

Referral & Records

Refer your cases as necessary to the Health Worker, Subcentre or Primary Health Centre in good time according to the instructions given under each ailment. Whenever in doubt about the disease or its treatment, contact the Health Worker attached to your Subcentre or Primary Health Centre.

Keep a record of the treatment given to each patient. Refer cases to the Health Worker or to the Subcentre or Primary Health Centre as necessary with their records.

Homeopathic treatment for common ailments

Fever

Fever is a common condition and is generally accompanied by other signs and symptoms such as headache, bodyache, shivering, running of the nose, sore throat, nausea, vomiting, diarrhoea, or skin rash. Proceed as follows:

- 1) Ask the patient to remain in bed.
- 2) Tell the patient to drink plenty of fluids
- 3) At the onset of fever give Aconite 6X and Combination No.1 tablets alternately every one hour; if better, two hourly.
- 4) If the fever is accompanied by sore throat, earache, cough, bodyache, or running of the nose give Belladonna 6 and Merc bin iodide 6 alternately every two hours.
- 5) If the fever does not subside, give Baptisia 3X, two hourly till such time that he is assisted by the Subcentre or Primary Health Centre.
- 6) Refer to the Subcentre if:
 - i) The fever does not come down within two days
 - ii) The fever is accompanied by stiff neck, convulsions, unconsciousness or vomiting.

Headache

Like fever, headache can also be accompanied by other signs and symptoms such as fever, rash, earache, running of the nose, or vomiting. Proceed as follows.

- 1) Give Mellilotus 30 and Combination No.11 tablets alternately every two hours for two days.
- 2) Treat the other symptoms accompanying the headache as follows:

Headache accompanied by

- | | |
|---------------------|--|
| i) Fever | Accnite 6X and Combination No.11 tablets alternately every two hours |
| ii) Sore throat | Belladonna 6 and Merc bin iodide 6 alternately every two hours. |
| iii) Cold and cough | Bryonia Alba 30 and Combination No. 1 tablets alternately every two hours. |
| iv) Earache | Belladonna 30 and Combination No.11 tablets alternately every two hours. |

Refer the patient to the Subcentre if:

- a) The headache is accompanied by stiff neck
- b) The patient is pregnant
- c) The headache is accompanied by fever and there is no relief even after two days.

Backache

Proceed as follows:

Bed rest

Treatment

- | | |
|--|--|
| i) If backache is due to injury | Arnica 30 every two hours |
| ii) If backache is accompanied by joint pain and the pain is felt more with the least movement | Bryonia 30 and Combination No.III tablets alternately every two hours |
| iii) If the backache is accompanied by joint pain and if the pain is relieved by movement | Rhustox 30 and Combination No.III tablets alternately every two hours. |

Refer the patient to the Subcentre if the backache persists for more than three days or if there is any deformity.

Joint pains: Proceed as follows:

- 1) Bed rest
- 2) Apply heat to the joint by means of a hot water bottle or hot sand or by wrapping the joint with a cloth soaked in hot water and wrung out.
- 3) Treatment:

 - i) If joint pain is more on the least Bryonia 30 and Combination No. XII movement tablets alternately every two hours
 - ii) If joint pain is better by movement Rhustox 30 and Combination No. III tablets alternately every two hours
 - iii) If joint pain is accompanied with fever and the joint is red, hot, swollen and painful to touch Belladonna 30 every two hours.

4. Refer the patient to the Sub-Centre
 - i) If the patient is a child with pain in several joints and fever
 - ii) If there is no improvement after 3 days of treatment

Diarrhoea

Proceed as follows:

- 1) Give plenty of fluids to drink
- 2) Give soft diet like banana, buttermilk, arrowroot congee, and rice gruel.
- 3) If there are signs of dehydration, i.e. sunken eyes, dry mouth, or wrinkled skin, give rehydration mixture, or follow the instructions given in Chapter 11, Section 11.1.5
- 4) Give China 6 and Cynodon Dactylon 6X alternately two hourly.
- 5) Give Chamomilla 30 every two hours in children having diarrhoea during dentition when the child is cranky and irritable.
- 6) Treatment

If the stools are:

 - i) Watery, profuse, painless, offensive Podophyllum 30 and Combination No. IV alternately every two hours.
 - ii) Mixed with blood and mucus Merc Sol 30 and Combination No. IV alternately every two hours.
 - iii) Accompanied by nausea, vomiting or dehydration Arsenic Album 30 and Ipecac 30 alternately every two hours.

- 7) Refer the patient to the Subcentre if:
 - i) There are signs of dehydration
 - ii) There is no improvement within two days

Headache

Like fever, headache can also be accompanied by other signs and symptoms such as fever, rash, earache, running of the nose, or vomiting. Proceed as follows:

- 1) Give Mellilotus 30 and Combination No.11 tablets alternately every two hours for two days.
- 2) Treat the other symptoms accompanying the headache as follows:

Headache accompanied by

- | | |
|---------------------|--|
| i) Fever | Acenite 6X and Combination No.11 tablets alternately every two hours |
| ii) Sore throat | Belladonna 6 and Merc bin iodide 6 alternately every two hours. |
| iii) Cold and cough | Bryonia Alba 30 and Combination No. 1 tablets alternately every two hours. |
| iv) Earache | Belladonna 30 and Combination No.11 tablets alternately every two hours. |

Refer the patient to the Subcentre if:

- a) The headache is accompanied by stiff neck
- b) The patient is pregnant
- c) The headache is accompanied by fever and there is no relief even after two days.

Backache

Proceed as follows:

Bed rest

Treatment

- | | |
|--|--|
| i) If backache is due to injury | Arnica 30 every two hours |
| ii) If backache is accompanied by joint pain and the pain is felt more with the least movement | Bryonia 30 and Combination No.III tablets alternately every two hours |
| iii) If the backache is accompanied by joint pain and if the pain is relieved by movement | Rhustox 30 and Combination No.III tablets alternately every two hours. |

Refer the patient to the Subcentre if the backache persists for more than three days or if there is any deformity.

Joint pains: Proceed as follows:

- 1) Bed rest
- 2) Apply heat to the joint by means of a hot water bottle or hot sand or by wrapping the joint with a cloth soaked in hot water and wrung out.
- 3) Treatment:

 - i) If joint pain is more on the least Bryonia 30 abd Combination No. III movement tablets alternately every two hours
 - ii) If joint pain is better by movement Rhustox 30 and Combination No. III tablets alternately every two hours
 - iii) If joint pain is accompanied with fever and the joint is red, hot, swollen and painful to touch Belladonna 30 every two hours.

4. Refer the patient to the Sub-Centre
 - i) If the patient is a child with pain in several joints and fever
 - ii) If there is no improvement after 3 days of treatment

Diarrhoea.

Proceed as follows:

- 1) Give plenty of fluids to drink
- 2) Give soft diet like banana, buttermilk, arrowroot conjee, and rice gruel.
- 3) If there are signs of dehydration, i.e. sunken eyes, dry mouth, or wrinkled skin, give rehydration mixture, or follow the instructions given in Chapter 11, Section 11.1.5
- 4) Give China 6 and Cynodon Dactylon 6X alternately two hourly.
- 5) Give Chamomilla 30 every two hours in children having diarrhoea during dentition when the child is cranky and irritable.
- 6) Treatment

If the stools are:

 - i) Watery, profuse, painless, offensive Podophyllum 30 and Combination No. IV alternately every two hours.
 - ii) Mixed with blood and mucus Merc Sol 30 and Combination No. IV alternately every two hours.
 - iii) Accompanied by nausea, vomiting or dehydration Arsenic Album 30 and Ipecac 30 alternately every two hours.

- 7) Refer the patient to the Subcentre if:
 - i) There are signs of dehydration
 - ii) There is no improvement within two days

3. Refer to the Subcentre:

- i) If the pain does not subside within 24 hours
- ii) If there are signs of shock
- iii) If the patient is pregnant

IndigestionTreatment

| | |
|----------------------------------|--|
| i) With heaviness and belching | Carbo Veg 30 and Combination No.XII alternately every two hours. |
| ii) Due to rich, greasy food | Pulsatilla 30 and Combination No.XII tablets alternately every two hours |
| iii) Due to spicy food | Nux Vomica 30 every two hours |
| iv) With nausea or vomiting | Ipecac 30 and Arsenic Album 30 |
| v) With diarrhoea | China 6 and Cynedon Dactylon 6 X alternately every two hours. |
| vi) In children during dentition | Chamomilla 30 and Combination No.VI alternately every two hours. |

2. Refer the patient to the subcenter if there is no improvement within two days.

Constipation.

Constipation may also be accompanied by pain in the abdomen, nausea and vomiting.

Proceed as follows:

- 1) Advise the patient to drink plenty of water
- 2) Advise the patient to eat plenty of fresh fruits and green leafy vegetables
- 3) Treatment:

Constipation

| | |
|----------------------|--|
| i) Of long standing | a) Sulphur 30 in the morning and Nux Vomica 30 in the evening for 7 days |
| ii) Of recent origin | b) Combination No.VII thrice a day Cascara Sagrada Q; 4 to 6 drops in half a cup of water, one teaspoon every three hours for two days. |

4. Refer the patient to the subcentre if the patient is vomiting and has severe pain in the abdomen accompanied by fever.

Earache

Earache may be accompanied by running of the nose, sore throat, discharge from the ear, dizziness, disturbances of hearing, or fever.

1.Treatment

| | |
|---|--|
| i) With fever | Belladonna 30 and Merc Sol 30 every hr; if severe pain then half hourly. |
| ii) With catarrh, sorethroat, but without fever | Merc Sol 30 and Combination No.VIII tablets alternately every two hours. |

Cough

Proceed as follows:

1) Treatment

-
- | | |
|-----------------------------------|---|
| i) Dry cough accompanied by fever | Belladonna 30 and Merc Sol 30 alternately every two hours for 3 days |
| ii) Loose cough | Arsenic Album 6 and Ipecac 30 alternately every two hours for 3 days |
-

2. Refer the patient to the Subcentre:

- i) If the cough does not subside
- ii) If the cough is accompanied by fever and chest pain

Vomiting

Vomiting may occur alone or it may be accompanied by pain in the abdomen, diarrhoea or fever. In women it may occur during pregnancy

Proceed as follows:

1. Give a milk diet
2. If there are signs of dehydration, give rehydration mixture or as suggested in Chapter 11, Section 11.1.5
3. Give Ipecac 30 and Arsenic Album 30 alternately every one hour and if better, every 2 hours.
4. Refer the patient to the Subcentre:
 - i) If the vomit contains blood
 - ii) If the patient is dehydrated
 - iii) If the patient is unable to retain anything
 - iv) If there is no improvement within two days

Pain in the abdomen

Pain in the abdomen can also occur with other signs and symptoms like nausea, vomiting, diarrhoea or constipation

Proceed as follows:

- 1) Advise milk and a soft diet
- 2) Treatment:

-
- | | |
|---------------------------------|--|
| Pain in abdomen associated with | |
| i) No symptoms | Colocynth 30 and Combination No.V tablets alternately every two hours |
| ii) Diarrhoea | China 6 and Cydon Dactylon 6 alternately every two hours |
| iii) Constipation | Nux Vomica 30 and Combination No.V alternately every two hours |
| iv) Nausea and Vomiting | Ipecac 30 and Arsenic Album 30 alternately every two hours. |
| v) Passing worms | Cina 30 every two hours |
| vi) Fever | Belladonna 30 every two hours |
-

2. Refer the patient:

- i) If there are red streaks running beyond the area of the boil and the part becomes painful to touch
- ii) If the abscess is formed
- iii) If there is no relief after two days of treatment

Ulcers

Proceed as follows:

1. Clean the ulcer with boiled, cooled water and cotton wool.
2. Dry it with clean cotton wool.
3. Apply Calendula ointment
4. Apply a clean dressing and keep in place with a bandage or adhesive plaster
5. Give Merc Sol 30 and Combination No X tablets every two hours
6. If there is no relief, change the dressing as necessary, and give Hepar Sulph 30 and Combination No.X tablets every two hours for one week
7. Refer the patient to the Subcentre:
 - i) If there is fever
 - ii) If the patient has several ulcers and gets tired easily or eats and drinks water excessively.

Scabies

Proceed as follows:

1. Ask the patient to bathe the part with soap and water.
2. Clean the part with cotton wool
3. Apply Calendula ointment. Repeat twice daily
4. Ask the patient to put on clean clothes and change the clothes daily.
5. Ask the patient to boil the clothes and the bedding with soap and washing soda. Dry them in the sun.
6. Give Merc Sol 6 and Combination No.XI tablets alternately every four hours for seven days.
7. Refer the patient to the Sub-Centre if there is no improvement.

Ringworm

Proceed as follows:

1. Bathe with water and soap
2. Dry with cotton swabs
3. Apply Calendula ointment. Repeat as necessary
4. Give Sepia 6 and Combination No.XI tablets alternately every three hours for seven days.
5. Refer the patient to the Subcentre if there is no improvement.

Burns and Scalds

Proceed as follows:

- 1) Cases where skin is intact or only partially destroyed
 - i) Wash with running water
 - ii) Apply Cantharis ointment
 - iii) Dress with gauze. Keep the gauze in position with a loose bandage and adhesive tape.
 - iv) Make the patient drink plenty of fluids
 - v) Give Cantharis 30 and Urtica Urens 3X alternately every hour.
- 2) Cases where skin is completely destroyed
The burnt area look raw, there is severe pain and the patient may go into shock. In such cases treat as follows:
 - i) Cover the affected area with a clean sheet or piece of cloth
 - ii) Make the patient drink plenty of fluid
 - iii) Give M Cantharis 30, Urtica Urens 3X alternately every five minutes. Rush the patient to the Primary Health Centre.

Wounds

A wound may be a simple graze on skin, a skin cut by a knife or other sharp cutting instrument, a torn skin, or a punctured skin.

Proceed as follows:

1. Simple grazed wounds

Wash the wound with clean water and cotton wool and dry with cotton wool. Apply Calendula ointment, dress the wound and bandage. Give Calendula 30 and Arnica 200 alternately every two hours for two days.

2) Cuts:

a) If the cut is small

- i) Stop the bleeding by using direct pressure
- ii) Wash the wound with water, then dry it with cotton wool
- iii) Apply Calendula ointment
- iv) Dress the wound and bandage it
- v) Give Arnica 200 every two hours for two days
- vi) Dress the wound daily as necessary

b) If the cut is big

- i) Stop the bleeding by direct pressure. If bleeding still continues apply a tourniquet.
- ii) Give Arnica 200 every 5 minutes
- iii) Rush to the hospital

3) Torn skin

a) If the skin is torn

- i) Remove as much dirt or foreign matter as possible
- ii) Wash the wound with soap and water
- iii) Dry with cotton wool
- iv) Apply Calendula ointment
- v) Dress the wound with a clean bandage
- vi) Give Arnica 200 every half an hour

b) If the wound is gaping

- i) Bring the edges together by using strips of adhesive tape
- ii) Give Arnica 200 and Calendula 30 alternately every 20 minutes
- iii) Rush the patient to the Primary Health Centre

4) Punctured wound

a) If the wound is small

- i) Stop the bleeding by direct pressure
- ii) Wash the wound with water
- iii) Dress with Calendula ointment
- iv) Give Arnica 200 and Lodum 30 alternately every 15 minutes

x)

b) If the wound is big and is bleeding profusely or the wound is in the abdomen or chest and is deep

- i) Stop the bleeding by direct pressure or by applying a tourniquet
- ii) Give Arnica 200 every 10 minutes
- iii) Rush the patient to the Primary Health Centre

Sprains

Proceed as follows:

1. Give rest and support to the injured joint
2. Apply a cold compress
3. Apply Arnica mother tincture
4. Bandage the joint firmly
5. Give Rhustox 30 and Arnica 200 alternately every two hours
6. Rush the patient to the Primary Health Centre

All cases of fractures and dislocations should immediately be referred to the Primary Health Centre.

GUIDE FOR THE USE AND ADMINISTRATION OF HOMOEOPATHIC DRUGS FOR EXTERNAL USE

| S.No. | Drugs | Use | Method of application |
|-------|--------------------|---|---|
| 1. | Arnica external | Sprain | Rub gently on painful part. Cover with a piece of warm cloth and bandage the part firmly. Repeat treatment as necessary. |
| 2. | Celendula Ointment | 1. cuts & scratches 2. Wounds 3. Ulcers | Clean wound with water. Dry with a cotton swab. Apply ointment on the wound. Cover with dressings and bandage. Repeat daily. |
| 3. | Cantharis ointment | Burns & scalds | Clean wound with water and soap. Apply ointment on affected area and cover with clean dressing. Repeat daily. |
| 4. | Echinacea external | 1. Insect sting 2. Scorpion sting | Clean area with water. Dry with a cotton swab. Apply lotion on the wound. |
| 5. | Kreosote external | Toothache | 1. With cotton wool on a match stick apply kreosote external on the decayed tooth. 2. Add 2 drops to $\frac{1}{2}$ cup of water, Use this solution as a mouth wash. Repeat as necessary. |

DRA

HOMOEOPATHIC MEDICINES TO BE CARRIED BY COMMUNITY HEALTH WORKER

For internal use:

| S.No. | Drugs | Potency | S.No. | Drugs | Potency |
|-------|------------------|---------|-------|-----------------|---------|
| 1. | Aconite | 6 | 17. | Hepar sulph | 30 |
| 2. | Apis mel | 6 | 18. | Hydrophobinum | 30 |
| 3. | Arnica | 200 | 19. | Ipecac | 30 |
| 4. | Arsenic album | 6/30 | 20. | Ledum | 6/30 |
| 5. | Baptisia | 3x | 21. | Mullilotus | 30 |
| 6. | Belladonna | 6/30 | 22. | Merc bin iodide | 30 |
| 7. | Bryonia alba | 30 | 23. | Merc sol | 6/30 |
| 8. | Cantharis | 30 | 24. | Nux vom | 30 |
| 9. | Carbolic Acid | 6 | 25. | Podophyllum | 30 |
| 10. | Carbo Veg | 30 | 26. | Peccinum | 30 |
| 11. | Cascara sagrada | 4 | 27. | Pulsatilla | 30 |
| 12. | Chamomilla | 30 | 28. | Rhustox | 30 |
| 13. | China | 6 | 29. | Staphisagria | 30 |
| 14. | Colocynth | 30 | 30. | Sepia | 6 |
| 15. | Cynodon dactylon | 6x | 31. | Sulphur | 30 |
| 16. | Euphrasia | 30 | 32. | Urtica urens | 3x |

Tissues remedies - combinations:
Numbers 1 to XIII

For external use:

| S.No. | Drugs | Use |
|-------|-----------|-----------|
| 1. | Arnica | external |
| 2. | Calendula | Ointment |
| 3. | Cantharis | Ointment |
| 4. | Echinacæa | external |
| 5. | Euphrasia | eye drops |
| 6. | Kreosote | external |