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तदेव युक्तं भैषज्यं यदारोग्याय कल्पते ।
स एव भिषजां श्रेष्ठः रोगेभ्यो यः प्रमोचयेत् ।।

That which restores health is the proper medicine, he who cures the patient is the best physician .. .. Charaka.

Life is short, art is long; opportunity fleeting, experiment dangerous and judgment difficult .. .. Hippocrates.

The physician's high and only mission is to restore the sick to health .. .. Hahnemann.

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CO-EXISTENCE IN MEDICINE

In arranging the syllabus for the various courses in homoeopathy in India, the educationists come to face a question which seems to vex them viz., should the students of homoeopathy be taught anything about the other widely practised systems of Medicine, and if so how much? While analysing this question, we may also determine and if necessary reorient our attitude towards those systems.

Before discussing this subject dispassionately, we have to recognize certain facts.

The Ayurvedic system of medicine with its hoary traditions has been practised so long that its origins are almost untraceable. It represents a tremendous fund of medical wisdom and has been catering successfully to the medical needs of our country for three thousand years and more. To the present day world of medicine many of its theories and concepts may appear subtle and abstruse, its physiology and pathology based on hypotheses and its methods unrefined and unscientific; yet, it will be admitted that when practised properly the system is effective and that it has withstood the test of time. The merits of many of the drugs from its ancient materia medica, as for example, Sarpagandha (Rawolfia Serpentina), are being recognised and they are being increasingly adopted into modern medicine.

The orthodox allopathic system though comparatively recent in origin has made tremendous strides in many directions, as for example in the study of tissue physiology and pathology. Vast sums of money are being spent in research and thousands of scientists all over the world engaged in grappling with the problem of disease have uncovered an amazing amount of factual data. However much we, as homoeopaths, may differ and disagree with them over the interpretations they put on these facts and deplore their approach and disapprove of their methods we may not question the loftiness of their objectives and their sincerity, devotion and loyalty to the cause as they see it.

Under the circumstances, it seems that the more our students have a knowledge of at least the principles and the approach of these systems, the better they will be able to integrate all available knowledge. This will also help the evolution of a new physiology and pathology which will embrace and incorporate the truths in the Tridosha physiopathology of Ayurved, the vitalistic dynamic conception of homoeopathy and the tissue patho-physiology of the orthodox system. We have much to give but we also have to absorb the truths from everywhere. And since the objectives of all systems of medicine are the same, there is no reason why all should not arrive at the same goal one day.

A fear might be entertained in some minds that if our students learn the principles of the other systems, they may give up homoeopathy and practise those. Such fear does great discredit to our faith in ourselves. Surely, the grounding we shall give to our students in homoeopathy through teaching and training cannot be so defective and our results so poor that our students would throw away our principles and methods at the first opportunity! Let our students remain homoeopaths by conviction, not by accident or force of circumstances.

Incidentally, it must be mentioned that some homoeopaths seem to derive great satisfaction by merely condemning other systems of medicine. They sincerely believe that criticism of those systems and exposure of their defects and limitations is enough to

establish the superiority of our system and advance its cause. They even calculate the degree of devotion of every homoeopath to the science, by the degree of criticism he offers for the other systems. This is partly a result of the inferiority complex from which we have suffered very long. We must shed this complex and take a more positive attitude. Homoeopathy is superior, not because other systems are defective but because it is itself very effective. We can establish the supremacy of homoeopathy and incidentally satisfy our sense of loyalty also, in more positive ways than by merely criticising others.

One of the best and most practical ways of assuring this would be to produce better results—results infinitely better, which no one can doubt or question. One good case cured would be better than ten reasons given or twenty explanations put forward. So let us speak less and concentrate our energies on doing more. The language of action and achievement would be more effective than the language of words.

EDITORIAL NOTICES

Contributions in the shape of original articles, case reports, extracts, news cuttings, etc. of interest to the profession are invited. All authenticated matter and articles of scientific interest will be particularly welcomed.

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HOMOEOPATHY INSTEAD OF SURGERY—IN A RURAL PRACTICE*

Dr. VON D. BERNDT, M.D., Edelsheim, Leine, Germany

The title "Homoeopathy instead of Surgery" should not by any means be taken to mean that we doctors can do without the services of the surgeon. Among the indispensable forms of surgery are reparative accident surgery, transplantation, clearly indicated Caesarean incision and some other unavoidable surgical operations.

The question arises, however, whether surgery, in the delimitation of its indicatory position, has not occasionally far exceeded the bounds of what is necessary or even justified.

The atmosphere of our crisis-laden University departments of Medicine has been marked by a tragic mistaking of cause for effect and vice versa, which has not been without serious consequences. For the objectively ascertainable functional as well as somatic changes i.e. the symptoms in a patient, are doubtless an effect or rather a consequence—phenomena of disorder in an indivisible living organism. University Medicine, however, defines the most striking functional or somatic indications of pathology i.e. the symptoms, as being the cause of illness, a fact which is also clearly expressed in diagnostical nomenclature. Many mistakes in treatment, medicinal as well as surgical, may have been due to an effort to fight or to remove these so-called "causes".

Thus, even in the "Age of the Surgeon" (a title invented by a German novelist) Hahnemann's emphatic counsel remains as true as ever—namely, that patients ought to be cured so as not to allow a primitive and sometimes even disfiguring removal of the products of disease to remain the be-all and end-all of medical treatment.

Criticism of this nature would be inadmissible unless there were a definite possibility of demonstrating that even such products of disease may be made to disappear which modern surgery regards as eradicable only by "fire and sword", and by a curative method of treatment which is described in the words *"cito, tuto, et jucundo"*.†

Let us examine a few case-histories from a rural practice which, to my mind, furnish proof that even in these days, homoeopathy can still be effective in conditions which a surgeon might regard as a field for his own exclusive intervention. It should be mentioned that the following will be merely a selection from a far larger number of everyday cases which I have dealt with. Moreover, an almost unlimited number of such cases has been described in homoeopathic literature during the last 150 years.

CASE 1

A shepherd, 57 years of age, tall, thin, stooping, unkempt, with yellowish-grey complexion, complained of a stubborn cough which he said had been bothering him for ages and had lately become unbearable on account of the damp and chilly weather. There was a considerable amount of greenish-phlegm. Result of examination: Bronchiolitis. My attention was caught by the bony back of his hand. A large area on either side, halfway up the forearm, was covered by several layers of warts, badly cracked, encrusted with blood and dirt, festering in places. On enquiring

*Paper read at the International Homoeopathic Congress, Florence, Sept. 1959 and published by kind permission of K. Haug, Editor, *Allgemeine Homoeopathic Zeitung*, Ulm, Germany; Translated from the Original in German.

†Quickly, totally and gently—Ed.

about the warts, I was told that they had been proliferating for fifteen years. In the early years they had frequently been cauterized. But they had kept on spreading all over. He had long since given up hope of ever getting rid of this disorder. I was not to take any notice of it. He had come to the surgery only because of his cough.

This happened in the spring of 1950 when I was carrying out my first shy attempts at homoeopathic treatment. Consulting the text book I found that Thuja might be suitable, for the warts rather than for the cough. I made out a prescription for Thuja D4,* 5 drops to be taken twice a day.

When the patient returned 3 weeks later, having come to the end of his cough drops, he looked considerably improved. His cough had abated almost immediately after the start of the treatment. There was still some of the cough left, though. Could he have some more cough drops to continue the good work? I could not help looking again at the back of his hand. The wart ridges had vanished without leaving a trace. I asked him about it. He replied: They went all of a sudden last week. But that didn't really matter, he added; the main thing was could he have another supply of cough drops? I let him have them, and he must have felt considerably enriched by having them, in the same way that I felt enriched by an experience which spurred me on towards gaining new insight to guide me in my work.

CASE 2

A mother brought her eight-year-old daughter who was suffering from a speech impediment and was unfit for school because of a ranula. This was the size of a hazel-nut and of recent origin and had developed fairly rapidly. The woman wanted me to refer the girl to a surgeon. A brief exploration resulted in Thuja being indicated as the simillimum. After prescribing Thuja D 12, five drops twice daily, I asked the girl's mother to be patient for a few days. This request seemed to cause intense irritation to her. A thing like that ought to be removed, she repeated. I insisted and refused to refer the girl to a surgeon. Within five days the ranula had disappeared. The girl's mother, although not in the least appreciative, was visibly astonished. This happened two years ago and it was not my first healing experinece of this type. Thus, I did not really feel astonishment myself but saw in it only a confirmation of what I had expected from the art of healing.

CASE 3

Craftsman, 54 years of age, who had had surgical treatment on both processus mastoidei in childhood, had since then been suffering from a caustic liquid discharge from ear and been supplied with an electric hearing aid. For three years he has had a tumorous growth on the skin of the abdomen. This was of the size of a plum, spreading rapidly and decaying on the surface. A case of advanced cancerophobia—patient's professional efficiency had greatly decreased and he had also lost a considerable amount of weight. Patient requested removal of this troublesome tumour. A brief repertorisation according to Kent did not lead to a firm decision on whether Calcarea carbonica or Silicea would be indicated. Patient received first one and then the other—as C 200†—but without result. Thereupon he was given Calcium-silico-fluoratum as D 12, 1 tablet twice a day. The trouble cleared up within a week, leaving only a small, wart-like scar which is still visible today. His general condition became quite normal; there has been hardly any discharge since then and his hearing ability has improved to such an extent that the hearing aid is only rarely required nowadays. In this case astonishment was equally great on either side.

*D4 = 4X — Ed.

†C200 = 200C — Ed.

CASE 4

A two-year-old girl from a remote district had received bilateral paracentesis because of otitis media two weeks before seeing me. The child still had a temperature 38° and 39°, suffered from caustic ear discharge, completely off her food, continually drinking cold water and constantly suffering severe pain. The child had been referred for clinical treatment for extremely urgent mastoidectomy on the following day. Her parents were desperate because the otologist had predicted that the child would be permanently hard of hearing. The child had relatives living in my village and these brought her to me. The case required an immediate dose of sulfur C 500. During the following day the child's temperature subsided and she recovered a taste for food while her thirst decreased and there was relief from pain. Two days later she began a new course of treatment by being given one tablet Calcium phosphoricum D 12, twice daily.

15 days later I saw the child again. I found only slight traces of the previous trouble. The discharge had ceased. After repertorisation the child received another three doses consisting of Hepar sulfuris on three consecutive days—C 30, C 200, C 1000.

The child has never been ill since. Her eardrums which had been punctured by the ear specialist, have healed over. She has now a normal sense of hearing.

The above case dates back four years. I wonder what would happen if all cases of otitis media before the age of seven were treated by consistent homoeopathic methods. Would there still be institutions for the deaf-and-dumb? I should think there would be only few of them left because congenital deaf-and-dumbness is extremely rare.

CASE 5

For two years I had been labouring with a case of Steingall bladder with constant attacks of colic in a farmer's wife who was 30 years of age at the time. I had employed alternatively homoeopathic and allopathic methods of prescription. The specialist resident surgeon who was cooperating in observation, insisted pre-emptorily on an operation. This happened eight years ago and just at that time Kent's *Repertory* came into my possession. I had not yet learnt how to make use of it and I required several nights' study in order to do the necessary analysis. Previously the idea of accepting Sepia as a simillimum would never have entered my mind. I gave the patient D 12, one tablet twice daily, for three weeks. At the end there was no surgical operation. She has since appeared to be quite well and it seems that she will remain so. Whether she still has the stones, which had been ascertained by X-ray, neither of us know.

She has since been carrying on with her work which is of a strenuous and worrying nature. I only see her whenever one of her children has a cold and each time I feel deeply gratified by her apparent sense of appreciation. But I feel that this gratitude is not rightfully due to me but to Hahnemann and Kent to whom I consider myself as being equally indebted.

CASE 6

A professional man who is now 67, of a neuropathic nature—when in deep thought he habitually tore his fingernails to the point of bleeding—four years ago suffered from a prolapse of the rectum which, after each bowel movement, protruded as far as 10 cm., causing pain and haemorrhage. The patient had been in the habit of carrying out the reposition himself. A surgeon, a friend of his, was advising urgent operation. However, considering that his skin was the colour of parchment, that his general condition was poor and that there was a subsidiary paresis

of the sphincter of the bladder and several other factors which I looked up in the *Repertory*—all this caused me to dissuade him from having an operation. I administered instead Causticum as C 30 progressing to C 200 and up to C 1000 at intervals of several weeks. The prolapse as well as the paresis of the sphincter of the bladder disappeared and there is now no sign of neurotic behaviour. The patient looks well and gives the impression of having been rejuvenated by at least ten years. Whereas he had previously been applying for premature retirement, he is now waging a determined campaign for permission to stay in office beyond the statutory age limit.

CASE 7

A 48-year-old labourer with an anamnesis extending back over the last ten years was at last to have an operation (according to Billroth) for incurable, multiple, dish-shaped ulcera ventriculi, having previously undergone clinical treatment of several months' duration for ulcer ventriculi.

From Gustav von Bergmann's clinical expositions, we gather that dish-shaped ulcera ventriculi very frequently have or acquire carcinomous character. The patient had already received notice of an appointment for surgical treatment from the University Clinic and his only purpose in calling on me was to collect his transfer form.

I had not in any way been responsible for the previous treatment of this long-standing complaint, having only occasionally, as a deputy, taken over the surgery in a neighbouring, non-homoeopathic practice. The patient's complexion, behaviour, modalities and several other separate indications revealed a Causticum-similarity in the sum total of the medicinal symptoms, and in such a convincing form as is only seldom seen—so that I found myself virtually compelled to perform the experiment.

I resorted to a white lie in order to delay the patient's removal to hospital; I administered one Causticum C 30 and made an appointment with him to see me in two days' time.

He appeared to be completely altered; he had not felt any pain for the last two days although he had taken no other remedies; on the other hand his appetite for food had become excellent. He refused to submit to the operation "if things go on as they are doing now."

In addition to the above-mentioned C 30 the patient later on received two C 200 and finally one Causticum C 1000, administered by the practitioner for whom I had previously deputized. Each time we maintained close contact by telephone.

The cure resulted in the patient gaining 11 kgs. in weight, the healing of the ulcer having been confirmed both subjectively and by X-ray check. For the last six years the patient has been fit for work without an interruption of any kind.

Would a Billroth-type operation have shown equivalent results in this case? I do not know. But as a co-observer in many similar cases, I beg leave to doubt it.

I should like to complete this case-report by describing other cases which have been cured by homoeopathic methods, such as: Panaris, bursitis, hydropic arthropathy, prolapse of genitals, hernia initialis, occlusion of intestine, phlegmona subfascialis, exostosis, chondroma, hypertrophia of tonsils, Slyposis of the mucosa of the nose, lipoma, fistula osteomyelitis frontitis, caries vertebrarum and prostata-hypertrophica.

But I must not exceed the time which has been allotted to me and therefore I should like to conclude this brief lecture by quoting a double case of a rather curious nature:

CASE 8

The remarks which I am about to make with regard to this case ought to be preceded by a serious caution. I should warn any one against attempting to deal with highly acute appendicitis by homoeopathic methods, unless a homoeopathic diagnosis is obtainable without the least delay and with sufficient accuracy.

The patient in this case was a village doctor, aged 45, who was in charge of a neighbouring practice and not entirely opposed to homoeopathy. He was worried about the time-wasting operative clinical procedure and begged me to make an attempt to save him from the clinic with the aid of homoeopathy. I received his request late in the evening. I called to see him at 11-30 p.m. and confirmed his own diagnosis.

After supper there had been a sudden onset of symptoms—hot flushes, shivering, a sensation of sickness and vomiting, with the patient pacing the floor excitedly in a stooping posture with severe pain in the lower right abdomen. Each step caused pain which became more severe when the patient lay down.

Temperature, rectal: 38.7°, axillary: 37.1°. Tachycardia. Patient is sensitive to light, with enlarged pupillae, reddened sclerae flushed hot face, parched mouth, dryness of tongue and throat. There is a red, painted look about the whole thing; also feeling of irritation in throat and larynx. Slight meteorism. Distinct reflectory defensive tension and acute tenderness towards bottom right. Violent release pain in right hypogastrium; desperate excitation. Failure of attempt at persuading him to undergo surgical treatment. Patient said "he would rather perish than do that". I had to think of the large number of patients whom he might himself have sent for an appendectomy during his twenty years as a practitioner.

In order to secure a medical diagnosis, I spent the next half-hour or so consulting Kent's *Repertory* and found Belladonna to be so obviously indicated as not to leave any doubt whatever concerning the correctness of the choice of remedy. Two globuli of the 6th L M* were dissolved in glassful of water. I administered orally one small dose of this every fifteen minutes. The patient took the first mouthful at 11-30 p.m. He calmed down after this and became a little tired and less talkative. An hour later, there was considerable relief from flatulence and the parched feeling in the throat disappeared. Temperature 2 hours after beginning the treatment was 36.8° (axillary) and 37.6° (rectal). There was hardly any spontaneous pain left and no longer any release pain. He was given four more oral doses of Belladonna at intervals of fifteen minutes. At 3 a.m. patient asked to be allowed to go to sleep. Leaving instructions for him to stay in bed during the following day I left for home. I intended to return at 7-30 a.m. to take his place in the surgery. At 7 a.m., however, patient's wife rang up explaining that there was no longer anything wrong with him, he was just eating his breakfast with great enjoyment, and she added that he was insisting on taking the surgery† himself.

This case occurred nearly a year ago. My colleague has never been ill since. I believe he has been cured, not only of appendicitis, but he seems to have been cured as well of any theoretical reservations he may still have had regarding the tremendous importance and value of Hahnemann's teaching.

CASE 9

May I quote, in justification of this belief, my ninth case which is also to be the last for the purposes of this lecture. Three months after the above-mentioned events had taken

*6th potency of 50 Millesimal scale—Ed.
†Surgery denotes dispensary—Ed.

place, this very same colleague asked me to have a look at his mother-in-law, then aged 62.

She had had a sudden loss of weight of 10 kgs. shortly after the removal of a facial eczema by means of cortisone ointment. There was also complete loss of appetite, spasmodic constipation, very marked apathy; darkish-yellow, caustic-smelling urine, moderate swelling of spleen and liver, severe attacks of pain in epigastrium, transfer of flatulence in colony transversum, moderate leucocytosis and maximal sedimentation of blood corpuscles. The surgical clinic had diagnosed carcinoma pancreatis, unfortunately inoperable. A medicinal diagnosis according to Kent's *Repertory* plainly indicated Sepia. Patient received a dose of 6th L M once a week to the exclusion of all other medicine and with only slight changes in her diet. Two weeks later there was almost complete relief from discomfort. Eight weeks later the patient had regained her initial weight and there was a normal blood formula. The swelling of the spleen and liver had gone. In a psychological sense she had also returned to her former condition. Even the constipation had disappeared. At long last even the facial eczema reappeared, wholly in accordance with the descriptions of Hahnemann's Psora-teaching.

I dare not claim that this patient was definitely cured. Only after years of further observation and at the end of more homoeopathic treatment, if required, could this be conclusively proved.

But it seems to me that for this woman it was a singular stroke of fortune that she was, on the one hand, found to be inoperable by the surgeons, and at the same time she had decided to entrust herself to the great and beneficient power of the homoeopathic art of healing.

PRENATAL DEFECTS AND DISEASES OF THE NERVOUS SYSTEM

Dr. V. V. ATHALYE, A. V. P., Satara
Member, Court of Examiners in Homoeopathy, Bombay.

In his general practice when a medical practitioner has to deal with nervous ailments of infants, he finds that some have cyanosis or feeble respiration, others have difficulty of swallowing or nursing and still others have rigidity of extremities or recurrent spasms. Some have clonic or tonic fits, opisthotonos or emprosthotonos, or certain other disturbances of the nervous system. Some infants exhibit frequent elevations of temperature without any apparent cause.

And when the infants reach the age of sitting or walking, he may find that some of them are unable to sit or walk or speak or do mental functions normal to the age. He comes across some children who fall an easy prey to various infections and have extreme sensitivity towards drugs, the sensitivity sometimes leading to death.

But what does the busy practitioner do for such infants and children? He treats them symptomatically for fits and convulsions, subnormal growth of body and mind and fevers of unknown origin without any diagnosis and prognosis. However, in the absence of definite knowledge of the etiology of these conditions he is not to blame for his shortcomings. But during the last 25 years or more much investigation has been done in respect of these conditions and we have

now at least better understanding of these conditions, and a better understanding gives hopes of better treatment.

Senior practitioners who have reached the stage of retirement or have been doing only consultation work may be expected to devote themselves to such problems for they have comparatively ample time at their disposal if they are inclined to utilise it for such purposes.

With these introductory remarks I shall turn to the subject of this paper:

Consideration of the diseases of the nervous system in relation to conditions either prenatal or postnatal is a province of the neurologist, and specifically that in relation to infancy and childhood is one of pediatrician. But the neurologist generally comes in contact with adults and to him the diagnostic problems with which I propose to deal in this paper are obviously not familiar; and the pediatrician will seldom be inclined to give thought to these problems for there has been an absence of effective therapeutic measures needed to deal with conditions involved in these problems.

But the very extreme despair in curing and the difficulties even in alleviating these conditions make the appropriate understanding of the causes of these conditions all the more important. The parents and families concerned with such infants and children are found to be absolutely ignorant regarding the time when the first symptoms of these conditions had become manifest.

Recently however a considerable progress has been made at least as regards a better understanding of the different kinds of encephalitis and their relation to acute infectious diseases. A number of careful histological studies have also become available now and they help to clarify the relations of the heredo-familial degenerations.

Diseases of the nervous system in infancy and childhood can be conveniently discussed under five main categories:—

(1) Prenatal defects of the nervous system
(2) Birth injuries
(3) Heredo-familial degenerations
(4) Infections.
(5) Intoxications.

The prenatal defects themselves with one of which I propose to deal in this paper can be considered under seven heads:—

(1) Congenital spastic diplegia.
(2) Congenital atonic diplegia.
(3) Congenital hemiplegia and bilateral hemiplegia
(4) Congenital pseudobulbar palsy
(5) Congenital cerebellar ataxia
(6) Congenital athetosis, chorea, etc.
(7) Congenital palsies of the cranial nerves.

These seven types of prenatal defects may be suitably brought before our eyes under two main groups:

In one of these groups, some part of the nervous system is absent or incomplete and it is obvious that its development is hindered.

In the other group, the nervous system is found to have developed upto a certain point and then destruction has taken place.

We have little or no knowledge of the causes of these defects. But the most prevalent point of view is that which attributes the defects of development to an abnormal germ-plasm. Undoubtedly, morbid heredity must be responsible to a certain extent for these defects, yet it is worth noting that defects of development of the nervous system are only rarely met with in more than one member of a family, in contrast to the nature

of the progressive degenerative processes which are often quite hereditary.

Another point of view attracts our notice, namely, that permanent defects of various organs may be the result of measures which cause a temporary inhibition of the metabolism of the fetus.

As an instance, it is told, Stockhard, by placing developing fish embryos in the ice-box during certain periods of their growth, was able to eliminate almost any organ at will. This enables one to conceive that temporary disturbances in fetal oxygenation, either due to infarction of the placenta or due to maternal illnesses, might lead to prenatal defects similar to those produced experimentally.

In the second group of conditions where after the development of the nervous system upto a certain point destruction has actually occurred, the causative factors are equally uncertain. Possibly maternal toxemias and metabolic disturbances may play a part here, though there is no actual proof in support of such a possibility.

However, Roentgenotherapy of the pelvic organs during pregnancy is known to cause injury to the nervous system of the fetus. Infectious processes during intra-uterine life are seldom met with, and syphilis is perhaps the only one infectious process which can be regarded as definitely established.

Bartlett maintains hereditary syphilis as one of the causes of cerebral palsies though in his opinion cases having this stigmata are very few. To briefly state the underlying pathological condition he says humourously "It is a hole in the brain"!

I have indicated so far how prenatal defects can be conveniently considered under 7 heads or types and again how these seven can be brought under two main groups and how our knowledge of the causative factors is uncertain or meagre. On account of our poor knowledge of the etiology and pathologic anatomy of the prenatal defects of the nervous system, it would be useful to present a clinical classification of the conditions resulting from them and to discuss them as syndromes. I shall now deal with the first type of the prenatal defects or the disease of the nervous system resulting from that type:

I. CONGENITAL SPASTIC DIPLEGIA.

It is also called Little's Disease. Properly speaking it is a state of bilateral paralysis and spasticity present from the birth.

GENERAL CONSIDERATION:—

It is a well known fact that Freud had made very important studies in this field. He employed this term in only a restricted sense. He reserved it for those bilateral palsies in which the paralysis is more severe in the legs than in the arms. What we call double hemiplegia is therefore excluded, for in double hemiplegia the disbility is always greater in the arms.

Ford, an American writer, considers congenital cerebral paraplegia as a mild or abortive form of this diplegia because these two syndromes come so close to each other as can not be distinguished and are identical in respect of essential clinical features and pathological anatomy. He therefore describes them together.

In mildest cases of the diplegia under consideration there is merely a little spasticity of the ankles and a tendency to walk upon toes.

But more severe cases are characterized by paraparesis, and still more advanced cases by paraplegia and weakness of the arms.

And in the most severe conditions there is a generalised rigidity and paralysis. In these conditions it is impossible to distinguish between diplegia and double hemiplegia. But excluding such cases it is possible to make the

distinction in most cases where the term diplegia used in Freud's restricted sense is applicable, that is, where the bilateral palsies are more severe in the legs than in the arms.

HISTORICAL CONSIDERATION:—

There is extensive literature and a number of different theories concerning the etiology of congenital spastic diplegia. I shall mention a few theories:

(1) According to one theory, difficult labour, premature birth and asphyxia are the etiological factors.

(2) According to another, meningeal haemorrhage due to birth injury is the essential cause. This view was accepted by William Gowers and Osler. Osler, however, had taken a wider view of the prenatal factors leading to cerebral palsies or congenital spastic diplegia. For, he included in those factors cerebral agenesis, that is, faulty development, microcephaly, porencephaly, that is, depressions on the surface of the brain, and congenital cysts in the brain.

(3) A third theory claimed that premature birth which interrupted the development of the pyramidal tract was the determining factor.

(4) According to the fourth, diplegia is the result of a degenerative process.

These are the principal theories advanced to account for congenital spastic or cerebral diplegia. In short, the first claims asphyxia, the second birth injury, the third defect of development and the fourth degenerative process as the cause of this condition. Undoubtedly there must be some truth in each of them.

Now after these general and historical considerations we may study the pathology of this diplegia.

PATHOLOGY:—

The syndrome representing congenital spastic diplegia apparently depends upon several different pathological processes. But the commonest among these many pathological processes is often what is termed atrophic lobar sclerosis. Buzzard and Greenfield describe it as follows:

"Macroscopically (that is to the naked eye) the chief appearance is that of atrophy, either localized or affecting to a greater or less extent the whole brain substance..... examination with a hand lens reveals, here and there, minute depressions or scar-like puckerings. The surface may have a finely worm-eaten appearance. In some advanced cases the convolution is representd by a thin leaf of fibrous substance, the so-called parchment-like convolution. The parts of the mid-brain and hind-brain associated with the sclerosed areas, fail to develop and the cerebral peduncles are smaller.....microscopically the condition is one of neuroglia overgrowth associated with degeneration of the neuron substance..... The vessels are affected, showing perivascular neuroglial sclerosis....Ependyma (the lining membrane of the cerebral ventricles) is involved and may proliferate and show glandular masses which penetrate more or less deeply into the tissue around the ventricle.

Buzzard and Greenfield consider this picture to be the result of some prenatal morbid process.

In some cases gross malformations are found. Rarely, the hemispheres are found more or less completely fused.

Ford has studied a case of this nature in which the frontal lobes were united in the midline and there was only one common anterior horn for both the lateral ventricles. The corpus callosum fornix and septum lucidum were absent.

Another type of brain is met with in congenital spastic diplegia. It appears normal. But microscopic examination reveals defective development of the cortico-spinal motor

tracts. The neurons may be immature in their morphology and diminished in number.

In some recent studies it has been observed that the hemispheres (in cases of diplegia) were small and soft though well formed; the brain stem was found unduly firm.

With selective stains, Freeman was able to demonstrate an intense fibrillar gliosis in the spinal cord and brain stem. In the cortex and basal ganglia he found a large amount of lipoid material scattered dust-like through the gray matter.

According to Boyd "The congenital spastic diplegia is due to an upper motor neurone regeneration, or rather to agenesia or failure of development on the part of the motor cortical cells and the pyramidal tracts. The convolutions in the motor area are small and atrophic. . . . The picture is purely motor. . ."

To summarise, it may be said that three principal conditions may be found in the brain of the diplegics:

(1) Atrophic lobar sclerosis

(2) Gross defects of development.

(3) Defective development demonstrable only upon histological examination.

ETIOLOGY:—

It is clear from the exposition of the subject made so far that congenital spastic diplegia is not always due to one and the same cause. We may therefore consider the etiology in relation to the two principal kinds of pathological processes, namely, (1) atrophic lobar sclerosis, and (2) various defects of development.

The first kind, the atrophic lobar sclerosis, is so constant in its histological details that we can safely regard it as the result of some specific morbid condition. It is evidently a destructive process and not a defect of development. In connection with this kind, three possibilities must be taken into consideration:

(1) Asphyxia,

(2) birth injury, and

(3) degenerative processes originating in utero.

Asphyxia:—

There is no direct evidence available to substantiate the theory of asphyxia. From the clinical point of view, it is not found possible to prove that asphyxia alone leaves any persistent ill effects.

In a series of 90 babies deeply asphyxiated, Buchardt found only one abnormal baby some years later. Ford had subjected Kittens to severe and repeated asphyxia without producing any functional or anatomical injuries.

Birth injury:—

This is another possibility to be considered. Much has been said for and against this possibility. It has been noted long since that diplegic babies are often born premature and frequently by precipitate or prolonged labor, all these conditions being known to predispose to intracranial haemorrhage. It is difficult to resuscitate these infants, they cry feebly, do not nurse sufficiently and they frequently suffer from convulsions, all of which are suggestive of birth injury.

However, if we analyse the histories of a large number of cases of congenital diplegia, we find only a small percentage of cases in which there is a clinical evidence of birth injury.

Degenerative processes originating in utero:—

This is the third possibility deserving consideration. Freud, Collier and Ford are inclined to believe that the vast majority of cases of lobar sclerosis (the commonest pathological process) are due to degenerative processes and the metabolic disturbances and toxemias associated with pregnancy though no definite evidence is available.

Now we come to the second principal kind of patholigical processes, namely, various defects of development. Defects of development bring about a big group of congenital diplegias as is evidenced by numerous anatomical studies.

The cause of defects in development is however not known. Probably morbid inheritance plays a part, although the occurrence of more than one case in the same family is unusual. Premature birth can not be taken seriously as a cause of defective development, for the large number of premature babies eventually complete the development of the nervous system and in fact not more than one-third of all diplegics are premature.

One thing may be noted here that typical congenital diplegia with microcephaly is known to occur as a result of prenatal irradiation with radium or roentgen rays. Diplegia may also occur with cretinism.

CLINICAL SIGNS AND SYMPTOMS:—

Now, after general, historical pathological and etiological considerations, we come to the clinical signs and symptoms of congenital spastic diplegia. Congenital spastic diplegia is certainly the commonest type of infantile cerebral palsy we meet in children's clinics. It is not so in neurologic clinics. It is rarely to be observed there. And the reason is obvious. It is that diplegics generally die early in childhood.

In exceptional instances two or more cases of diplegia are found in one family, but in general there is no evidence of morbid heredity, and the family history is quite negative.

The symptoms vary much and depend upon the severity of the lesions:

(1) In extreme cases, the abnormality of the child may be evident at birth. There is frequently marked cyanosis and respiration may be feeble for some time. Nursing is difficult or even impossible. The extremities may be abnormally rigid and recurrent spasms are common. Retraction of the head and arching of the trunk may be seen. If the birth is premature, the symptoms are likely to be attributed to prematurity of birth and the real picture may thus be obscured. But it may be remembered that even in children born at full term, the head is often abnormally small. Besides, in diplegics any stimulus will often provoke general muscular spasms.

Clonic and tonic fits recur from time and time. The tendon reflexes are usually increased, but may be abolished by the intense rigidity, which slowly grows more and more pronounced; so that it is often possible to support the child by the feet and head alone. It is difficult or impossible to maintain nutrition of the child as there is vomiting and difficulty in swallowing.

There are generally found recurrent rises of temperature without any apparent cause.

Finally the child dies of cachexia or some terminal infection. In cases where the symptoms are evident from birth, death generally results before the end of the first year.

(2) In less severe cases, no abnormality is noticed until the time arrives for the child to sit up or begin to walk.

Then it is observed that these functions are not developed and that when the child is placed on the feet, the legs grow rigid and are strongly adducted. There may be some clumsiness of the arms also. Mental development may be obviously defective or apparently normal.

(3) In mild cases, the child will begin to walk at about the third or fourth year, but its gait is spastic and clumsy.

There is a tendency to stand on the toes, and for the legs to cross each other, the so-called scissors gait.

The tendon reflexes are now found to be increased and a bilateral ankle clonus and Babinski sign are usually obtained.

As the child grows older, the symptoms become more and more clear. Petit mal or general convulsions occur in about one fourth of the cases.

Even the children who have seemed to have a normal mental development in infancy, may be unable to make progress at school.

In less than one-third of all cases, the head is slightly less than normal size and in a small percentage there is definite microcephaly.

Speech is usually delayed and may always remain imperfect. The general physical development is often impaired.

Many of these children remain thin and delicate, succumbing to various infections very easily. It is very curious to note that they may be also sensitive to drugs, and two instances are recorded where death resulted from the instillation of a few drops of atropine into the eye as a mydriatic.

In all but the mildest cases death ordinarily occurs some time during childhood.

In some cases there is only a very slight spasticity of the legs and a tendency to walk on the toes. And if the mental condition is normal or nearly normal, as is frequently found, the parents may not realise that the child has any real disability. In such cases life is not shortened and the patient may reach adult life. The paretic legs do not develop as well as the arms; and the contrast between the muscular shoulders, arms and trunk, and the small spastic legs is often very striking.

DIAGNOSIS:—

We must differentiate congenital spastic diplegia from double hemiplegia and from spinal lesions. From double hemiplegia it can be distinguished by the relative escape of the arms and bulbar muscles; and from the spinal lesions by the presence in most cases of some degree of mental defect and by the absence of loss of sensibility and disturbances of sphincter control. The presence of definite microcephaly would also indicate a cerebral process.

One can easily separate the flaccid diplegias, congenital ataxias, congenital athetoses and extrapyramidal syndromes from the congenital spastic diplegia by the presence in the latter of the signs of pyramidal tract involvement and absence of ataxia and involuntary movements.

Birth injuries can be eliminated by the fact that they are more apt to cause unilateral or asymmetrical palsies than the diplegic syndrome.

Progressive cerebral degenerations which have begun early in life, that is, after birth, can be recognised by the continued progress of their symptoms; but prolonged observation may be necessary to recognise them.

Epidemic encephalitis may be distinguished by the history of the acute onset, the disturbances of sleep, the oculomotor palsies and the predominance of extrapyramidal signs.

PROGNOSIS:—

During childhood, there is a tendency to improvement which is of course always limited. After childhood (if the case survives) the condition remains stationary.

In severe cases, death usually takes place early in childhood or in infancy, in mild cases the child may reach adult life and may even become self-supporting if given proper training which is more satisfactorily obtainable in public institutions.

TREATMENT:—

Training of mind and muscles is the key-note of the treatment. But large schools are not found beneficial as there the children seldom receive any attention amounting to more than mere kindness to the body. If monetory circumstances permit, a select school with a limited number of children is preferable.

If the mental condition is deeply affected, training of mind is of no avail. But if it is normal or even fairly good, much may be done to improve capacity of movement by massage, exercises and faradism.

In most cases it is found necessary to have recourse to some surgical measures in order to control excessive muscle spasm and to overcome the deformities it produces, such as pes equinus, equinovarus and adductor spasm of the thighs. In equinovarus, pes equinus and pes varus are combined. That is, the patient has club-foot and also inversion of the foot. Only surgical intervention can correct these deformities to a smaller or greater degree.

Some surgeons prefer to resort to stretching and lengthening of the tendons and partial section of the peripheral nerves.

Forster's operation is done with the idea that if the sensory stimuli can be sufficiently diminished, the reflex motor contraction of muscles will be similarly reduced. In this operation posterior roots are sectioned. But the operation is difficult and dangerous and is attended with a definite mortality. Besides it brings in an additional element of incoordination. Stoffel's operation is considered preferable.

After muscle balance has been approximately restored by operation, suitable exercises are always advised.

Craniotomy has also been employed by some surgeons. Some advise lumbar sympathectomy. Surgeons differ on the point of usefulness of these two measures.

Medicinal treatment:—

Thyroideum in doses of gr. 1/10 t.d.s. have been tried with benefit in certain mild cases. In homoeopathic therapeutics Arnica, Rhus tox., Calc. carb., Mercurius, Kali iodide, Causticum, Cocculus, Cuprum, Lycopodium, Baryta carb., and Sulphur have been recommended. I may add Sepia to the list.

Causticum, Cocculus and Cuprum frequently exert a beneficial influence upon the paralytic symptoms. Mercurius and Kali iodide are useful where there is syphilitic stigmata. Sepia will be found effective where the child has got the characteristic gait called "cross-legged" or "Scissors" gait. Any of these drugs, if they are to be effective, will be found to be so after many months of administration.

The scope for any kind of therapy is obviously limited. We can not forget what Raue and other authors have said, namely that "destroyed portions of the brain ever remain destroyed in spite of medicine." Only further destruction may be interrupted in certain cases and to a certain limit.

Some time in the near future I may present another paper on the remaining prenatal defects and disease of the nervous system.

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ON THE ATTRACTIVENESS OF GEOGRAPHIC HOMOEOPATHY*†

Dr. GERARD BAKKER, M.D., Arnhem, The Netherlands.

When on a walk with one of my German colleagues in the surroundings of Bordeaux—it was August 1957—we saw, by the side of the footpath amidst some grass, Dulcamara in flower. He called attention to the special significance of Dulcamara in case of urticaria.

His remark struck me because in case of Dulcamara I sooner think of a change of the weather in summer, of bowel-complaints as a result of a sudden cold set in. Moreover I could not help thinking of a female patient whom I had been treating on account of urticaria for two months, without result (without having given Dulcamara). It is true the patient was evidently influenced by suddenly being chilled; when cycling with bare hands and cold raindrops fall on her hands—urticaria is the immediate result.

When, I returned from the League Congress I saw the non-recovered patient again, I joyfully prescribed Dulcamara.

The result of this too was nil.

Continued anamnesis. It appears that patient had concealed that she had daily been taking some Optalidon-tablets for years to repress headache.

But I had told the patient to take no coffee, spices or other medicine than those prescribed!

Indeed, but the patient could not do without Optalidon a single day; a University professor had, as she told now, dismissed her from his clinical treatment on account of her clandestine use of Optalidon.

I considered: Nux vomica might able to break the patient's obstinacy and act as an antidote with a decreased use of Optalidon. The patient, however, refused to listen to reason.

The knowledge of his remedies the homoeopathic physician has obtained, first by studying the Materia Medica homoeopathica, in various issues; secondly from the experience obtained by practice. As far as the Materia Medica is concerned, it is obvious that it is of a comparatively heterogeneous composition. For the provings on people in good health with potentized remedies or drugs to be examined, relate in different countries to individually greatly different native provers, even of greatly different races of human beings. Moreover the work is done under climatologically greatly different conditions and not seldom with drugs bearing the same name, but as a plant—having a greatly different habitat and as a mineral or as animal substance greatly different locations. These differences can, in case of provings on human beings, yield differences as regards the symptom picture of the remedy. In the event of practical application—at least theoretically—little differences of the medicine and individual differences of the race of the patient can again play a part. These facts are generally known and accepted. Yet it is of importance, at a congress convened by the Ligue Medicale Homoeopathique Internationale to defend the thesis that with all this the matter has not been sufficiently considered. In the beginning of our discourse we mentioned the plant and remedy name Dulcamara. Well then, original examinations of remedies in geographically different areas yield variations of the drug-picture, contribute to a geographically differentiated pharmacology and with it to a geographically differentiated homoeopathical practice.

*Paper read at the International Homoeopathic Congress, Florence, September 1959.
†Translated from the original by Author.

Practice requires the ability to distinguish the geographically qualified variations in the domain of homoeopathy. With two well-known and much read American authors urticaria does not occur in the drug-picture of Dulcamara. So in Europe we should take into account this and similar geographically-founded differences.

In this discourse we approach the field meant by means of a comparison of a greatly limited number of data of the current pharmacology and of homoeopathical practice as they are at our disposal from several countries. In a discourse we do not yet come further. Before acquitting myself of this task, Mr. Chairman, you may allow me to express my sincere regret that—faute d'education concernante—I shall have to disregard the original Italian literature. Besides there are still other great areas with a language of their own and homoeopathic activities.

Please allow me to restrict myself from practical necessity to drawing from some German, French, English and American sources for homoeopathical materia medica.

Our first comparison is concerned with:

A. *The drug-picture of Dulcamara in relation to the morbid symptom Urticaria.*

1. *Hahnemann* gives us, in his 'Materia Medica Pura' (in the drug-picture of 'Bittersuz", Dulcamara): Eruption on arms and thighs, as white pimples surrounded by a red rim; the pimples only itch stingingly and after rubbing stinging arises.

So unmistakably Urticaria is described here. It can be understood that this symptom, also on the ground of experience in practice, is found back in German materia medica as a component item.

2. So it is in English homoeopathical pharmacology too:

With Clarke, Margaret Tyler, and others.

3. But in American literature, with the authoritative authors *Kent* and *Nash* no nettle-rash is mentioned under Dulcamara, which probably is based on a geographical difference, either of the American Dulcamara or on the American sensitiveness for it, in this respect; insensibility. When describing the drug-picture the English authoress, Margaret Tyler, mentioned just now, draws much from Kent; inserts, however, urticaria without comment. We should be glad to know the motive of it. Perhaps we should study the English periodical literature of the past and reports of meetings for the purpose. Perhaps we may one day have an opportunity to ask Sir John Weir, who several times worked together with Margaret Tyler. Are there differences between the English and American data which may be called geographical?

Besides with Kent and with Nash we may also look up the drug-picture of Dulcamara with their compatriots *H. C. Allen* and *Timothy Allen.* They do mention urticaria in their smaller treatises, possibly as a result of compilation; with Kent, on the other hand, urticaria is not so much as mentioned in his description of Dulcamara, which covers 8 pages.

4. Let us now turn to French homoeopathic pharmacology. The first materia medica of *Charette* (the one of 1928, La *matiere medicale practique*) mentions "des eruptions du type urticarien". The latest Charette (of 1952, La Matiere medicale homoeopathique expliquee) makes mention of 'urticaire generalise'. This term is also found with *Leon Vannier* 'Precis de matiere medicale homoeopathique' illuminated aetiologically as follows: 'eruptions par le froid humide'. These indications occur again in Vannier's 'Caracteristiques essentielles' (de cent remedes).

Henri Bernard, in his 'Traite de Medecine Homoeopathique' makes mention of

'Eruptions polymorphes', however, without mentioning the characteristic urticaria. We wonder if it is a fact that Paris and its surroundings produce experiences different form those in the Aquitaine. In this way we collect building-materials for geographic homoeopathy of importance in practice.

Our second comparison of data belonging to international homoeopathy concerns paying attention to:

B. *The remedy Hypericum*

St. John's Wort occur in the whole of Europe. As known to you Hypericum is really indispensable when treating injury of the nerves and after a traumatic affection of the spinal marrow and brain.

1. With the French authors we notice this remarkable fact: *Charette I,* a book of nearly 600 pages, gives nothing about Hypericum. In *Charette II*—an exceptionally pleasant and instructive book, with introductions and explanations which are notably original—Hypericum does not occur either. *Leon Vannier's* Matiere medicale, mentioned before, gives Hypericum as one of 285 remedies. In the booklet of 1956—about the one hundred remedies—it does not occur. Bernard's Traite de Medecine homoeopathique, a substantial book, not in the first place devoted to materia medica, invites attention for Hypericum, be it only in 5 lines.

When we consult the *German, English* and *American* authors we see that all the greater and smaller books and booklets describing a hundred or more homoeopathic remedies, mention Hypericum. So smaller books which give information about Hypericum nevertheless are: Herwig Storch (Magdeburg) Homoeopathische Arzneimittel fur die Praxis; *Stauffers* Homoeopathisches Taschenbuch, besorgt von Martin Schlegel. Of the English literature of little size we mention the instructive 'Essentials of homoeopathic Prescribing' by *H. Fergie Woods.* Hypericum already occurs among 82 remedies. And in the little American book by A. and D. T. Pulford: Key to the Homoeopathic Materia medica, Hypericum is considered among a total of 50 drug-pictures.

In my opinion it appears from these data that in various countries and regions homoeopathy unfolds in different ways. 'Geographic' homoeopathy to be developed may, it seems to me, be deemed suitable to order these differences in principle and offers a working-programme. It does not seem useful to draw premature inferences.

As a type of remedies of which little is known, but which may probably contain great possibilities, I mention at last.

C. *Alfalfa*

It is a lucerne which—in connection of the possibilities offered by the soil among other things—is of a greatly different significance.

In antiquity Alfalfa, synonym medicago sativa, was known by the Medes and named Medicago after their country. It is even said that Medes, centuries before Christ, invaded Greece, using horses fed on Alfalfa. In our days the most important Alfalfa is grown in America. In certain regions the roots can reach a length of as much as 15 metres. This makes it possible for the plant to absorb a great variety of minerals and other matter in a particular potency—or, however this quality may be indicated. By stacking after the crop like is done with hay, much vitamin D may be developed, and so on. Alfalfa, the alpha of the alpha, 'Father of all foods', is rich in proteins (materials) and in potash (potassium carbonate—remedy for women). There is every reason to entertain admiration for potential remedies like Alfalfa in anticipation, though they are not yet found as remedies put to the test in our materia medica. In his instructive pocket manual of

homoeopathic materia medica *Boericke* mentions Alfalfa. As a tincture it is praised for its tonic effect on spirit and body, for its eliminating function via the urinary passages. Notably the rheumatic diathesis should be accessible for the remedy. I have been able to satisfy myself of these effects to a certain extent. On the ground of similar data a variety of remedies is waiting for their unfolding by provings on people in good health. The homoeopathic physician is buoyed up to a similar enterprise realising that choosing his material from what non-scientific people in their naive experience recognized as curative, he remains closer to the art of healing than if he chooses his starting-point in the physical basic subjects of the medical faculty, which, it is true, are indispensable, but at the same time not curative.

With Alfalfa we met again the geographical factor of importance for the remedy.

I have tried to show you that, by the side of the 'geographical pathology' of the current medical science, 'geographical homoeopathy' can be possible. It is a branch of homoeopathy not only fully worthy of our attention—but also wanting it!

HOMOEOPATHY AND TISSUE THERAPY—SOME HYPOTHESES*

Dr. BALACHANDRAN, Madras

Having had occasion to read Dr. Biswas's learned article on the relation between homoeopathy and tissue therapy, (*the Hahnemannian Gleanings—April 1959*) and as I myself have been trying to correlate the two systems, I feel I should present some of my thoughts to your Society and shall be grateful to you for any criticism.

(1) The process of the development of Biogenic Stimulants in an organism may be called 'Filatov-Phenomenon', for the sake of convenience.

(2) Every living tissue (human, animal or vegetable) isolated from the organism and retained under conditions, unfavourable but not lethal, that inhibit its vitality, undergoes a biochemical change accompanied by the formation of substances, Biogenic Stimulants, which help the tissue to preserve its viability under such conditions. These substances are formed in the tissue while it is still living and is in a state of 'survival'. They have no specific character, but they stimulate vital processes in the organism into which they have been introduced.

Tissue therapy introduces these Biogenic Stimulants ready-made, straightaway (by implantation of tissue with a high content of these or by injection or peroral use of extracts of such tissue), to increase the organism's resistance to pathogenic factors as well as to increase the regenerative and resorptive properties of the organism, thus accelerating recovery.

(b) Biogenic Stimulants are also produced in intact organisms through the biochemical changes which occur when they are subjected to unfavourable (but not lethal) internal (or external) environmental conditions.

It is this second observation of Filatov that seems exactly to conform to the method of homoeo-therapy. I don't think it is correct to say that the homoeopathic medicines themselves contain Biogenic Stimulants, produced by trituration or otherwise. A careful study of Filatov would show that this can not be. I should rather hold that the

*Read before the Clinical Society, Madras.

homoeopathic *simillimum* by creating an initial optimal 'aggravation' causes an unfavourable (but not lethal) environment within the organism, thus forcing it to produce Biogenic Stimulants. My view seems to be supported by facts:—

"The appearance of non-lactose fermenting bacilli often followed and seemed to bear relationship to the previously administered homoeopathic remedy..... In the laboratory one observed an unexpected phenomenon, that from a patient who had previously yielded only *B. Coli,* there suddenly appeared a large percentage of non-lactose fermenting bacilli of a type which one associated with the pathogenic group of typhoid. If one accepts the view, generally held, that the *B. Coli* of the intestinal tract is a harmless saprophyte and is non-pathogenic it must be concluded that so far as the intestinal tract was concerned there was no evidence of disease in these patients during the first series of examinations. Now the patient's stool yielded a large percentage of presumably pathogenic organisms, and according to the accepted Pasteur-Koch theory, the patient was suffering from disease. Clinical investigations however revealed that the patient did not fall ill, but had experienced a sense of well-being which he had attributed to the last medicine he had received. Since the non-lactose fermenting bacilli had appeared after a definite latent period of ten to fourteen days, following the administration of the remedy, it would seem that the *homoeopathic potentized remedy* had changed the bowel flora, and had caused the disease. The pathogenic germ in this case was the *result of vital action* set up in the patient by the *potentized remedy*....." (Paterson-*Bowel Nosodes*-P. 2.).

(2) It would thus be seen that tissue therapy is able to cure almost all diseases *through one specific,* viz., the direct introduction of the Biogenic Stimulants into the organism. On the contrary, homoeopathy promotes the development of Biogenic Stimulants within the organism itself by creating an unfavourable internal environment. And to produce such environment and thereby cause the onset of the Biogenic Stimulants, homoeopathy has to employ a medicine etiologically suited to the diseased organism. That is, it resorts to individualisation. If Biogenic Stimulants directly originate from the process of trituration or succussion, then any single homoeopathic remedy should be able to cure all diseases of all persons. But this is not so.

(3) Incidentally, it is pertinent here to stress the limitations of tissue therapy. Filatov himself observes that it may be "contra-indicated or at least limited in such conditions as serious impairment of the cardio-vascular system, serious kidney lesions, fresh cerebral hemorrhage and in the latter period of pregnancy" (*Tissue Therapy*—P. 41).

In the face of this difficulty we have theoretically to account for the probabilities of successful homoeopathic treatment in conditions to which tissue therapy may not be applied.

(4) The greater curative action of the higher potencies requires to be explained. Shall we say that, generally speaking, the higher the potency the more unfavourable but less 'lethal' are the internal environmental conditions created and consequently the more abundant production of Biogenic Stimulants?

(5) When the potency employed is greater than necessary, that is, much higher than the optimal potency required in a case, perhaps it causes an aggravation too violent to stimulate the Filatov-phenomenon. "The intoxication of the body by pathogenic substances causes inhibition of its ability to respond to the disease by the production of Biogenic Stimulants essential for initiating regenerative processes. On the other hand

pathological processes developed as a result of the action of pathogenic substances may, *'in diseases of a certain gravity and duration,* give rise to the increased production of Biogenic Stimulants that act through the nervous system (the cerebral cortex) and intensify the physiological functions to a degree permitting recovery." (Filatov—*My Path In Science*—Chapter 2—P. 7; italics mine).

(6) Shall we then say that the Filatov-Phenomenon occurs just at the time when the 'curative crisis' is of optimal intensity?

(7) Dr. Biswas says that the homoeopathic remedy often removes minor symptoms at which it is not aimed. This should not be strange, as the remedy is aimed at the *disease-totality* on the basis of our understanding of the major constitutional signs and symptoms. The minor symptoms are just like the smaller branches of a massive tree. When the tree is gone, the branches go too. Hence, I suppose, the hypotheses of tissue therapy may not be invoked for explaining the disappearance of minor symptoms that may have no special therapeutic significance.

(8) The fundamental point of similarity between homoeopathy and tissue-therapy is that they believe in stimulating *reaction* of the organism against disease factors. They aim at, not the specific pathogenic factors (e.g., microbes and their toxins), but the organism as a whole. It is thus impossible to show that they are directed 'against the disease' as such.

(9) In correlating homoeopathy and tissue therapy it occurs to me that the homoeopathic principle of similars is part of a wider 'Filatov's Law', as it may be termed. That is, "the appearance of Biogenic Stimulants under the influence of unfavourable environmental conditions is a general law affecting all living nature. Biogenic Stimulants are produced wherever there is adaptation to new conditions or a struggle for existence." (Filatov—*My Path In Science*—P. 71—wording slightly changed here).

(Following Fridland (Paths of Science) I have used 'Biogenic Stimulants' instead of 'Biogenic Stimulators').

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OUR NEEDS AND OUR RESPONSIBILITIES*

Dr. P. SANKARAN, L.I.M., D.F. Hom. (Lond.).
Hon. Physician, Govt. Homoeopathic Hospital, Bombay.

First of all, I have to thank you for the high honour you have bestowed upon me in asking me to preside over the scientific session of this conference. I do not pretend to have any great abilities and therefore I assume that this privilege is conferred merely in appreciation of my unlimited enthusiasm.

The recent progress of homoeopathy in our country has been very satisfactory. Almost all the States have given a status to the system, by recognising it as a scientific and standard system of medical treatment. We have several homoeopathic colleges and hospitals and several journals too in the country. All round we see a spurt of activity in our field. Such a state of affairs naturally

*Read at the scientific session of the 2nd South India Homoeopathic Conference, Madras, 1959.

gladdens our hearts. If this activity is pursued in the correct direction with increased vigour, we shall soon be able to place homoeopathy where it richly deserves to be.

While such recognition from the State and support from the people gives us great encouragement, we can never forget that the real progress of our science will depend almost entirely on its own merits. Therefore, we should neither be overjoyed by any external support nor disheartened by any lack of it. We should all the while concentrate on increasing our inherent merit by fortifying the foundations of our science and by aiding its advancement along the lines envisaged by our great masters.

In spite of the fact that in our country, there were practically no institutions properly equipped to teach and train students, the science of homoeopathy has survived. This is due to its inherent efficacy. Since there was a persistent demand for homoeopathic treatment, the vast majority of homoeopaths have been forced, in the absence of facilities, to teach themselves and practise the art and many are doing it successfully. We can only admire the greatness of the science which is able to produce brilliant results even under such difficult circumstances. It is easy to imagine what infinitely superior results can be achieved if we could train students in well-equipped institutions.

Keeping aside for a moment our appreciation for the science and critically analysing the state of the science, particularly our own contribution to its growth, we are embarrassed to notice that we and our immediately preceding generations of homoeopaths have sadly neglected our duties. We have not cared to help the further evolution of homoeopathy in the way we ought to have done. We seem to have fallen into a state of apathy and lethargy. We have been satisfied with merely applauding the great work of Hahnemann, Hering and others. We have failed to take further steps along the lines indicated by them. This is, indeed, deplorable. We have to take up the work where it has been left off and continue to advance the science, however limited our abilities and resources may be. The sooner we realise these obligations, the better it would be.

Since we are assembled to discuss the scientific aspects of homoeopathy, it would be better to start with a clear idea of what we mean by science. Science has been defined as knowledge ascertained by observation and experiment, critically tested, systematized and brought under general principles. The basis of science is observation and experiment and if the conclusions of such observation and experiment are to be correct, then it is essential that the observations themselves should be absolutely accurate and objective. Therefore science demands the highest degree of loyalty to truth and if we desire to discover solutions to our problems and advance the science, it is essential that we should be absolutely truthful. Any degree of untruth or exaggeration, permitted in order to enhance our prestige or for some temporary benefit, is bound to defeat our objective.

There are several questions in homoeopathy which remain unanswered, some because we have taken no trouble to find the solutions and others because they have defied solution in spite of our best efforts. It would be worthwhile to glance over a few of these so that they may be tackled in future.

PHARMACY:

We are following the traditional methods of potentiation suggested by Dr. Hahnemann and Hering. It is possible that other methods of potentiation can be evolved. Even the new scale of potencies described by Hahnemann, the 50 Millesimal scale or Quinquagintamillesimal scale, as it is called, has not been fully exploited. Those of us who have used

these new potencies in our practice have a feeling that these are far more powerful and beneficial than the traditional ones. It is, therefore, necessary that these potencies should be tried out in practice by experienced physicians, of course, with the greatest precautions since their full power is yet unrecognized.

PHARMACOLOGY:

In surveying the subject of pharmacology one is appalled at the lack of progress. The field of homoeopathic pharmacology is almost unexplored. We have not the least idea as to how homoeopathic potencies act. But for the researches of a few persons like Dr. Boyd, very little has been done. True, various explanations have been offered from time to time and several theories put forth but these may not withstand a careful scientific analysis. It would be necessary for us to devote a great deal of our energy in this field before we can reach even tentative conclusions.

CLINICAL MEDICINE:

It is in the field of clinical medicine that we have to advance a lot. Cases should be recorded most carefully including the etiology, complete symptomatology, investigations done, previous treatment carried out, prescriptions made, etc. The basis of such prescriptions should be also mentioned. The result of the prescriptions should be noted most carefully, including the degree, the type, the time etc., of the reaction after administration of each dose. Our case records should be most faithful, presenting the symptoms as they are, not as we feel they ought to be. Further, wherever our prescriptions have failed, these also should be noted. These observations are bound to enormously increase our knowledge in the clinical field.

Even though the homoeopathic indications are given in a symptomatic form and we are able to treat, relieve and cure a number of conditions purely on the basis of the symptomatology irrespective of the diagnostic label, yet it is fact that we have to now try and find out what pathological conditions our drugs cover. At first appearance this would seem to be unnecessary for as the orthodox homoeopaths would say, the diagnostic label makes no difference. Yet, on a little deeper thinking, we can see that it does make a difference, e.g. when we say that such and such drugs are preventive for such and such diseases, we are using diagnostic terms. Similarly, many prescribers have noticed that certain drugs have specific effect in certain disorders. In the interest of our science, it would be necessary to extend this field of application.

THE PROBLEM OF POTENCY:

In spite of so many years having passed, we are yet unaware of the basis for the selection of the potency. It is said that potency is also an individual matter and will depend upon each patient and his physician. This, instead of being an explanation, seems to be only an excuse to cover our ignorance. There must be a basis for the selection of each potency and we might be able to discover this basis if we can bring together and study and compare a large number of accurate case records from a large number of accurate prescribers.

OUR MATERIA MEDICA:

Our materia medica, it has to be admitted, has ceased to grow, a long time back. This is not due to the fact that it has grown to its maximum but due to the fact that we have grown extremely lazy and complacent. We have failed to make additions to our materia medica by conducting provings of new drugs. We know that provings are the very foundation stones of homoeopathic practice. To conduct provings we only require enthusiastic volunteers and drugs.

Our country is richly endowed with a variety of valuable drugs, men we have in plenty and enthusiasm there is unbounded. Yet we have done very few provings. If this is not a paradox, it is a tragedy! If only every sincere homoeopath were to conduct or take part in a proving, then our science would soon be ruling the world. We have also failed to augment the materia medica by reproving old drugs, by recording and reporting accurate observations of drug effects—of symptoms caused by drugs in the patients and/or removed by drugs from patients—and by failing to gather records of the toxic effects of drugs reported in the medical literature. This is a matter for great regret and the sooner it is mended, the better it is for us and for our science.

Further, our text-books in materia medica seem to contain a number of inaccurate statements. These should be carefully examined and corrected. The texts have to be brought up-to-date by incorporating symptoms and disorders which we come across in modern times.

REPERTORIES:

The fact has to be faced with regret that our repertories are all incomplete and imperfect. A repertory is a dictionary and a dictionary cannot afford to be imperfect. Therefore the repertory must give all possible drugs under each rubric, not merely some of the drugs. It is not intended to minimise the value of the great work of Dr. Kent and others. It is said that Dr. Kent almost became blind preparing and proof-reading his repertory—but we have to record that no one has come forward to complete and fill up the gaps in his great work excepting Dr. Boger. Imperfect as we are, how can we ever hope for success if the repertories and materia medicas—our very tools on which we rely so much—are themselves defective?

IMMUNOLOGY:

Many homoeopaths have claimed that homoeopathic drugs have the power to offer protection in epidemics. These claims are no doubt based on careful observations and repeated experiences. If these claims are correct, as we sincerely believe them to be, then we have a very economical, efficacious, simple and harmless method of prophylaxis within our reach. But before we can offer them with utmost confidence and before the public can accept them with great faith, it is necessary that we should be perfectly sure of our claim. In order to meet with standards of tests laid down in modern medical practice, we shall have to carry out experiments with large numbers of people, giving one half of them the prophylactic medicine and the other half a placebo and assessing the rate of infection in both groups. This can be particularly possible in schools where the children are all under our control and observation and the absence of any child due to illness can be noted and recorded. Secondly, it would help if every homoeopath would conscientiously report every case where he believes that the administration of a homoeopathic potency afforded protection from any disease.

OBJECTIVE METHOD OF DRUG-SELECTION:

The subjective method of drug-selection which we all follow is no doubt a very simple and excellent one as far as it goes but we have to confess that there are certain cases wherein the symptoms are all one-sided and there seems to be no general disturbance expressed by the patient. One can quote several disorders of the skin such as eczemas, warts, psoriasis, corns, leucoderma etc., and other conditions like hydrocele, lipomata, alopecia etc. There are also some cases where the patient seems to be apparently quite well but examination and investigation reveal some serious internal disturbance such as

hypertension (asymptomatic), infiltration (Pulmonary), calculus, etc.

If our treatment is to embrace such conditions also, it is necessary that we develop more objective methods of drug selection. At present, we depend too much on the patient, giving importance to his every word. A lack of or inaccurate observation, deficiency of expression or absence of co-operation on his part or a lack of understanding or interpretation on our part would lead us far away from the correct drug. This is not a very happy state of affairs.

Further, as our treatment stands at present, there is no court of appeal if two or more homoeopaths disagree on a particular case. Each homoeopath, depending on his training and experience, tends to place a differing degree of emphasis on each symptom and so there is a probability of difference in drug selection. When such difference arises, there is no criteria to judge who is correct.

To overcome these difficulties, it is necessary to develop checks and counter-checks which can be done by introducing a certain degree of mechanical and biophysical elimination as was developed on the Emanometer by Dr. Boyd and others. This line requires to be pursued vigorously if we are to advance.

CONCLUSION:

There are numerous such problems remaining to be discussed and solved. We have only glanced at some of these. Each of you who have studied and contemplated can add to the list of problems awaiting solution. Solutions can be found only by hard and silent work followed a free exchange of experiences. The scientific part of the proceedings of homoeopathic gatherings tends to get minimal attention and so our science continues to suffer. It is time we changed our outlook.

Above all, it must be emphasised again that in all scientific discussions, we have to be scrupulously honest and precise. We have to make unbiased observations and draw from them logical conclusions. This alone can lead to progress.

I hope, this conference will be a forerunner of many such to follow wherein our many problems, spoken and unspoken, will find a solution.

HOMOEOPATHY AND THE STUDY OF TYPES

Dr. C. V. S. COREA, M.D., Ph.D. Colombo, Ceylon.

In an article entitled 'Comparative Study of the Typologies Proposed by the Homoeopaths and the Morphologists,' Dr. Thooris regrets that the homoeopathic materia medica does not deal more with the construction of the individuals who are typical of its remedies and with the biological significance of such structural variations. He has been able to find sparse mention of the horizontal lines of the Carbonic type, the vertical lines of the Phosphoric type, the sinuous lines of the Fluoric type. He regrets, also, that whatever is noticed about the expression of remedies or patients is not collated with the physiological happenings to which it bears witness.

Morphologists consider the head as the most representative part of the human form. Thooris sees an analogy between the configuration of the face and certain simple geometric figures. For instance, he considers the cube symbolic of the Carbonic type of head and the square (which is its two-dimensional representation) as characteristic

of the remedy Calcarea carbonica. The square brutality of this facies he likens to the Roman type of visage. This he calls Type A. The circle he calls Type B. and relates it to Natrum Sulphuricum. Type C is a pyramid standing on its base and represents the triangular facies of Thuja type with the narrow forehead and heavy jowls. This he likens to Sancho Panza. The fourth type D, is the inverted pyramid, corresponding to Calcarea phosphorica whose brow is broad and whose chin is narrow. His fifth type E, is the Phosphoric, the cube on its point, like an equilateral diamond in cross section, with narrow brow and chin and prominent molars.

Thooris wonders whether these analogies cannot be extended from the head to the body. (This opens a fascinating vista for a comparative study not only of morphological measurements in general but of the types of hands; the square spatulate hands perhaps going with Type A; the round, pudgy ones with B; the broad palms with pointed fingers with C; the large, square fingers with narrow palms with D; and with E either the uniformly narrow, long hands or the pointed fingered, small wristed but wider knuckled hands. This is pure speculation on my part and would make a valuable subject of study).

Thooris remarks that although there is little in the homoeopathic materia medica about gross morphology and measurements, there is abundant detail relative to morphological minutia such as skin, hair distribution, wrinkles, blotches, orificial colour, etc. He then gives a page and a half of such details culled from our materia medica, which are of such interest that I cite them in full as follows:

"The masks pass with a thousand singularities before our amazed eyes: Here is Phosphorous with its waxy grace, the cheeks having circumscribed red spots like a touch of rouge; there is Lachesis of leaden hue, the swollen lids exposing a yellow sclera, the nose highly coloured and the lips purple. Sulphur is yellow, its eyes blue, its cheeks and lips red, pimples marking its greasy shining skin. Sepia has an earthy face with black hair and eyes and a butterfly shaped spot on the nose and upper cheeks. Lycopodium, with graying hair, has a gray skin with dark patches on the temples, the cheeks sag and it has blue circles beneath the eyes. Chamomilla, with a white cold face is noted by one cheek pale and the other red.

"Look at the greenish face of Kreosote, the rubicand one of Nux, the yellow one of Natrum muriaticum, the lividity of Antimonium tart., the ashen countenance of Secale with its livid spots, the pallor of Arsenicum, the blueish hue of Conium, the suffused puffiness of Aconite, the fresh tint of Bromium, the slate colour of Carbo, the deathly pallor of Tabacum.

"Red circles under the eyes of arsenic contrast with the blue ones of Lyc.; Calc. phos., Baryta and Hepar are distinguished by their long noses (museau de tapir, literally 'tapir-like snout'). Consider the white lips of Thuja, as if they had just drunk milk; the black, cracked ones of Arsenic; the burning mouth of Bryonia; the exfoliated lips of Conium; the oral cyanosis of Dig., Camph., Cupr., and Verat. alb., the lips of Graphites very thick, the deformed ones of Ant. crud., the upper lip of Selenium marked with a crack or chap (gercure).

"I note the nasogenic wrinkles of Thuja; the deep lines of Lyc.; the drooping lid of Alum., Led., and Rhus; the heavy lid of Sepia; the puffing of the internal angle of the upper lid of Kali carb. and its glabellar swelling; the oedema of both lids in Apis; the palperbral oedema interior in Arsenic and general in Conium.

"Note the melancholy of Graphites, Ambra and Aconite which music augments; the concentrated sorrow of Pulsatilla, the inquietude of Sepia, the fear of death of Aconite, the inconsolable air of Natrum mur., the hesitation of Cyclamen, the irritable mien of Nux, the variability of Zinc, the nostalgia of Capsicum, the indifference of Kali brom., the stupefaction of Apis, the torpor of Baptisia, the despair of Verat. alb.

"One recognizes the soft, smooth warts of Ant. crud., the large horny, crenelated warts of

Causticum, the enormous warts of Dulcamara, the pedunculated and fissured warts of Thuja.

"Not only is the clinical attention of the homoeopath attracted by the visible but also by the palpable. Calc. has a fine skin; that of Alum. and Sulph. is hard and dry. Ars. has cold skin like parchment; Thuja., Plb., and Natrum. mur. have an oily skin; Merc. a livid one. Compare the flaccid tissues of Kali bichr., the relaxed fibre of Sulph. and the soft musculature of Merc. with the rigid fibre of Nitric acid and Conium."

RAUWOLFIA SERPENTINA

Dr. JUGAL KISHORE, B.Sc., D.M.S. Delhi.

[Following is schematic presentation of the symptoms of Rawolfia compiled from the provings. The author hopes that this may not get buried among old journals and rust. The best way to utilise the symptoms of this drug, which holds out great promise, would be to incorporate them in one's Repertory at the appropriate places.—*Ed.*].

MIND:— Lack of concentration. Forgetful. Mental Exhaustion. Spells words wrongly (*Cf.* Lach. etc.). Uses wrong letters in writing. Forgetful for what he has done. Rude and abrupt; sluggish; dazed. The impression given as if *he had a shock* (*Cf.* Acid phos, Ign.). Wants to be left alone. Irritable and does not want to be bothered. Day-dreaming. (Bry.) Aversion to company. *Extreme mental and physical exhaustion.* Alternations; tired mentally and physically, or on the top of the world and over-enthusiastic. Extreme weariness is better by violent exercises. (*Cf.* Sep.).

HEAD:— *Sensations* in the head as if it would burst; (*Cf.* Glon; Nat. mur., Acid phos., Alumen); pressure on vertex; creeping crawling sensation; as if head would float off. Constriction scalp. (*Cf.* Cann. ind.). Tightness in the forehead as if like a tight band on the forehead above the eyes. (*Cf.* Gels., Carbolic acid). The pain in the forehead is better by cold application, washing, open air; (Phos.; Ars. alb.), Creeping crawling in the scalp is worse on waking. (*Lach.*). There is weight on the vertex pressing down (*Cf.* Glon., Acid phos., specially when we compare its symptoms with those of the head, and in relation to history of grief).

EYES:— Sore; aching, tired, feeling in eyes, worse movements side to side. Sticking both canthi and worse cold wind; on reading.

EARS:— Heat and redness on the right ear. Burning both ears. Flushes of heat— on face and ears.

MOUTH:— Sore, dry lips. The lower lip cracked in the middle (*Cf.* Puls., Hep., Cham., Nat mur.). Dryness of the tongue which *is indented.* (*Cf.* Merc.) There are hot flushes on the face, worse 6—8 p.m. Right side of face and ear hot and red, left normal. (*Cf.* Cham). Dryness of the skin of face. Tooth-ache, pulsating, throbbing; worse warm food drink (*Cf.* Cof; Cham.)

THROAT:— Pain in the throat or burning, better cold water, worse in the morning. Sore throat on waking (*Cf.* Lach.). Burning throat is worse at night. Nasal catarrh, profuse running; sneezing better out of doors. The discharge from the nose is gluey at times. For weeks nasal congestion; worse in cold wind; worse entering warm room. Obstruction in the nose with sneezing. Obstruction, stuffiness although nose is not relieved by blowing (*Cf.* Stic.). (This drug should be an excellent one in cases of a allergic rhinitis. The crude dosage used by the other school, very often, causes blocked feeling in the nose and other catarrhal symptoms).

GENITO-URINARY ORGANS:— Very profuse pale urine. Very frequent urination in the evening between 5—9 or 3—7

(Diabetes). Burning after urination. Burning at tip of meatus on urination.

CHEST:— Cough aggravated cold air. (*Cf.* Rum.) Desire to take a deep breath (*Cf.* Ign.) The pain beneath left breast on laughing. Tightness and constriction of the chest in the evening. Extreme breathlessness on running even a few yards. Violent beating of the heart felt in the throat. Breathless as if he had run miles; short of breath on climbing stairs or cycling. (These drug symptoms seem to indicate its use either in bronchial or cardiac asthma. It is worthwhile exploring its possibilities in this particular field.) It has various other pains in the chest; many pains in the nipple region. Cramping pains in both the nipple regions. These pains come and go slowly and are worse exertion. (*Cf.* Stan.). Loud forcible beats on climbing stairs or on sudden exertion. Pulsations felt even in the teeth. Gripping pain; constriction in area of the apex beat, worse on physical exertion; going up-stairs. Sudden pains in heart after exertion, from front to back, coming suddenly and going suddenly. Shooting pains left breast. Sharp pains in the right nipple region coming and going quickly. Pain under left breast with breathlessness on going up-stairs and walking. (It may be useful in cases of Angina pectoris or Coronary ischaemia). Sharp pain on right side extending to jaw and right arm. Pain right chest on relaxing after hurrying.

STOMACH:— Very hungry all day and appetite wanting the next; *desire to eat even after full meal.* Desire for spicy things. (Used to like sweets previously). Desire for cold water. Aversion to the tea. Desire for fruit drinks (Juicy things). Averse to sugar in tea. Eructations tasting of food. *Hunger 10 minutes after food.* Hunger soon after meals.

ABDOMEN:—Sharp pain in the abdomen in the evening; feels hard like a stone; colicky pain in the hypogastrium. Terrific pain better doubling up; better pressure; heat; with great weakness as if part of inside would drop out. (*Cf.* Sep.). Heaviness and discomfort abdomen, worse evening, 6 p.m. Distended with a few mouth-fuls of food followed by profuse diarrhoea with great weakness and nausea. Waves of pain coming and going from right to the left of abdomen. Feeling of nausea in the area of the navel. Ache right to left (*Cf.* Lyco.). Pain umbilicus worse cough, stool, stretching, rising up in bed. Abdominal muscles, feel strained worse stool, nausea while stretching. Violent pains just above navel. Abdominal discomfort is better lying on stomach.

RECTUM:—Early morning diarrhoea compelling him to get out of bed (*Cf.* Sulph., Psor.). Hard and then loose stools about six times daily. Much straining with small stool followed by a large stool. Ineffectual urging for an hour, then a soft stool. (Alu., Lyco.) Loose stool followed by a watery stool after 1 hr., constant ineffectual desire for stool (*Cf.* Sulph., Nux.). Sweating, straining and pain while beginning stools. Two stools with feeling of looseness all day. (Its application in diarrhoea and dysentry. Its active alkaloids in the Serpasil "reserpine". It often cause diarrhoeas with even bloody mucus).

BACK AND EXTREMITIES:—This drug seems to affect the extremities and the joints to a great extent, and thus should be useful in the conditions of neuritis, arthritis etc. The pains, sensations complained of, are twitching, pulling, darting, throbbing, stabbing, shooting, jabbing. The pains seem to come and go quickly. Swelling and sensation of burning heat of the small joints. The pains usually worse after rest and on beginning to move, better walking or motion. There is also lot of aching pains in the lumbar and sacro-lumbar region, worse on waking. Pain left after sitting for a long time. The pains are worse putting the weight of the body *on the leg.* Worse standing, difficut to move quickly

after resting. Stiffness of the knees. Worse on going up and down stairs. Pain left sacroiliac joint on waking, worse after sitting, worse on beginning to move, bending forward or backward, better walking, better hard pressure. (Cf. *Sepia.*, Nat. mur., Calc. carb., Aesculus.). Sudden sharp pain right wrist, right thigh, right biceps, right arm and fingers. Ankles, hot itching swollen, worse at night, worse heat. (*Cf.* Led.). (Some pains are better by cold application and worse by heat). Pain left loin, worse standing, better pressure. Sensation of pins and needles running throughout the body. Legs heavy, worse walking as if they would give way. In left arm, like needles being stabbed in and out "quick come and go". Linear pains like thread; of pains right upper arm to the base of thumb. Left ankle as if sprained or kicked (*Cf.* Arn., Rhus tox.). Also aching deltoids as if strained, tired aching of legs as if strained. Burning soles of the feet, wants to bathe in cold water; sore and hot.

SLEEP:—Dreams of travelling. Frightful dreams "as if she was being killed", "of mother being drowned". "Tooth broke off", "jaw was broken" (Dreams of accidents). Either very sleepy or sleeplessness on account of very active brain.

SKIN:—Cracked heels. Dryness of the face. Skin very dry. (*Cf.* Acid phos., Gels., Kali phos., Acid pic.).

GENERALITIES:—Mental and physical prostration, slow in word and deed. Feeling of feverishness without actual temperature; worse in warmth of room and fire, better open air, worse warm weather and muggy weather (*Cf.* Puls., Lach.). Weakness after bath (*Cf.* Sulph.). Flushes of heat. Sweating and sinking as if afraid. Mind worse in over-heated room, feels very much hot in a warm room. *Weakness at the knees as if afraid;* fear of vomiting. Fear of being ill. Extreme exhaustion is a marked feature. (Warm bloodedness and exhaustion are the key notes). In the proving of the drug sides are not marked but on the whole the symptoms are more prominent on the right side of the body. Many symptoms are worse after sleep. Worse on waking. Most of the pains come and go quickly especially in the extremities but certain pains specially in the chest and cardiac region come and go slowly as mentioned above. The patient gives the impression of warm bloodedness at times. *There is air hunger.* The pains in the extremities or joints are wrose on rest and on beginning to move and better on motion. (*Cf.* Rhus tox., Puls., Lyco.). Formication, pinpricks, pulling sensations are quite well marked. The stabbing stitching pains (Pulling sensations) occur most frequently especially in the extremities. Darting pains come and go quickly. The pains usually are better by pressure, aggravated by external heat and better by cold applications (Sole of feet; heels; Small joints; painful teeth).

The aggravation of certain complaints is in the evening, between 3 and 10 p.m.

THE SITUATION OF HOMOEOPATHY IN AUSTRIA*

Dr. ROBERT SIESTCHEK, M.D., Vienna,

In Hahnemann's lifetime and thereafter till the end of the century, homoeopathy stood in "high blossom and esteem" in the Austro-Hungarian empire. Valuable contributions to materia medica were made. With the beginning of the first world war (1914/18), and in the following years, there was a regrettable decline in the Austrian State. The reason lay—as in other countries also—in the coarse, mechanistic-materialistic thought of

*Translated from the original in German.

the physicians and especially of competent College lecturers. Only a very few physicians preserved the teachings of Hahnemann and propagated them amongst the younger generation. While in neighbouring Germany, the homoeopathic doctors formed an acknowledged and considerable noteworthy association of German homoeopathic doctors, formation of a similar association in Austria could not be considered till 1938. At the same time, it must be mentioned that in the 19th century, the Austrian homoeopathic doctors had a "Union of Homoeopathic Doctors of Austria", and this represented in general the first physicians' union in old Austria.

Through the union of Austria with Germany (from 1938 to 1945), the effective range of the German Central Union extended over Austria also. However, the older people were either dead or invisible or too tired to undertake organisational work. The younger generation was for the most part, during the 2nd World War, called up for war. For the first time through their contact with German colleagues, they came to know of the tenets of homoeopathy with an unprejudiced mind. After the horrors and distress and wants of the 2nd World War, it was a year before the thought of bringing together the homoeopaths of Austria could be put into action.

After a lot of difficulties, in the year 1953 in a solemn inaugural meeting and the first scientific sitting, the "Association of Homoeopathic Doctors of Austria" was called to life. The then president of the "Liga Homoeopathica Internationalis Medicorum", Doctor Pahud, and I shared the honour to be elected Chairmen till 1956. Dr. Josef Wolf, Lienz, Ost-Tirol, (Austria) is the Chairman now.

Our Association, reckoning about 80 members, has set before itself the aim of defending the importance of homoeopathy and of expanding it in Austria.

This will be achieved by introductory and vocational school courses. Since 1959, there is in Vienna an "Austrian Institute of Homoeopathic Physicians" under the guidance of Dr. Dorcsi.

This summary of homoeopathy in Austria, even if extremely concise, will be incomplete, if I do not intimate the approach and the position of the official circles. The fact, that we in Austria have a group of homoeopaths proves that officially the practice of homoeopathy is not prohibited. The other fact, however, that the medicines are not brought under the social and health insurance, proves the other side, that harsh laws are hampering the spread of homoeopathy amidst the masses as 90% of our population is under social insurance!

To these circumstances is also to be attributed that only a few chemists and druggists stock homoeopathic medicines.

During College studies, the student gets almost no instruction in homoeopathy. The position of the official lecturers in medicine is mostly antagonistic.

The educational developments of Hahnemann's thoughts have been exclusively due to the work of the association or through self-studies. Till today, there is not a single homoeopathic hospital. We are however, confident, that in the next few years, we will succeed in overcoming all difficulties step by step.

The homoeopaths of Austria have close contacts with the colleges and associations abroad, particularly our relations with the league of homoeopathic doctors (Liga Homoeopathica Internationalis Medicorum) and personal relations with the Indian friends and colleagues to whom I send my greetings, through the *Journal of Homoeopathic Medicine*.

CLINICAL NOTES

Dr. S. R. PHATAK, M.B., B.S., Bombay

Among the several cases treated by me wherein the prescription based on some peculiar feature of the patient relieved the case, I recollect the following:—

1. Once a patient got up in the morning and while opening the pipe to wash, got an electric shock because of a leakage in electricity. He could not draw his hand away at once. Since then he suffered from pain all over the arm, which was amel. by rubbing. Phos. removed this pain.

2. A lady came with a complaint of leucorrhoea which was worse while urinating. Basing the prescription on this symptom, I gave her Sil. Sil., 30,200 and 1000 had no effect. Then I gave her Pul. on the symptom "Urination, agg." This also had no effect.

15 days later, the husband came to me and mentioned that the leucorrhoea was worse whenever he was away for some days. After intercourse, it was better. Boger gives under Merc. sol. "Leucorrhoea, while urinating" (*Synoptic Key,* P. 253) and Clarke gives under Merc. sol. "Coition, amel." (*Dictionary,* P. 443). So on these symptoms I gave Merc. sol. which cured her.

3. A patient had giddiness whenever he walked barefooted on a hard surface. Conium helped him (Boger's *Synoptic Key,* P. 446 "Walk on hard pavements—Con.").

4. I had a case in which the patient complained of having seminal emissions while sitting near a woman or talking to her, even without sexual thoughts. All remedies given in Kent's *Repertory* were tried but to no effect. Salix Nigra ϕ m. 30, t.d.s. cured him in a few days.

5. Oedema in a limb persisting after a fracture which has healed is helped by Bovista. Holding scissors also cause an indentation in the hand.

6. There was a case of uterine haemorrhage in a lady aged 35 which was suppressed by removal of the uterus. Then she developed severe bodily pains. Various drugs were tried but failed. Bursa Pastoris given in material doses, ϕ m. 30, t.d.s. helped.

7. When a patient complains that she has not been well since having undergone a dilatation and curetting operation, I have found Nit. acid and Bursa Pastoris useful.

8. I once saw a patient who had a big calculus on the bladder. He had severe pain in the bladder worse after urination which was only relieved in one position. viz. by lying down in the knee chest position with the gluteal region raised. This pain was relieved by Pareira brava. Later on, however, the stone which was the size of a sparrow's egg had to be removed surgically.

9. There was a case of a woman aged 40 years who was suffering from cystitis for 3 days. She had burning in the urethra during and after micturition, the pain being relieved only by sitting cross-legged and bending forward and applying continuous pressure over the genitalia. It was worse on lying or in any other position. She had already received Cantharis and Merc. cor. from another physician (on the indication "Bending double, amel"), with no relief. I gave her Nit. acid, on the symptom "Steady pressure, amel" and she felt better within a day.

10. There was a patient with cardiac valvular disease, who had pain in chest and severe palpitation which was ameliorated only by placing the hand over the precordium. A few doses of Laurocerasus: 30, helped him. The symptom "Holds hand over heart" is given in Boger's *Synoptic Key* (Pp. 236, 237).

11. Another patient of valvular disease, complained of an uneasy sensation and pain extending from the occiput to the shoulders with palpitation, agg. exertion. The case improved under Onosmodium. Onosmodium has pains going downward, from occiput to shoulders, agg. exertion.

ADDICTION TO PETHIDIN AND MORPHIA

Dr. P. SANKARAN, L.I.M., D.F. Hom. (Lond.).
Hon. Physician, Govt. Homoeopathic Hospital, Bombay.

The following two cases of addiction to opium derivatives will be of interest to homoeopaths.

1. In January 1955, Dr. S., Medical Officer in charge of a Government hospital consulted me regarding his mother. She was a lady aged about 60 years, who was suffering from very painful osteoarthritis of the lumbar spine. She could not stand up or walk, and could sit up with difficulty. It was an agony for her even to turn over in bed. Her son not being able to bear her suffering had one day given her Pethidin which gave her considerable relief for the day. The injection was repeated for a few days as she became restless and uneasy without injections. But soon the doctor realised to his dismay that she had now become addicted to the drug in addition to her original disease. She suffered agony when she was deprived of the drug. She not only required the drug but even if the quantity of the drug was reduced by 10%, she could feel the difference. Being very perturbed over this, he sought the help of homoeopathy.

I found in her symptoms like burning of the palms, and soles, and inability to withstand hunger, increased thirst, redness of the lips, early morning diarrhoea etc., all indicating Sulphur. But before I prescribed for her, the doctor laid down the condition that even while under homoeopathic treatment if his mother craved for the drug and suffered without it, he would give her the Pethidin as he could not bear to see her suffer.

Finding that it was either a case of allowing the continuation of the drug along with the homoeopathic medication and taking a chance of providing relief, however slender, or giving up the case altogether, I accepted the condition and gave her Sulphur: 200, three doses in one day, followed by placebo. This gave some relief to her pains. Later on I had to give her Zinc. met. and other drugs; she improved steadily within a few days. She continued to take Pethidin for a few days but the craving for the drug also decreased and we were able to discontinue it without any ill-effects.

2. In August 1959, I was consulted by Dr. S. He reported that he had taken morphia for 3 or 4 days for some pain and had then become addicted to it. He now required a quarter grain of morphia per dose, six or seven times a day. During the period of this addiction, in the last 3 or 4 months he had lost 22 lbs. in weight and had become careless about his profession. He complained that if he did not take the morphia, he would feel some unbearable discomfort in the abdomen and develop a diarrhoea with sudden and frequent urging for stool. The discomfort and diarrhoea would cease as soon as he took the injection. When he consulted me first, I just prescribed Nux. vom. 200, T.D.S. feeling that it would antidote the effects of the narcotic drug. This gave him much relief. So I continued the drug and in the course of a fortnight, he was able to cut down his injection to 2 or 3 per day but he still could not give it up.

I changed the prescription to Opium: C.M., T.D.S. and this gave him considerable relief and in the course of another ten days he was able to give it up. Now for the last one and a half months he has not taken a single injection of morphia.

In this second case the medicinal doses were administered repeatedly as the patient was repeatedly taking the morphia.

COMMENTS: Those who have read case histories of morphia addicts and have seen them suffer and slowly sink deeper and deeper into the habit, will realise what is owed to homoeopathy.

Secondly, these two cases seem to illustrate the point that homoeopathic drugs may act in spite of all apposition with crude drugs. So homoeopaths who insist on a very strict, puritanical diet and regimen may reconsider and relent and give their patients more amplitude.

HOMOEOPATHY IN SUB-FERTILITY

Dr. S. R. WADIA, M.B., B.S., M.F. Hom. (Lond.),
Sr. Hon. Physician, Govt. Homoeopathic Hospital, Bombay.

Even though birth control is the major problem in densely populated countries like India and China, yet infertility is also an important and often vexing condition. In the desire to have children, there is little that such couples will not do from consulting the specialist in the department to praying and following every superstition that holds out some promise.

Homoeopathy is able to help even in cases where the specialists after carrying out investigations just find nothing wrong and are only able to label it as infertility or sub-fertility as such. Two such cases are presented here:

1. Mrs. K. I. Age 28.

She is married for the last 10 years and has one child about nine years old but did not conceive again. She has consulted various specialists for this condition as well as for her menstrual irregularity but to no advantage.

I Menses, black, offensive and prolonged; has to take vitamin K to stop the flow; Urticaria and nausea during menses; Leucorrhoea, foul. Pain in body and legs.

II Heat and burning all over the body; Soles burn; does not cover her feet at night.

III Constipated: has piles, which bleed sometimes.

1-5-1956 : Sulph. 200 (1).

1-6-1956 : Patient feels better, heat less. Last menstrual period on 25-5-56 was not so foul and colour better S.L.

1-7-1956 : Last menstrual period on 25-6-56, lasted 7 days; discharge brown in colour, soles still burn but less. Sulph. 200 (1).

18-7-1956 : Patient feels much better; no pain in legs, menses has no foul odour. S.L.

10-8-1956 : Patient much better, periods regular, slightly offensive, no leucorrhoea. Sulph. 200 (1).

18-7-1957 : L.M.P. last Nov. 1956, she is now in advanced state of pregnancy and very happy about it.

21-9-1958 : Patient has a baby one year old, both mother and child being in good health.

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2. Mrs. J. Age 46.

She is married for the last three years to a vigorous young man, but has not concived. Both husband and wife were examined by a specialist and found normal.

1. This patient also had severe pain during sexual intercourse. It was an ordeal for her to pass through the act. Her sex desire was also diminished. She had leucorrhoea and dysmenorrhoea.

2. She had frequency of micturition.

3. She was chilly.

4. There was backache throughout the day.

5. Had Car sickness.

28-12-1956 : Sepia 30, 4 doses, 6 hourly.

15- 1-1957 : Patient was feeling better. Sepia: 200 (1).

24- 1-1957 : Last menstrual period lasted 5 days, less painful than usual.

4- 3-1957 : She had missed her last period, she now has nausea due to pregnancy, flatulence. Sepia: 200,(3), 2 hourly.

8- 4-1957 : Nausea nil, feels well. S.L.

18- 8-1957 : Patient feels happy, is able to digest her food; no nausea; no leucorrhoea, sex desire normal; no pain during coition.

The Sepia repeated now and then carried her through the pregnancy at the end of which she had a healthy child born. Her menses have now become regular and sex life normal.

"SPECIFICS" IN HOMOEOPATHY†

Dr. H. HENDERSON PATRICK, M.B., B.S.

Sir John Weir, in a recent address to the Faculty of Homoeopathy, drew our attention to the work of the All Union Institute for Experimental Medicine of Russia. The first conclusion of this body, carrying on research work into the cause of disease, is as follows: "There is no panacea. That is, there is no drug or medicinal formula of any kind which is universally curative either in a general sense or in a particular disease". Hahnemann told us the same thing 150 years ago. Every good homoeopathist knows it to be true. How, then, can we speak of "specifics" in Homoeopathy? The truth is that while no remedy is or ever can be 100 per cent. accurate in all cases of a particular disease or condition, in a few diseases or conditions the disease syndrome so accurately fits a known drug picture that it is only in a small percentage of cases we require to go past this remedy. It is little wonder, then, that the disease and the remedy get so intimately associated in the mind of the physician that he is apt to think of the remedy as specific. The most typical example of this is scarlet fever and Belladona. Belladonna poisoning and scarlet fever are not easily distinguished, hence we find that Belladonna will cut short the great majority of cases of scarlet fever. We need not expect it to cure the malignant case, but how often do these occur? I can remember only one. This one, with a widespread markedly haemorrhagic rash, made a good recovery under Lachesis.

Another example of the same kind is found in the relationship of whooping cough and Drosera although, so far as my experience goes, the percentage of cases requiring Drosera is not so high as the percentage of scarlet fever cases requiring Belladonna.

As the remedy for the relief of accidental damage to the soft tissues Arnica stands out at almost 100 per cent. It is natural that the percentage here shou'd be high, as we are not dealing with a disease in the true sense and no other remedy need be considered. Arnica may be administered either internally or externally. In my opinion the former is more efficacious. We find one remedy standing out also for the effects of accident in the psychological sense. Ignatia is nearly always the remedy for the shock following unexpected bad news in previously healthy persons.

In Lac caninum we have a remedy which is almost specific for drying off the secretion of milk in women who, for any reason, wish to stop feeding their infants before the usual time.

Acne, I used to find one of the most troublesome things to treat; most patients suffering from this complaint were so completely void of any symptoms on which to base a prescription. When one finds constitutional symptoms these must, of course, guide to the prescription. When there are no symptoms give S.S.C*. I usually start with a very low potency, 6X trit., give it t.i.d. for three days then wait. Very few cases will not respond.

Consideration of "specific" remedies leads on naturally to the question of prophylaxis. In a letter written recently by the B.M.A. to the Faculty of Homoeopathy the statement was made that Preventive Medicine was the medicine of the future. The inference behind the statement seemed to me to be that Preventive Medicine was more or less a monopoly of the orthodox school and had nothing to do with homoeopathy. Exactly the opposite is the case.

Surely the homoeopathist whose life work is the development of his patient's immunity both in health and disease should be in a better position than his orthodox brother to practice Preventive Medicine? Are not prophylaxis and the development of immunity one and the same thing? Prevention is better than cure. It is also easier; easier because it must, of necessity, be routine. The exact symptom complex which anyone will develop after infection by a particular disease virus can never be foretold with any degree of accuracy, hence we must use for the stimulation of immunity the drug which produces the most likely ones.

Tuberculosis in young children. This, I think, is not so common as it used to be, but is still much more frequent than it ought to be. I shall never forget one case which occurred in my practice many years ago. The father of the child was one of the earliest producers of Certified Milk and possessed a herd of cattle of which he had every reason to be proud. The boy was brought up under ideal conditions, had never been off the farm and had

†Extracted from *British Homoeopathic Journal.*

*S.S.C. is a potentised combination of Sulphur, Silica and Carbo veg.—Ed.

never had a day's illness. When about three years old he was taken for a few days with his parents to stay with friends in another part of the country. A very short time after that he became ill, developed T.B. meningitis of which he died. I think all children should be given Tub. bov. 12 or 30 on at least two occasions before they are exposed to raw milk. Some may say, of course, that the remedy is to pasteurise the milk. I don't agree, but this is not the time to argue the point.

Smallpox. I am afraid I may be on thorny ground here also when I say I do not believe in the efficacy of cowpox vaccination as a prophylactic. Apart from that it is sometimes definitely harmful and may even be the cause of death. Variolinum is the natural prophylactic. It certainly has two advantages over cowpox. It has definite relationship to smallpox and it is not harmful. During the last two outbreaks of smallpox in Glasgow many thousands of people took variolinum instead of being vaccinated. None of these took smallpox. I am aware, of course, that the total number of cases was not large enough to put much stress on this, but the fact should be noted all the same, and also the fact that many of the people who did take smallpox had been recently vaccinated.

Sea sickness. Tabacum is probably the drug with symptoms most like this distressing condition. A dose of the 30th potency every few hours the day before sailing will usually prove helpful.

Exam. funk or undue anxiety before public speaking, etc., can best be prevented by one of two remedies, Arg. nit. or Gelsemium. The experienced physician will be able to tell which of these is the better in any particular individual.

Surgery opens a wide field for homoeopathic prophylaxis. Phos. 30 given the day before the operation will prevent the sickness which commonly follows the administration of chloroform. Properly given, chloroform is not a dangerous anaesthetic. Practically nothing else was used for general anaesthesia in the Glasgow Homoeopathic Hospital for thirty years. There was one death out of over 5,000 cases. Where ether is the anaesthetic give Ant.tart. To promote rapid healing of wounds use Calendula during the operation. Apply to any tissue where rapid healing is desired, e.g. bowel anastomosis; about 20 minims of the mother tincture to a pint of water is strong enough. After the operation the prophylactic remedy should be given at once. Anticipate the symptoms and get the remedy in first. After the ordinary abdominal operation, e.g. simple appendix give Rhus tox. 1 M. or Arnica. If the appendix has ruptured and one is afraid of a septic spread give Pyrogen. After septic conditions involving the liver, Crotalus. After amputations, circumcision, removal of nails, Hypericum. After tonsillectomy the remedy is Calendula either in potency or as a gargle or both.

It cannot be claimed, of course, that, using those remedies as prophylactics, one will never get any post-operative trouble, but I think it can be said with confidence that those troubles will be reduced to a minimum.

After punctured wounds, don't rush for a antitetanic serum. Give a few doses of Ledum 30 and you will have no cause for worry.

OBITUARY

Dr. CHARLES PAHUD, M.D.

On Sunday, July 12, 1959, the death occurred in Lausanne of Charles Pahud, M.D. He died after a short but grave illness quite unexpectedly at the age of 70.

In Dr. Pahud we have lost a true disciple of Hahnemann. He was born in Lausanne on January 20, 1890, completed his studies there and in 1916 qualified as Doctor of Medicine. He served twice as Secretary of the Medical Association of the Canton of Vaud in Switzerland and was also twice President of the Swiss Homoeopathic Medical Society (1939-1945 and again from 1955 until his death).

From 1951 to 1953, Dr. Pahud was President of the Liga Internationalis Homoeopathica, and a few years ago he acted as godfather at the foundation of the Austrian

Homoeopathic Association. Both the Societe Homoeopathique Rhodanienne and the Societe homoeopathique de l'Est de la France made him a honorary member and he was a corresponding member of the Liga Internationalis. He was one of the founders in 1956 of the *Swiss Journal of Homoeopathy* and of the Rheinfelden Congresses.

Charles Pahud was known far beyond the frontiers of his country. An unshakeable faith in Hahnemann's teaching together with the rich experience gained from his vast practice made him a master in the field of homoeopathy. His tolerance towards opponents, his diplomatic adaptability in delicate situations and his genuine concern for the sufferings of others earned him the respect of colleagues from all quarters and endeared him both to his patients and to his friends.

The loss caused by his death is felt particularly keenly by those of us who were privileged to work with him and who saw him fight for the good of his Society and for his Journal.

He has however passed the results of his efforts on to grateful pupils who know the value of his reasoning and of his ideas and who will make use of them in the right place for the benefit of homoeopathy.

Our courteous and kindly Doctor Pahud will no longer appear at our Congresses but his spirit will remain and go on living amongst us.

—Dr. Ch. Pfister

DR. ANDREW KELLNER, M.D. (LEIPZIG), L.M.S.S.A., F.F. Hom. (Lond.)

TRIBUTES

It was a pleasure to attend the clinics and lectures of one who looked so similar to the father of homoeopathy. He was stout and well built and had a head which to me looked as big as Dr. Hahnemann's. The resemblance was specially noticeable when he sat at the back of Dr. Hahnemann's bust in the Museum of the London hospital and sipped tea of which he was very fond. He used to prescribe low potencies of medicines, 3c or 6c, and used to repeat for 2 to 4 weeks. After a very pleasant chat with each patient, he would end by saying "Come and see me after a month". These words still ring in my ears. As a Cardiologist at the Royal London Homoeopathic Hospital and with his wide knowledge of homoeopathy, he was very successful. He was the President of Faculty of Homoeopathy during 1958-59.

May his soul rest in peace.

—S. R. W.

Dr. Kellner will be always remembered by all his students and friends. Hahnemann-like in appearance as well as in deportment, he had a habit of speaking in a measured voice, very carefully selecting his words. In his mind, every word had a certain size, weight, shape and colour.

Half the cardiac cases in London under homoeopathic treatment were under his care. In chronic valvular conditions his favourite remedies were Ars., Cactus and Crategus, all given in low dilutions, repeatedly.

NOTES FROM DR. KELLNER'S CLINICS:—

Never ask the patient to write out his own history. It is much better to take it in person.

Never start by asking the name, age, etc., of the patient first. When you commence a case, better start with the symptoms.

When retaking the case, start with a blank paper and a blank mind.

If you are asked "Can you cure me?" do not promise anything; say only "There is no cure at all I shall only try to help you. I am confident of doing a great deal of making you of the symptoms."

If a patient comes to you who is already taking some allopathic medicines and is finding relief from them and if you insist that he should discontinue immediately those drugs to which he is habituated, e.g. aspirin, barbiturates etc., he will suffer far more damage that way. Let him discontinue the drugs slowly after he has got faith in your treatment.

If the patient crosses her bridges before she reaches them, she requires Arsenic.

If a cup of milk is brought with a layer of fat on the surface and if the patient looks at it disgustingly, and carefully collects it with a spoon and throws it away, then this patient requires Phosphorus.

—P.S.

ABSTRACTS.

MEDICAL EDUCATION IN JAPAN

Dr. V. G. VAISHAMPAYAN of Sholapur writes:—

Medical education in Japan is modelled to suit the requirements of that country. There are in all 46 medical schools. Out of these 33 are Government, provincial and municipal controlled and 13 entirely private. Some of these schools are more or less poorly supported and consequently they have to struggle hard to keep up to the requirements. The private medical schools have no permanent endowment to maintain in the schools. It may, therefore, be difficult to understand how a private medical school can be maintained without outside support. They are all self-supporting. The important sources of income are hospitals, working under the direct control of the medical schools. The medical services are paid for directly by the patients or charged to the social services office. The less important sources are students' tuition fees, admission fees and donations from sympathisers. None of these medical schools are sectarian. They are in no way inferior to those in Western countries. The entrance examinations are conducted by individual schools. The extent and number of admissions in different schools varies from forty to eighty students per year. The curriculum is of four years. Each medical school has a hospital attached to it and also a University. This forms a unit. Teachers teaching different subjects are examiners for the same subjects; therefore they know the calibre of their pupils. 95% of the pupils generally pass the examinations. The remaining 5% get through, in three or four terms. The cost of medical education is not, therefore, very high. Every year 3000 medical students pass the University examinations. The salary on which they are started is Rs. 150/- p.m. and the maximum is Rs. 750/- to Rs. 1,000/- p.m., which is reached in 25 to 30 years. There are very few private practitioners, as 80 per cent of the population is covered by health-insurance; therefore, there is no destructive competition in medical practice in Japan. If at all there is any competition it is for increasing one's knowledge.

Our country's population is four times that of Japan. We hardly turn out 2000 medical men every year, from 50 and odd medical colleges. If the country is to have enough medical men, the medical education should be made less expensive, without allowing the standards to go down. It is, therefore, essential to re-organize the set-up of medical education in our country.

NEWS AND NOTES

INTERNATIONAL CONGRESS

The next congress of the International Homoeopathic League is to be held in Montreaux, Switzerland, in the summer of 1960.

Homoeopaths who wish to benefit from the Congress and enjoy the delightful climate, natural beauty and hospitality of Switzerland can start preparing from now.

HOMOEOPATHIC FACULTY AT AGRA

The Agra University has decided to form a homoeopathic faculty. The Vice Chancellor has constituted an Ad Hoc Committee of eleven members, including Dr. H. C. Batra and Dr. K. G. Saxena to prepare statutes, syllabus for a degree course in Homoeopathy. The National Homoeopathic College, Lucknow will function under this faculty for the present but later on the Agra University will start another college and hospital at Agra.

EDITORIAL BOARD

We welcome to the editorial board our new colleague Dr. Raj Kumar Mukherjee, M.A., L.H.M.S. Dr. Mukherjee is a distinguished homoeopath who has done much silent service by translating several valuable books from French to English. He also brings into use his knowledge of the German and Spanish languages.

REVIEW

1. *Organon of Esoteric Principles of Homoeotherapeutics.* Pp. 167, Price Rs. 10/-.
2. *Late Dr. J. T. Kent's Repertory Index.* Pp. 27, Price Rs. 5/-.

Both booklets written and published by Dr. Homee A. S. Hatteria, from Rustom Building, Mahomedalli Road, Bombay 3.

The former book deals with a variety of questions within the homoeopathic field, the main subject being the determination of the optimum potency—a question which has engaged the minds of the homoeopaths since Hahnemann's time. The author has painstakingly collected numerous cases from homoeopathic literature wherein a single dose of the medicine has effected a cure. These cases have been taken as the basis for his conclusions. As particular conditions have been and cured by the remedies in particular potencies, he infers that these are the proper potencies for such conditions.

Unfortunately, the solution of the potency question seems to be more complex and not so easily amenable. Going through the literature one is surprised to notice that different homoeopaths had prescribed different potencies for the same or similar conditions with equal success. For example, whereas the author of this booklet has prescribed mother tincture only for external use, many of Dr. Cooper's wonderful cures were made with a single drop of the mother tincture administered internally.

The author has ignored the fact that to reach a definite conclusion we have to prove not only that under a certain set of circumstances, a certain result evolves, but also that under any other set of circumstances, such as a result does not evolve. So it would be necessary to show also that every other potency did not help such conditions.

In dealing with other questions such as aggravation, time of administration, dietary

restrictions etc., the author is on safer ground and discusses them well. Throughout the book there is evidence that the author has read well and taken much pains.

The Index to Kent's *Repertory* is compiled to facilitate quicker reference to the Repertory and is likely to be useful for beginners.

Homoeopathic books in India often have the unfortunate tendency to carry many printing and spelling mistakes. The writers and publishers should take great care to prevent these. A mistake in the substance can be permitted as arising from certain limitations but mistakes in printing are due to carelessness; and if ignorance is a defect, carelessness can be a crime; particularly in the field of medicine.

—P.S.

LETTERS TO THE EDITOR

The Chief Editor,
Journal of Homoeopathic Medicine.

Sir,

The third issue of the *Journal of Homoeopathic Medicine* interests me very much. May I suggest to the contributors to *grade* the symptoms while reporting cases, to enable us to see better the real picture of the case. Sir John Weir and Tyler have said in their booklet on Repertorising "People all the world over are wasting their lives, working out cases at enormous expenditure of time and minutest care, for comparatively poor results: and all for want of a little initial help. The key to the enigma, which they lack, is the grading of symptoms. . . . in the cases where all the more-or-less-indicated remedies lack some symptom or other of the totality, to know which symptoms are of vital importance to the correct prescription, and which are of less importance, and may therefore probably be neglected. . . .". A pageful of symptoms, recorded without any gradation does not cut much ice in the field of *similia similibus,* for the similarity is based not on the totality of all the symptoms as such but on the totality of the characteristic symptoms. The reader may therefore be given the advantage of knowing which of the symptoms listed are well-marked and peculiar so that he will be in a better position to associate the case with the drug.

Dr. Sankaran's case of pericarditis impresses by the quickness of action of the potentised remedy. Apart from the intrinsic low cost of the drugs, the speed of recovery brings down the cost of hospitalization very much and that should stimulate any government to take the issue of spreading homoeopathy sincerely.

Dr. S. S. Kumta's article is interesting. If and when the collionically redynamised 'group remedies', are proved on healthy individuals, they might enrich the armamentarium. Till then, those 'group remedies' will serve at the most like remedies of the third grade, since they are verified by clinical application alone. Though Nux vomica and Ignatia contain strychnine they are not just identified with strychnine, nor taken as "Strychnine plus something" in the realm of potentised medication. "The seeds of Ignatia contain a larger proportion of strychnine than those of Nux vomica and the *great differences* (italics mine) in the characteristic features of the two medicines prove the wisdom of considering medicines apart from their so called "active" principles. There are many active elements in plants beside the alkaloids they may contain and these are often the determining factors of the drug's specific

action" so said Clarke. And Hahnemann said "Although its (Ign.) positive effects have a great resemblance to those of Nux vomica (which indeed might be inferred from the botanical relationship of these two plants), yet there is a great difference in their *therapeutic employment*" (italics mine). The "Genius" of the drug whether it be a single remedy—mineral, vegetable or animal in origin or a nosode or the 'group remedy' of Dr. Kumta, has to be matched with the genius of the case. Then success is certain. Or else chaos is certain.

Yours sincerely,
A. U. SRIRAM.

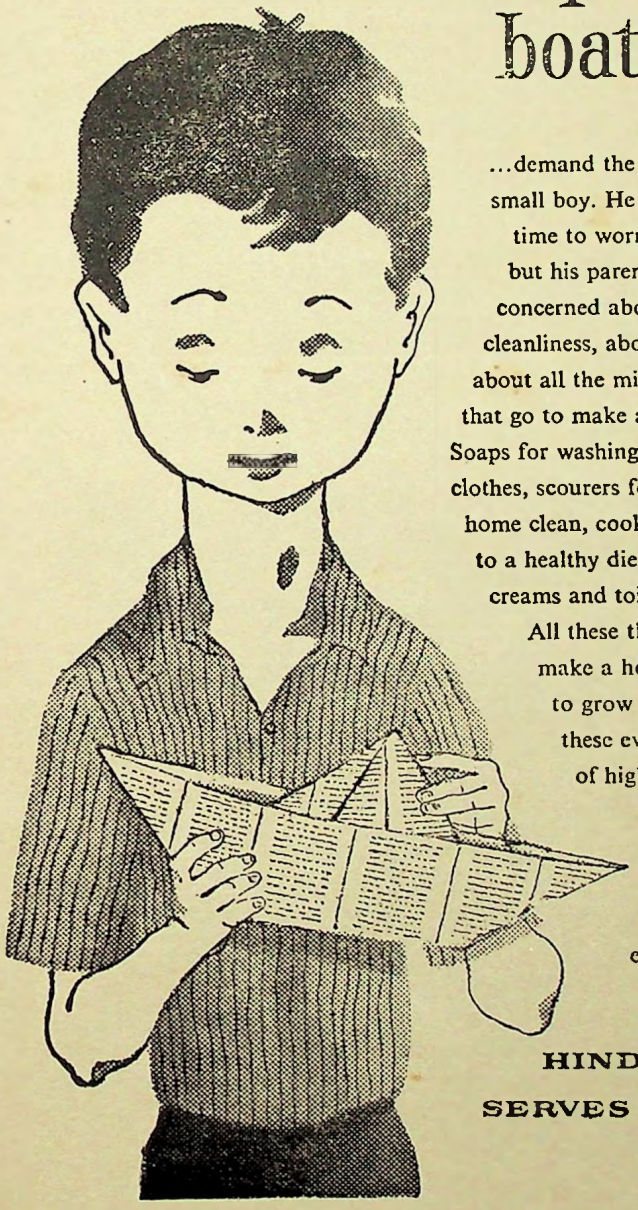
Tiruchirappalli,
1-10-1959.

ACKNOWLEDGEMENTS:

The Following Journals have been received:

1. *The Karnataka Homoeopathic Journal,* (English and Kannada), Bangalore.
2. *The Torch of Homoeopathy* (English and Hindi), Jaipur.
3. *The Indian Journal of Homoeopathy* (English), Bombay.
4. *The Madras Homoeopathic Journal* (English), Madras.
5. *The Homoeopathic Outlook* (English), Bombay.
6. *Homoeopathy* (Tamil), Kumbakonam.
7. *Homoeopathy* (English), Kumbakonam.
8. *The Voice of Homoeopathy* (Tamil), Tiruchirappalli.
9. *Homoeopathy & Comparative Medicine* (English), Mavelikara.
10. *The Homoeopathic Magazine* (English and Urdu), Lahore.
11. *Salud Y Vida* (Spanish), Barcelona.

Paper boats



...demand the full attention of a small boy. He has little or no time to worry about other things— but his parents do. They are concerned about his health and cleanliness, about the food he eats, about all the million and one things that go to make a happy home. Soaps for washing children and their clothes, scourers for keeping the home clean, cooking fats as an aid to a healthy diet, powders, snows, creams and toiletries for good living. All these things do so much to make a home a happy place to grow up in. By making these everyday products of high quality that everybody can rely on, and by distributing them throughout the length and breadth of India at most economical prices...

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