JOURNAL OF HOMOEOPATHIC MEDICINE

Published Quarterly

Aude Sapere.

Vol. 2 APRIL-JUNE 1960 No. 2

Single Copy Re. 1 Annual Subscription Rs. 3

JOURNAL OF HOMOEOPATHIC MEDICINE

13-A, Station Road, Santa Cruz (West), Bombay 54.

Phone No. 8 9 1 8 3.

HOMOEOPATHIC INVESTIGATION

The formation of the "Homoeopathic Investigation Bureau," announcement of which is to be found elsewhere in this issue of the journal, will be welcomed by all serious-minded and progressive homoeopaths in the country. Its members propose to carry out investigations into various aspects of homoeopathy and publish the results of their enquiry, which will provide the factual data for logical conclusions to be drawn. Presumably, the term 'Investigation' has been preferred instead of 'Research,' since the latter has come to connote very intensive, elaborate, scholarly or expensive work, such as is beyond our scope at present. However, even accepting moderate aims, if such investigations are to lead to any fruitful results, they must necessarily receive the whole-hearted cooperation of the profession in general.

While several major and minor aspects of homoeopathy await investigation and clarification, it would be worthwhile focussing our attention on two immediate and major objectives in the field of practice.

The theory and principles of homoeopathy are unequivocal, logical and easy to understand. But when attempt is made to apply them in practice, then we are assailed by a number of unexpected doubts. "What exactly is meant by Symptom-totality?" "To what extent should the drug be similar?" "How are we to select the optimum potency?" "How are we to ascertain that the drug and its potency selected are correct?" Numerous such questions demand answers. As a result we find that what looked to be a very simple and easy method turns out to be somewhat complex and difficult in practice. No doubt, the majority of homoeopaths are able to achieve more or less satisfactory results without involving themselves into such intricacies; but a closer examination may reveal that they have often zig-zagged towards a cure. The selection of the true simillimum—the perfect prescription—which elicits a most happy response, is probably not as common as we would like to assume. Luckily, however, the law of similars seems to be so broad-based that even remedies selected of varying degrees of similarity seem to give relief, compensating for the imperfections of the prescriber. But this thought cannot give us adequate satisfaction.

Therefore the first of our immediate objectives must be to so simplify the practice of homoeopathy that even an average homoeopath would get better results. Homoeopathy's popularity and progress should not depend upon the brilliant but sporadic results of some good prescribers but rather upon the consistently excellent results of the majority of practitioners.

Secondly, the means at our disposal have to be so shaped and sharpened and our methods so streamlined that all chances of failure due to defects and deficiencies on their account are eliminated. To give but one instance, even the most exhaustive of our repertories are unfortunately incomplete,

and any prescriber depending upon any one of them exclusively might be led to fail. Many such examples can be quoted. Such defects must be removed so that the selection of the correct remedy will become a matter of mathematical precision in practice, of course allowing for vagaries arising from the biological nature of the subject. This objective can be considered a part or an extension of the first.

Incidentally, most of the symptoms recorded in our materia medica are in the words of the provers and similarly in selecting the remedies also, we depend almost entirely on the expressions of the patients. Thus knowingly or unknowingly, we attribute to their expressions a degree of omnipotency and place on their words exceptional reliance. But we must remember that the patients are also fallible and that their thoughts and expressions are governed and modified by numerous factors besides their state of illness. Many of them lack powers of keen observation and intelligent and accurate expression. Moreover, language itself sometimes does not serve as a perfect medium for accurate and full expression of one's feelings. Further, the meaning intended may differ from the meaning taken. Therefore, taking all these facts into consideration, there is a necessity to develope, apart from the present method of drug-selection which we may call as subjective for the sake of convenience, another and an objective method also—if not of actual drug-selection, at least a method of checking and confirming the correctness of the chosen remedy. Such methods have already been evolved to some extent by Boyd, Grimmer, Henshaw, Stearns and others. We have now to take up and complete the work.

If by our efforts, we succeed in simplifying the practice of homoeopathy and in making prescribing less arduous and more accurate and if we can also evolve methods of confirming the correctness of the prescription, then we shall have achieved much.

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.

Contributions are accepted on the understating that they are submitted exclusively to the **Journal of Homeopathic Medicine** and that they must be reproduced with permission. All contributions shall be subject to Editorial revision. Such contributions, books for reviews, etc., should be addressed to the Chief Editor **Journal of Homoeopathic Medicine** 13A, Station Road, Santa Cruz (West), Bombay 54, India.

All public and private homoeopathic Institutions are requested to send us reports of their activities for purpose references and recorded.

The Journal is published on the 1st day of January, April, July and October. Any complaints from subscribers of non-receipt of copies should reach us within fifteen days of these dates.

All communications of a business nature, dealing with subscritions, advertisements etc., should be addressed to the Business Department.

PRECAUTIONS IN HOMOEOPATHIC PRACTICE — II

by Dr. FORTIER BERONVILLE, M.D., Paris.

(Continued from previous issue)

2. THE DOSE (Contd.)

As regards Phosphorus, when you read the pathogenesis you find in a general way that the symptoms caused by the poisoning correspond to the acute stage of disease. The symptoms provoked by the high dilutions correspond to the chronic stage but in reality it is necessary that we should establish the pathogenesis of Phosphorus in different dilutions and to understand them well we must take into consideration the chronology of appearance of the symptoms. You will find this kind of chronology in the materia medica established by Hahnemann himself. You find, for example, that the patient of Lycopodium had such and such symptoms that appeared primarily and such other symptoms that appeared secondarily and still others that appeared later on.

In a general way, the symptoms that appeared in the beginning are the symptoms of acute stage, and the secondary symptoms are the symptoms of chronic stage.

In ignoring the fact that the action of a remedy is different in different dilutions, the homoeopaths have ignored some very simple phenomena. The pathogenesis of Magnesia Muriaticum has been prepared with very high dilutions. Some aspects have been neglected and it has not been noticed that the disappearance of a wart may follow absorption of Magnesium Chloride and corresponds to a very special sycotic state with the possibility of a secondary nephritis.

(It is necessary that first of all a pathogenesis of the tincture should be prepared; then we must proceed to the different dilutions).

Now we shall consider errors that we should try to avoid concerning repeating doses, the intervals and moment of application of remedies. Lastly we shall consider some particular cases for individual remedies.

3. REPETITION OF DOSE

Almost all homoeopaths have a tendency to prescribe for a long time the same remedy in spite of the amelioration obtained. We have tried much to fight against this habit. We may have to deal with an acute or a chronic case. We treat it for a given period and it is very difficult for us to tell the patient when he will begin to have amelioration. It is also necessary to lengthen the interval between the doses and to stop it totally when there is complete amelioration of the symptoms. Thus, if the patient is left alone to his own initiative, he may either stop the remedy earlier before the amelioration has become manifest or it may be prolonged because of the uncertainty. On the other hand we must also take care to consolidate the amelioration obtained. But it is necessary as Hahnemann has said, to decrease the

Translated by Dr. Raj Kumar Mukerji, M.A., Dip. Lib., L.H.M.S.

frequency of the doses as soon as their action has become evident.

This is a very delicate point in homoeopathic practice. As a rule we must stop repeating as soon as we have effect from the medicine applied. But how long should we wait for the desired effect? No rule can be laid down in answer to this question. On the one hand, the doctor is not sure whether his medicine is acting or not and on the other hand the patient becomes impatient because you cannot assure him when he is going to have amelioration. This is really a dilemma in homoeopathy. A suggestion of a method, which I have seen very often useful during my long years of experience may be given here. Repeat the dose, in however high dilution it may be, at short intervals until its action becomes apparent or give a high dilution and interpolate it with a lower one and stop the medicine as soon as its action is manifested and as long it continues to act. If the amelioration is not complete, repeat in the same way.

Only homoeopaths who have a very long experience, do not commit such errors (in the repetition). We should also try to avoid a second error which will consist in stopping the medicine very soon. We must know to place ourselves on the borderline of these two dangers: To stop the medicine too soon is to cause the patient to fall back on his diseased condition. The first error is generally committed by very pusillanimous patients, while the second which is generally done by the doctors is to prescribe the same medicine for a very long time. In most of the patients this kind of continued prescription of the same medicine has practically no ill-effects because their sensitiveness is of medium nature. But this kind of prescription has very great importance in hypersensitive patients. In such patients, the repetition of doses will cause in them not a stimulation but will bring an extreme depression resulting out of too frequent medicinal excitations. It is a case of rhythm. In such cases we cannot fix well the rhythm which suits him. In such cases you may take the help of a method in order to check this medicinal excitation. It is to tell your patient not to take the medicine all the days of a week, to take it as for example for 5 days after an interval of seven, or not to take any medicine at all till the day of his next visit. In this way we may check the medicinal excitation; if not, we have the chance to fall in that extremely disagreeable situation which is as follows. The patient has begun his first prescription; he has great amelioration. He continues his medicines and telephones you that he is going much more worse. Then you change the medicine because you find new symptoms, but the patient goes from bad to worse. If you persist in your error, you give continually some new medicines till one day you stop all remedies and the patient feels immediately better.

Against this danger the Unicists and the adepts of Anglo-American school have found out a system which consists in giving their "Placebo" or "Saccharum Lactis" or "Inertia." The patient knows not that what he is taking day after day contains no trace of medicine, that it is nothing but sugar of milk. The patient is not told that he is taking only sugar of milk to avoid all auto-suggestion.

In patients who are not very sensitive, when the amelioration is very great and it can no more be increased, the continuation of the treatment does not ameliorate any more, neither it does any harm. The patient who continues the treatment will have no further benefit but at the same time there will not be any ill-effect. This is what happens at the end of a well-conducted treatment of a chronic disease. But from time to time we have to deal with hypersensitive patients. Their hypersensitiveness is so intense that whatever medicine we may apply will cause an aggravation and they do not feel well until all medicines are stopped. Only then they are freed from all medicinal excitations. It is also possible that they may continue to feel well because some medicines taken previously may act at that time in a very delayed way.

We have already seen while speaking about the duration of the action of remedies that we should not repeat a medicine until the previous dose has ceased acting. The superiority of homoeopathy had been established from the very beginning by Hahnemann who had discoverd that we are capable of knowing the duration of action of the medicines by diluting and dynamising it. We have thus an immense superiority over the official school. We can measure the duration of the action of our medicine. It is now up to us not to fall in an inverse error of becoming more of a homoeopath than Hahnemann himself and by repeating the medicines very often. We know that in a general way we apply lower dilutions, often in repeated doses in acute cases while in chronic cases we use high dilutions repeating very rarely. Naturally it becomes a question of real technique, variable according to each patient. We know also that in urgent cases, as for example a case of hemorrhage, we are authorised to repeat our medicines at five or even three minutes' interval: e.g. China: 6, in dangerous epistaxis, or Silicea or Naja in metrorrhagia should be repeated very frequently.

In acute case we know also that the 3rd and the 6th dilutions are applied every hour, every two hours or every three hours. But let us remember always:

1. That we must avoid repeating for a long time a medicine when the amelioration is apparent and consolidated. But let us also remember at the same time that we must not stop the medicine until the amelioration is really consolidated.

2. That we must avoid repeating a medicine until it has completed its action.

As evolution is much more rapid in acute cases, the homoeopaths in general and the beginners in particular may commit the error of repeating too long. When you treat cases of whooping cough, measles, mumps or bronchitis, you do not make the error of repetition of dose. When the symptoms are yielding, the temperature is falling down, you will know well that the medicine is to be stopped. It is in chronic cases where amelioration is often insidious, when it is feared that the patient may fall back again it is quite possible to make the error of continuing the prescription for a long time.

A second important point is this: How to check the aggravation from the high dilutions?

All the medicines may be prescribed in high dilutions without danger but on the condition that we know how to use them. The beginners in homoeopathy are, according to their temperament divided into two groups: the audacious and the timorous. Fortune favours the audacious and they will advance very soon but will meet many failures.

Before knowing if it is necessary to check the aggravations, it is necessary to put to oneself the following question: Is it really necessary to check them or not? There are some American and English homoeopaths who systematically look for an aggravation. They are satisfied only when they get an aggravation while treating a chronic case.

But we the homoeopaths of France, try to avoid this in our patients.

It is always necessary to take into consideration the desire of the patients because it is they who know what will suit them. So far as we are concerned, we follow the teachings of Dr. Nebel who has made researches throughout his practice in order to check the aggravation caused by the high dilutions and from him has generated the idea of applying the antidote to cause a drainage.

You know that in the materia medica we have some short lists of medicines which are named as antidotes to some other medicines. In fact they are not the antidotes of medicines considered toxic. Nebel, by antidotes, understands that the medicines called antidotes are complementaries and satellites. Thus when Pulsatilla is indicated as antidote of Nux vomica, it means that when Nux vomica will finish acting it is necessary to apply pulsatila. Therefore, in the place of "Antidote" it is better to use the word "Satellite" or "Complementary" and by so doing we will know how to check the aggravation of such and such medicine. In this way Nebel has come to drainage. He began to observe in tuberculous patients that the most indicated remedy aggravates and that aggravation may not be dangerous for a patient who resists well or who has become ill very recently, but it may be terrible in patients in whom cavities are already formed. His first research was carried out on the aggravation caused by Calcarea Carbonica in its high dilutions. We have therefore continued like him to try to check aggravation by the high dilutions.

We have several means to check the aggravation. The first means is that of Dr. Nebel, afterwards taken up by Dr. Chiron. Chiron systemetically drains during the first eight days i.e. to say he does not give high dilutions when he starts the treatment. He gives first of all some drops or some globules of a functional remedy. The medicine for the constitution is applied after a week.

The second process is applied by the Unicists themselves who always look for an aggravation. It is Doctoress M. Tyler of London who first used this method which has been taken up by Dr. Renaud in France. This process consists in fractioning the high dilution. Instead of giving 200th once, it is broken into 3 parts and is applied every 3 hours, i.e. to say the complete dose is taken in three hours and in three times. It is a case of medicinal excita-

tion. The medicine will cause diminuton of its intensity by antidoting itself.

A third process is that which I practise myself. I have often noticed that when a medicine is applied a long time before or after the meals it acts much more deeply but it may cause some aggravation if the patient is very sensitive. Therefore apply a medicine in the middle of a meal in hypersensitive patients. They will manifestly have an amelioration. This process is used by the doctors of the thermal stations.

Lastly the process of Dr. Cahis of Barcelona which consists in mixing of dilutions. This method is in my opinion remarkable and I must emphasise this method. When you have some medicine, which systematically causes aggravation, in such and such case, specially in very well-characterised diseases, apply first of all a mixture of the high and a low dilution. Arsenicum:1 M, is often very difficult to manipulate. If you apply Arsenicum M/6 (1M+6th) you will have at the same time a rapid action of the 6th and the intensity and prolonged action of 1 M. This process should besides be applied according to a precise technique, because it adapts to the disease rather than to the patients.

I will tell you something of a fifth method which has also been indicated to us by Dr. Nebel. It is that the drainage remedies should be applied with high dilutions, specially in the begining of the treatment of a chronic case. It is a proved fact that the application from the very beginning, of a high dilution may cause very injurious and prolonged aggravation and a very delayed amelioration. The observation of patient by the unicists are extremely instructive in this respect for us, because these cases give us the experience of the application of a single remedy. I have known a homoeopath who allowed a case of gonorrhoea to become chronic with increase of flow during a very prolonged treatment. But it is possible that the blanorrhagias treated during two years check a prostatic infection and some late aggravations which we do not relate to their real cause. To establish in a patient who has gonorrhoea a kind of sinus flow continued for two or three years may not be a bad thing for the general health as well as for avoiding the diseases of the late years, but we must not fall into an inverse error and we must be able to understand the inconveniences of of such a method.

4. TIME OF APPLICATION OF DOSES

We are now going to see the errors that we may make regarding the time of the application of doses..

Medicinal aggravations are very often caused by applying the doses at the wrong moment. The time of action of remedy is extremely important and it is also sometimes very difficut to fix the proper time. He who knows the proper time of the application of medicines can get rapid results. In other cases, on the contrary, if the application is untimely, there are aggravations and the diseased condition of the patient is prolonged. Untimely application of doses is a common error as regards the hour, season, and in women during menses.

The hour of application of remedies and the application of remedies in

proper time as regards the menses in women are very easy to fix. We know very clearly the time when some medicines aggravate which indicates to us precisely the hour of drainage. For constitutional remedies it is better to apply them one or two hours before the time of aggravation. As for example, we know that in homoeopathy all the hepato-biliary medicines have an aggravation from 4 to 8 p.m., with a summum towards to 6 p.m. This is true for Lycopodium, Chelidonium, Sepia, Puls, Myrica, China, Chionanthus. This rule is also applicable to Ricinus Communis. Apply the medicine at 4 p.m., at the end of the stomach digestion and you will have an amelioration. Ricinus Communis in the case of cholecystitis acts towards 4 p.m., if the patient has taken his meal at 1 O'clock. This is the moment of the elimination of urea in the urine which is very important. If you establish a curve of that elimination you will find that the maximum is towards 5 p.m. This is what explains the aggravation of Lycopodium.

For China, this is not always true. This remedy often acts better when it is given in the evening because it has an aggravation between 2 and 5 p.m., and in children when they wake up in the morning. The aggravation of Natrum Muriaticum and Gelsemium is due to the solar influence. The patients suitable to these medicines have an aggravation when the actinic activity augments during the day. The solar activity is the greatest between 10 a.m. and 3 p.m. If you make a graph you will find that from 10 a.m. to 12 noon the solar influence is at its highest. Natrum Muriaticum and Gelsemium, of which the symptoms follow the solar activity, are to be applied during that time.

There are other remedies that have aggravation before storm. As for example Rhododendron and Phosphorus. These medicines are to be applied before the storm. Sometimes they are also applied earlier when great heat precedes storm. If you apply them during the storm, during the fall of the barometer, they will not act very well. Fergie Woods of London has shown that the barometer on the one hand and the season on the other give very valuable indications about the marked action of a remedy specially in children. He said that the month of June is the month of Sulphur, whereas the month of Phosphorus is July.

These remedies of "Burning" are really useful at a time when the days are the longest during the year.

For seasonal aggravations we have two medicines: Lachesis and Natrum Sulphuricum. The same rule is to be followed here. Do not be too late or too early to apply these medicines. Apply 15 days before their seasonal aggravation. An asthmatic or a rheumatic who has terrible aggravation of his disease each year in the month of March, must begin his treament from the beginning of February. A hay fever should not be treated from the 15th May when the patient has already his attack of the disease. He should be treated from the month of January with Lachesis, Allium, Sabadilla etc.

This rule is also very true for the Tuberculines. Very often asthmatic and rheumatic aggravation may be chec-

ked down by diluted tuberculines, specially by T.R.* and also by Lachesis when there is aggravation in extreme conditions, in great cold or in great heat.

In amenorrhoea and in hypermenorrhoea, Sulphur, Graphites, Pulsatilla, Kali carbonica form the quarto of remedies. Apply high dilution of Sulphur 8 or 10 days before the period. If you apply it nearer to the period it will not bring back the menses which is delayed.

For the sea-sickness the same rule applies: Cocculus, Tabacum, Ignatia are the three medicines given 4 days before the embarkation. If you apply it on board the result will be nil or insignificant. Generally Ignatia: 1M, is to be applied 4 days before embarkation and it should be repeated after 8 days if the crossing is very long. In very troublesome cases, apply Cocculus or Tabacum: 30, once a day on board the ship also. I have got some beautiful results in sailors who were suffering for 10 or 12 years from sea-sickness.

In dangerous hypermenorrhoea or metrorrhagia, apply the ground remedies 7 or 8 days before the possible date.

In simple cases of hypermenorrhoea, apply only in the beginning of the menses. When it is the question of a case where there is ground for fear of a strong action or the stoppage of the flow, apply it only towards the 4th day. There are some women for whom everything is normal upto the 3rd or 4th day, but who from the 5th day begin to be hemorrhagic. They are types of Pulsatilla. In such cases you can apply China, and Arnica, which will give you good results. The quesion of time in menstrual disorders is very important.

How to avoid medicinal aggravation

Complete hypersensitiveness:—There are patients who react in a general way to all medicines and establish some pathogenesis even when rarely repeated doses and lower dilutions of such medicines are applied. There are some patients whose sensitiveness is extreme and there is aggravation by all medicines that they take. It is said that they have become sensitised to all substances, homoeopathic as well as allopathic. It is a kind of general sensitiveness. In such cases it is extremely difficult to prescribe for them, and before being placed under homoeopathic treatment they may require nature cure therapy.

Fortunately, these patients are rare. They are seen one in a thousand. These patients are built up ideally and have controlled pathogenesis. They are very much annoying to treat, but they are marvellous, in the sense that they show us the pathogenesis of our remedies.

To these patients it is necessary to give first of all "Sacharum Lactis" and some inactive globules without telling them that the doses contain no medicine in order to avoid autosuggestion. Once that hypothesis is eliminated, they should be taken up by very mild physical means. When they cannot bear any homoeopathic medicine we should stop all medicines. We should treat them in the method of

* Tuberculin of Rosenback—Ed.

the naturists. We cannot even apply to them physiotherapy in the form of rays, short waves etc., because they will have aggravations. When we take them up from the point of view of homoeopathy we shall give them in lower dilutions some medicines acting on the mind. One of the best medicines in such case is Ignatia: 6, because the 200 and the M give the greatest chance of aggravation. Even Ignatia 6, should be given with prudence.

I have very often said that it becomes necessary to abandon homoeopathy for treating these patients and to apply to them the methods of naturists. You must be very careful in doing such a treatment. Take a subject who is not very sensitive, put him under a vegetable diet, he will become more and more sensitive. You may eliminate from his food some substances which disagree with him but he will end by showing some real anaphylactic accidents the day he begins to take those substances again. This is due to the sensitivity.

If you are forced, in these rare cases to abandon homoeopathy and to apply nature cure, you must not leave your patient for a long time under nature cure but you must very slowly bring him back under homoeopathic treatment giving him for example Ignatia 6, in the middle of a meal, thrice daily.

(To be continued)

THE UNIT DOSE — SOME EXPERIENCE

by Dr. R. R. ADIGE, L.M.S., Bangalore

Long ago I read of a remarkable recovery of a case described in a pamphlet by an enthusiastic homoeopath of Bengal. I forget the name of the remedy given and the condition treated, but I remember that a single dose had been given and that it acted for a very long time and brought about recovery. For an average homoeopath such a long and idle follow up of a case may be difficult but it should not be difficult for him to remember that there are some remedies which should not be repeated and that therefore he should wait at times for some months even to see the satisfactory results of a single dose.

As is well known, there are quite a large number of remedies in homoeopathy which could or should be repeated with benefit such as Aconite with its short action, Apis, Ars. alb. in low potency, Aurum mur. nat., Baptisia with its short action, Baryta carb., Baryta mur., Belladonna, Bryonia, Borax in skin conditions, Cantharis, Mephites, Robinia, Tarentula in carbuncles, Zinc. valerian for neuralgia etc. Then there are quite a few which should be given only infrequently such as Acetic acid except in croup, Aethusa, Ammon. carb., in high potency, Arum trip. & Calcar. fluor., China, Conium, Drosera, Graphites, Kali carb., Kreosote, Mezerium, the Nosodes, Petroleum, Phosphorus etc. Remedies which, in high potencies, should not be repeated lightly are Hepar sulph., to abort suppuration, Magnes. phos., Natrum

mur., Plumbum, Rannuculus bulb., and Silicea. Then there are some remedies with particular restrictions such as Calc. carb., which can be repeated in young children but not in old people, Sulphur which is also dangerous to old people when repeated, and Phosphorus which is very dangerous when given too low or too frequently in tuberculous cases.

It is also well-known that no remedy should be repeated when there is either an aggravation or an improvement from a previous dose, and that there are a few remedies such as Blatta Orientalis, Lachesis and Lycopodium which will actually produce harm in the latter case. A few remedies like Alum., Baryta Carb., Lil. tig., and Tellurium are slow in action, and it is perhaps useless to repeat their doses frequently.

The unit dose remedies, however, are few and easily remembered:— Actea racemosa, Lac caninum of which a very high potency is advised, Lachesis of which a single dose must be allowed to finish its action, Natrum mur., which does not bear repetition in chronic cases, Ornithogalum and Sepia. I would illustrate two out of these viz. Lachesis and Sepia.

Dr. Tyler's poignant regret for a case spoiled by ignorance of the evil effects of an uncalled-for repetition of Lachesis was in my mind when, about two years ago, Mrs. P.N.C., aged about 60 years, was given one dose of Lachesis 30, for a deep and "out of proportion" pain in the left shoulder rising to such an excruciating intensity at night that she developed the usual indescribable terror at the approach of bedtime. She came again and again for a repetition of the dose, and stopped away afterwards not only because I would not repeat the remedy, as against the numerous analgesics that had been given her, but also because her pain decreased rapidly after a few days and completely disappeared after that one "magic dose" as she still describes it.

In the following case, however, there was a necessity for some repetition of Lachesis, perhaps because of the chronicity of the case. Mr. E. L.S. aged about 32 years, was sent to me on 9-8-54 by a colleague of his for treatment of a "nervous breakdown," of some duration. There was a history of nephritis for which my allopathic brother had given him the benefit of aureomycin, terramycin and several other 'cins'. What followed was a complete breakdown of mind and body, anxieties, fears, left-sided tensive pains, a conviction that he would never be able to rejoin his service again—altogether a picture of total misery, getting worse rather than better under rest and treatment, both prolonged. Hence an appeal to homoeopathy was made. He was given a few doses of Argent. nit., for those fears and anxieties initially. Then, as a repertorisation brought out Lachesis as his remedy, he was given one dose of it in the 1M potency on 18-8-54. There was some improvement, so when no remedy was given to him for a month or so, his wife and well-wishers revolted against a treatment "without medicine" and made him go back to his old allopathic treatment. They got satisfaction from this change, but what he got from it was such a bad relapse that he hurried back again to my "treatment without medi-

cines." Because of the relapse, he was given his second dose of Lachesis on 11-10-54. From early January he began to improve rapidly getting over specially his fear of being unable to bear the strain of his work and soon afterwards he rejoined his service, after having been found fit by a medical board of civil surgeons. He has been on duty since then and has required two more doses of Lachesis, one sent on 4-5-55 and the other on 17-2-56 for a definite but slight recrudescence of his symptoms. It is seen that his condition required altogether four doses of Lachesis during a period of thirty months and each dose was given only when the beneficial action of the previous dose had worn off. He was not given progressively higher potencies because it was decided to use only the potency which had proved beneficial to him.

Dr. Gibson Miller is said to have claimed that if he were allowed only one remedy, he would choose Sepia; and no wonder for Sepia, when indicated, seems to have an action more deep and bestow a benefit more long-lasting than many other remedies, as shown by the following cases:—

1. Mr. R. A. aged about 54, subject to piles trouble off and on for over twenty years, got a severe exacerbation of it with swelling, pain and bleeding in Nov. 1949. He was advised local injection treatment at the local town by the District Medical Officer, but decided to go to the city for surgical treatment by a specialist there. When arranging for this, it was found that the Surgeon would be busy just then and would like to have the operation postponed by two weeks. That was how Mr. R. A. escaped that operation altogether, because it was during this delay that, after a repertorisation, he was given a dose of Sepia 1M, in the first week of January 1950. Locally he was using one of the ointments for piles. The bleeding, pain and swelling all decreased gradually but steadily, so that after about two months it was not possible for him to decide as to when exactly he had become quite free of his piles trouble. During these last few years he has had to take doses of Aesculus only on two occasions for a slight pain in the rectum which was felt only after consuming chicken and not after any item of food including alcohol.

2. That the piles ointment may not have had much to do with the cure is shown by the following case where it was not used. Mrs. N. K. aged about 36, had a similar complaint, except that it was even more painful —her surgeon could not even examine her to his satisfaction. She was initially given a few doses of Collinsonia and then of Ars. alb., on her symptoms. When repertorisation brought out Sepia, as her remedy, she was given on 29-12-58 one dose of it 200th potency. On 25-1-59 her surgeon could examine her to his satisfaction, and a small external pile was rediagnosed as a pilot pile. It was then smaller, harder and less painful. She evidently continued to improve steadily and at a casual meeting in August '59, she informed me that she had got rid of her troubles entirely without further medication.

3. That Sepia, when indicated, makes the illness disappear imperceptibly in course of time after a single dose is

shown once again by the case of Mr. S. A. whose greatest trouble, among others, was a very disturbing nausea on an empty stomach, relieved by eating. He was given Lactic acid till his case was repertorised and one dose of Sepia, 1M, was given to him on 3-6-58. He went away soon afterwards relieved and was successful in entering service. When we met again on 19-1-60, he was in the pink of health and admitted that he had quite forgotten both his illness as well as my assurance that it would be cured by that unit dose.

RAWOLFIA SERPENTINA — REPERTORY

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

Following are the symptoms of Rawolfia Serpentina compiled in repertory form from the records of the provings published in the British Homoeopathic Journal. The drug name is abbreviated as "Rawf. s" capitals denote the second grade symptom of Kent's Repertory. Page numbers in Kent's Repertory are given to faciliate the additions in the book.

MIND

Company, aversion to	—	Rawf.s.	P. 12
Concentration difficult	—	„	P. 12
Confusion	—	„	P. 13
Dullness	—	„	P. 37
Excitement	—	„	P. 40
Fear of illness	—	„	P. 45
Fear of vomiting	—	„	P. 47
Forgetful	—	„	P. 48
Forgetful, placed, where things	—	„	P. 49
Memory, weakness of, for what he has just done	—	„	P. 64
Mistakes, spelling, in	—	„	P. 66
Prostration of mind	—	„	P. 69
Rudeness	—	„	P. 75
Sadness	—	„	P. 75
Wearisome	—	„	P. 92

HEAD

Formication	—	Rawf.s.	P. 118
Formication on falling asleep	—	„	P. 118
Pain, forehead, looking upwards	—	„	P. 156
Pain, forehead, extending to occiput	—	„	P. 158
Pain, forehead, extending to uertex	—	„	P. 158
Pain, forehead, above eyes, air open amel.	—	„	P. 160
Pain, forehead, above eyes, cold applications amel	—	„	P. 160
Pan, forehead. above eyes, waking, on	—	„	P. 161
Pain, bursting	—	„	P. 178
Pain, cutting, temples, right to left on waking	—	„	P. 181
Pain, pressing, forehead, hand, as from	—	RAWF.S.	P. 193
Pain, pressing forehead over eyes	—	Rawf.s.	P. 195
Pain, pressing vertex	—	„	P. 200
Pain, pressing, vertex, coughing, on	—	„	P. 201
Pain, pressing, vertex inward	—	„	P. 201
Pain, sore, bruised, brain	—	„	P. 205

EYES

EAR

NOSE

FACE

MOUTH

TEETH

THROAT

STOMACH

ABDOMEN

RECTUM

STOOL

URINARY ORGANS

SOME TASKS BEFORE US*

Dr. P. Sankaran, LI.M., D.F. Hom. (Lond.)
Hon. Physician, Govt. Homoeopathic Hospital, Bombay.

Dear Friends,

I thank you for the opportunity you have given me of meeting you and being among you. I have accepted the honour of presiding over the scientific session of this conference not because I have any special qualifications to do so but because it gives me an opportunity to place before you certain points uppermost in my mind.

It is customary for the president to make a panoramic survey of the whole field and then to sum up the present position as well as the future needs. I shall not do so because when we speak of everything, nothing gets the attention it deserves. I shall, therefore, confine myself only to two or three points that demand maximum attention at the present moment.

Within a few years of experience in homoeopathic practice, we are thoroughly convinced that it is one of the most efficacious systems of medicine. The results we get are often far beyond our expectations and sometimes leave us wonder-struck. Truly, homoeopathy is a blessing bestowed upon humanity.

Acceptance of Homoeopathy:

It is said that every new and true principle is at first opposed, only later discussed and ultimately accepted. The homoeopathic truth has also undergone enough of opposition. But all the opposition of a hundred and fifty years has not been able to annihilate it. On the contrary, it has gained in strength. For instance, the emphasis is gradually veering away from the laboratory and pathology towards the bedside and the patient. I may quote from the book "Symptoms of Visceral Diseases" by Dr. F. M. Pottenger, A.M., M.D., LLD., F.A.C.P. He wrote over 25 years ago:

"As our studies in medicine penetrate deeper into the problems of each individual branch or speciality one fact stands out with ever-increasing emphasis; namely, that medicine is a unit and not divisible into specialities. The superior man in the medicine of the future will not be the great laboratory worker, or the man who is known for his studies in metabolism or the expert gastroenterlogist, or neurologist, or surgeon or he who stands pre-eminently above his confreres in his knowledge of diseases of the heart and arterial system or of the lungs, but the man who recognizes the fact that the truths derived from all of these sources of study and investigation must be interpreted as belonging to the human patient as a whole—in other words the internist who recognizes both the psychical and physical man and appreciates the unit of medicine. The distinguished specialist will be one who regards, his field of study in its intimate relationships to the body as a whole."

"It readily can be seen that, no matter how interesting and how valuable studies of tissues, secretions and excretions are, they leave much to be

*Presidential addressed at the scientific session of the Special Homoeopathic Convention, held at Hyderabad on 10th & 11th April, 1960.

desired from the standpoint of the everyday practice of our profession. As long as it shall be necessary for physicians to treat disease, the patient must be the subject of our earnest study and solicitation...."

"There is no study today that offers us greater hope for the future practice of medicine, than the study of the individual who has the disease and the means by which the disease expresses itself in his tissues, secretion and excretions,—the study of pathologic physiology or 'functional pathology' as it is often called. Increased knowledge in this line of research is absolutely indispensable if we are to make the greatest use and application of the principles and facts revealed by the modern laboratory...."

Recently, the late Dr. P. L. Deshmukh, M.D. (Bom.), F.C.P.S. (Bom), D.T.M.H., (Lond.), F.A.C.C. (U.S.A.), an eminent physician of Poona, reading a paper at the 35th All India Medical Conference held at Cuttack said:

"After over 30 years of medical practice, there is an irresistible temptation to look back with pride over the tremendous advances made in the field of Medicine, which one has been witnessing during the years that have passed. Advances in the knowledge of tropical diseases, tuberculosis, cardiology, infectious diseases, virology, aviation medicine, radiation diseases and of radio-isotopes have been amazingly great. As if to meet the challenge, new diseases, like viral hepatitis, encephalitis, and industrial diseases have come into being and old diseases like hypertension, coronary artery disease and diabetes mellitus are assuming greater importance because they are causing morbidity on an increasing scale and levying a progressively increasing toll of useful lives...."

"An important dictum in medicine is that one should treat the patient and not the disease. A person becomes a patient when he complains about his disease. A person without a disease does not come within the jurisdiction of a therapeutist. It is often very distressing and sometimes disastrous to the patient when doctors start treating abnormalities encountered during radiological, biological or electro-cardiographic investigations. This is what I call 'Aggressive medicine' which is one of the pitfalls of Modern Medicine."

So it appears that sooner or later, Modern Medicine will accept and adopt the principles of homoeopathy either in two or in parts, either as such or in a modified form, not because its followers may become convinced by our arguments or results but because the developments in their own field will confirm such an approach. Of course, there is the probability that eventually when they "discover" and adopt the principles and practices of homoeopathy, they may call it a revolution in Modern Medicine and may consider it as the latest advance in their own field, though they might admit that these principles are also practised by some persons called homoeopaths!

Our Own Needs:

Under the circumstances, it seems that we need not spend too much of our time and energy in criticising their present approach or in trying to convert them to our line of thinking. In this endeavour, our own science may become neglected. Instead, we can

bestow more and more attention on our own science and conserve and employ our energies in further improving our methods and achieving still better results. We have quite a large number of problems within our own field, the solution of which will demand all our skill and patience.

For instance, Dr. C. E. Wheeler writes "There is no gain in hiding the fact that the discovery of the simillimum is seldom easy and may demand both patience and labour." Surely, Dr. Wheeler is echoing our own thoughts. In fact, there seems to be an element of chance too! If we desire to reduce the element of labour, and eliminate the element of chance, if any, then it is necessary that we should simplify and standardise our methods. To achieve this and to bring about some uniformity in the approach and in the results and to ensure that homoeopathy will bring results in a larger number of cases than hitherto, we shall have to put in quite some thought and work.

There are unfortunately some who feel that homoeopathy as it now is, is completely perfect in theory and practice and that there is no necessity or scope for further improvement, advancement or expansion. We shall not quarrel with such Rip Van Winkles. Let them continue in their complacent sleep. But those of us who are less complacent and more serious-minded and logical and who are willing to see the truth as it is should consider carefully our problems.

Hahnemann has defined the highest aim of cure as rapid, gentle and permanent restoration of health. There is no doubt that homoeopathy is more directed towards and nearer this objective than the other systems of medicine. But since we are in an age of astounding and speedy achievements, it is essential that we should progress towards our ideals much faster. Our pace is not only slow but compares unfavourably with the world-wide feverish activity which was witnessed in our own homoeopathic field fifty years back. This is not a creditable state of affairs. The advance of science in the world should inspire us to achieve more.

Every conscientious homoeopath, however successful, will admit that he does not get hundred per cent success. There are several diseases like cancer, diabetes, leprosy, psoriasis etc. which test our patience and skill. Unless and until all these diseases are consistently cured by our methods, we should not feel satisfied. We must not rest till homoeopathy becomes most effective in the treatment of every type of disease, till every type of disease known to us, even those considered incurable, are cured.

Coming to the condition of homoeopathy, as it is practised in our country, we are able to see certain obvious defects. A few examples may be given. Many homoeopaths do not take great pains. Some are satisfied by prescribing in a superficial manner without going deep into the case. Some are happy to prescribe ready-made combination tablets or specifics put out by pharmacies. Some take cases and present them leaving out essential details.

All such defects should be speedily rectified. As scientists, we have to be truthful as well as thorough. Our observations should be accurate and complete and conclusions logical. Otherwise the objectives of science will be defeated. By silent and syste-

matic work, we can all contribute, however humbly, to the growth and expansion of our science. There is therefore need for a great deal of study and silent work. Our attention is often frittered away in publicity. Even in conferences much attention is focussed on our rights rather than on our responsibilities, on our political rather than our scientific problems. We lament and clamour for this or that privilege from the Government but what we ourselves could do is often not discussed. Homoeopathy will not progress merely by getting recognition and securing more rights. It will improve only by our own solid work and merit.

A Prover's Union:

I have in mind a particular task which appears to me to be a very important and urgent one. During the last fifty years, we have, in general, practically neglected the work of proving. We have failed to prove new remedies and to reprove old ones; nor have we recorded the effects of remedies observed at the bedside, with the result that we have contributed practically nothing to the growth of the homoeopathic materia medica. We may here contrast our own apathy and inertia with the enthusiasm and activity of others. Our British colleagues have taken the trouble to procure the venom of a very poisonous type of sea-snake (Hydrophida Cyanocincta) from the Indian shores and have proved it in U.K.! Whereas we, with all our enthusiasm and numbers, have failed to prove and utilise the several varieties of reputed medicinal substances that abound around us. It is time we shook off this lethargy.

Therefore, the formation of an Indian Provers' Union seems to be called for. This will only require the energetic co-operation of a band of sincere and intelligent workers. If this conference takes the necessary steps in this direction, I shall count it as an achievement.

Re-orientation of Medical Subjects:

Lastly, we have to consider another problem that awaits solution. We who teach Pathology, Pharmacology and Medicine to homoeopathic students come across a difficulty. All these subjects, as taught in modern medical colleges, fall far short of our requirements. The pathological, pharmacological and medical concepts of homoeopathy are far more intricate, subtle and thorough. To quote only one or two instances, modern Pathology does not teach why certain disease symptoms should affect one side of the body or proceed from one direction to another. Modern Pharmacology studies the effects of drugs on the body merely by estimating their concentration in the blood and other tissues. Modern Medicine does not include in its aetiology the numerous subtle causative factors we take into consideration such as suppression of emotions, suppression of discharges, remote accidents, etc. Nor does it explain why one patient should be worse in winter, nor why patients should be affected by the moon phases. We could quote a hundred instances like this. It therefore seems that we shall have to evolve a new Pathology and Medicine which will embrace all the delicate and minute nuances found in homoeopathic symptomatology, of the homoeopathic symptomatology, of the new Pharmacology also will have to be studied which will explain the nature and action of infinitestimal doses of drugs.

PRESIDENTIAL ADDRESS*

by Dr. D. N. Chatterjee, M.D.C.H., Calcutta.
Principal, D. N. De. Homoeopathic Medical College & Hospital, Calcutta

Inspite of the seeming change of Govt. attitude towards homoeopathy, there are some distinct dangers ahead of us. My contention is that we should guard ourselves against the regimentation of the study of homoeopathy under the Govt. The lessons of America should not be lost upon us. Homoeopathy which had reached its peak of glory in America, began to collapse, in the wake of statutory recognition by the Government. The curriculum of study introduced by the Govt. presented a queer mixture of two systems of treatment that fundamentaly stand apart. This was mainly responsible for the ruination of homoeopathy in America. While we should not grudge the inclusion in our curriculum of such branches of study as surgery, midwifery, pathology etc., we must see that sufficient scope is assured for the independent growth of homoeopathy in conformity to its basic principles. In this connection, I would suggest a curriculum providing for 4 years diploma course or 3 years as suggested by Dr. Jaisoorya, keeping the doors open for a degree course and also post-graduate study. In order to ensure smooth sailing of homoeopathic education in India there must be a common syllabus of study in all the States and use of regional vernaculars as the medium of teaching. There should be no provincial barriers for homoeopathic practitioners. All this will cement unity amongst States, so essential now for furthering the cause of homoeopathy.

Even taking it for granted that Government will play their game fairly allowing a wide scope of freedom for the healthy development of homoeopathic education, there still remains a danger threatening the extinction of homoeopathy in India. The crux of whole problem is whether the students coming out of the homoeopathic institutions will enjoy the same employment potentiality as those trained in allopathy. It means very little even if the homoeopathic institutions are liberally financed by the Govt. for their re-orientation unless there is security of employment for the qualified homoeopaths in the same way as the qualified allopaths. The question whether there should be degree or diploma course with such and such syllabus, sinks into insignificance in comparison with this question of employment. If the Govt. shut their eyes to this vital question of employment, our homoeopathic institutions will go the same way as those of America inspite of their financial backing. In these hard days people are naturally eager to learn such trade or profession that provides a wide scope for employment. This explains the fact why there is lack of enthusiasm to get admission into homoeopathic institutions while there is over-crowding of students in institutions teaching other branches of knowledge. I have no reliable figures for guidance as to attendance in homoeopathic institutions outside West Bengal, but the figures in my State reveal a very sorry state of affairs. Out of the five colleges recognised by the West Bengal

* Extracts from speech at the Special Homoeopathic Convention held at Hyderabad on 10th and 11th April, 1960.

State Faculty, only two can claim a respectable number of about 300 students each while the other three are anyhow carrying on with numbers hardly reaching two figures. What does this state of affairs show?

Let there be no longer any doubt as to where the root of our problem lies. First things must come first. First of all we must have an assurance from the Government as to the employment potentiality of homoeopaths, and only such an assurance can sustain homoeopathy. It is no use at this stage to wrangle over the question of syllabus and matters relating to organisation of institutions. Once the assurance of employment is forthcoming, other things will right themselves. This leads us to do some thinking about the main avenues on which the Govt. should depend for giving security of employment to homoeopaths.....

Now the question that poses itself is —does our duty end only in appealing to the Government from platforms of conventions and conferences with little or no response up till now, or are we to move more effectively in order to make the Government more responsibility-conscious? For reasons of their own the Government are moving at a snail's pace, and if things continue like this, there is hardly any hope for survival of homoeopathy in India. Instead of appealing only to the Government, let us now make a direct approach to the masses who ultimately hold the key to power in democracy. This is the simplest and noblest way of doing things in a democracy, and it is my firm conviction that if we can carry on a healthy propaganda in villages at least for a year, the whole attitude of the Government will be undergoing a change under pressure of the mass agitation.

VITAL FORCE—A NEW INTERPRETATION*

by Dr. Trivikram, Ph.D., Bombay.

Dr. Hahnemann has referred to vital force in the following paras of organon of Medicine (6th Edition):

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

He further mentions that disease is nothing but the morbidly altered state of the vital force.

Then he refers to the vital energy that resides concealed within each drug.

"This spirit-like power to alter man's state of health which lies hidden in the inner nature of medicines can in itself never be discovered by us by a mere effort of reason; it is only by experience of the phenomena it displays when acting on the state of health of man that we can become clearly cognizant of it" (Aphorism 20).

Dr. Hahnemann says that it is not necessary for us to know how the vital

* Lecture delivered at the Govt. Homoeopathic Hospital Clinical Society.

force acts. The actual mode of action of the vital force may for ever remain hidden from us. It is manifested in health by the well-being of the person and when a person is ill through the symptoms.

Then he describes how the nature of this concealed drug-energy may be made to reveal itself to us:

"Now, as it is undeniable that the curative principle in medicines is not in itself perceptible, and as in pure experiments with medicines conducted by the most accurate observers, nothing can be observed that can constitute them medicines or remedies except that power of causing distinct alterations in the state of health of the human body, and particularly in that of the healthy individual and of exciting in him various definite morbid symptoms; so it follows that when medicines act as remedies, they can only bring their curative property into play by means of this their power of altering man's state of health by the production of peculiar symptoms; and that therefore, we have only to rely on the morbid phenomena which the medicines produce in the healthy body as the sole possible revelation of their in-dwelling curative power, in order to learn what disease-curing power, each individual medicine possesses." (Aphorism 21).

By the homoeopathic methods of potentisation, the vital energy that resides in the drug which is dead matter in its ordinary state, is released and is enabled to act on the vital force in the living body.

The ancient sages of India have also talked of vital force though their conception, description and language were different. Now, I shall correlate the concept of Dr. Hahnemann and that of the ancient stages.

The conception of the ancient sages of India is very broad and all-embracing. It starts with the idea that there is a link between every substance, living and non-living, and that every substance represents a particular stage of evolution. It can be said that the human being is the last link of a particular stage in the chain beginning from the Supreme Being.

The Supreme Being consists only of the soul without a body. It consists of the ultimate, the *Avyaktha* (or Unknown) and the *Aum* representing perfection. Down the grade the soul takes a body and becomes the human organism with its physical, intellectual, mental or moral and spiritual levels of consciousness. The whole conception of the universe can be represented diagrammetically in the following way, wherein the small composite square represents the Supreme and the big composite square represents the human being, with all their constituent levels, layers and parts represented by smaller squares:

(The sections enclosed in thick lines represent the vitalistic elements.)

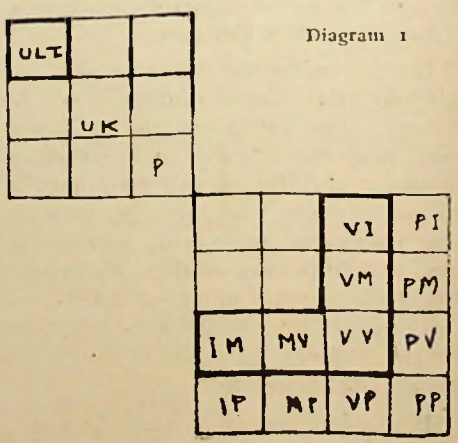


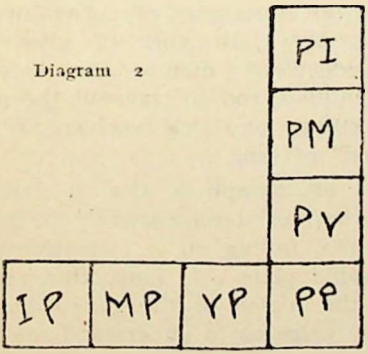
Diagram 1

The alphabetical letters represent various constituents of the body as follows:

V I — Vital Intellectual
V M — Vital Mental
V. V — Vital vital
M V — Mental Vital
I M — Intellectual Mental
P I — Physical Intellectual
M P — Mental Physical
V P — Vital Physical
Ult. — Ultimate
Uk — Unknown
P — Perfect

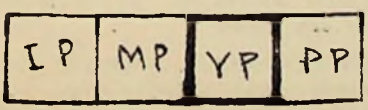
The purely physical body can be represented by the following segment of the big composite sqare:

Diagram 2



The physical remedy can be represented by a still smaller segment.

Diagram 3



(The shaded portion represents the vital energy component of the drug.)

The treatment of diseases by medical and surgical methods aims at treating the patient by physical and chemical means going from the physical to the intellectcal and mental planes. Homoeopathic remedies act simultaneously both on the physical and on the intellectual and spiritual planes though it sometimes seems that they act on physical through the mental, intellectual and spiritual planes.

But the method of Yoga cures diseases ony by acting on the physical through higher planes.

The simile principle of homoeopaths has already been envisaged by the ancient Indian sages and expressed in the dictum *Ushnam Ushnena Shamyate* (Heat is relieved by heat). Trituration has also been specified by the words *Mardanam Guna Vardhanam*. The *Avartana* method of preparing medicines is similar to dilution. The preparation of *Bhasmas* is like potentization through dilution and incineration.

In the atom, it is not merely the number of electrons, protons, neutrons etc., that matters. Even more important is the arrangement of the electrons. Each electron has its own magnetic field and any change in its position makes for a considerable change in the total electro-physical state of the atom. Trituration probably produces such a change so that there is change in the total electro-magnetic fields. This disturbance will also produce a corresponding disturbance in a higher field like the electro-magnetic field of the human being, the life principle being a bio-magnet.

Different fields are formed in different levels and the proper remedy alters the fields to a state of health.

The subject is too big to be tackled in one lecture and I have merely attempted to give a glimpse of the ancient Indian concepts.

SCIENCE AND HOMOEOPATHY

by Dr. A.B.W. Van Zyle, B.Sc., L.R.C.P., M.R.C.S., D.F. Hom. (Lond.)

SO often in earlier days, attempts have been made to bring out the relationship of homoeopathy to physical sciences and thereby to give a scientific explanation to the homoeopathy and to explain also its undoubted success; and in fact to arrive at the reasonable assumption, that homoeopathy is the best and natural way of treatment. To my mind, we are nearing that day, when a great deal of new light will be thrown on homoeopathy, thanks to the discoveries of our chemists and physicists.

The study and understanding of the giant molecules, which are formed from polymers, appear to carry the pattern of living matter.

The giant molecules, by polymerization, form proteins, nucleic acids, celluloses etc., which go to build up the tissues of plants and animals; also with their molecular configuration goes a biological activity, so that, pattern and function go hand in hand.

In other words, these complicated giant molecules, have a definite stereoscopical arrangement, and with it goes a biological function. They can also reproduce themselves, which is characteristic of life. But, what energy exchange is there, and through what medium does it take place? To answer these questions, again the quantum rules help us.

Research with microwaves, and their study—microwaves as short as 0.01 millimeters—have shown, that the molecules have rotation at certain definite rates in the giant molecule, and if they slow down, they must suddenly drop to the next lower rate, and to speed up, they must receive a certain amount of energy to go to the next higher rotational level.

In other words, microwave radiation will give the molecule this energetic promotion, provided that it is at the precise frequency which supplies the necessary energy. Here we have the modus operandi, between electromagnetic radiation and energy transformation in the molecules, and of course atoms. These molecules, small as well as giant ones act as radio transmitters and receivers.

I maintain, that our potentised remedies are stereoscopically orientated, and that they are able to give off a "product" of quanta sereoscopically orientated, and so transmit the required energy to a sick receiver, as "sensitised" persons.

A photograph is also in a sense a "rocket" of stereoscopically orientated quanta, falling on a sensitive photographic plate. I think, that research in the region of the microwaves not only helps us to understand the action of chemical phenomena in life, but we may be able to produce electromagnetic radiation, which will cure. The chlorophyll molecule is an interesting and instructive molecule to illustrate my view.

The chlorophyll molecule, owes its photobiological activity to an intricate porphyrin structure so arranged around the magnesium atom, that the bands of the magnesium atom, may resonate among certain configurations and so trap and store energy, which comes in the form of light quanta. The pigment in the retina of the eye, may also receive stereoscopically arranged "products" of quanta of light energy,

which is changed into nerve impulses and carried to the brain.

If we could make a screen picking up the light and change the light quanta into biochemical changes, in the optic nerves, these impulses might make vision possible in the brain.

References:

1. Crich, F.: Nucleic Acids: **Scientific American:** Sep., '57.
2. Goody, Walter: Shortest Radiowaves: **Scientific American:** May '57.
3. Wold, George: Life and Light: **Scientfic American:** Oct. '54.

FROM OUR CASE BOOKS

CONTAGIOUS CATARRH OF FOWLS

by Dr. R. S. Grewal, Ambala.

Croup is an acute infectious and fatal disease of fowls. It is also known as "Contagious Catarrh." There is inflammation of catarrhal type of the upper respiratory tract and conjunctiva. Its causal agent has not been definitely isolated. Some say it is bacterial in nature, while others consider it to be viral.

Outbreaks of this disease usually occur in young fowls. It is noted that in the cloudy weather and when there are sudden and marked changes in temperature, the outbreaks of this disease occur. Overcrowding and dirty poultry houses precipitate the infection. The disease spreads rapidly and involves almost every young bird in the flock. Infection spreads through utensils of feeding.

Clinical Picture: There is an increased secretion from the nostrils and eyes, which is at first watery and later becomes thick and mucopurulent due to the desquamation of the surface epithelium and emigration of leucocytes.

The exudate then tends to get dry, forming hard yellow crusts which occlude the nostrils and fasten the eyelids together.

The yellowish soft patches may also appear in the mouth. A whitish pale yellow dry material may be found around tht eye-ball and in the cleft.

Diff. Diagnosis: It can be differentiated from fowl-pox by the absence of pox nodules.

Prevention: Sanitary measures are very important, but are not carried out through ignorance and poverty among the poultrymen who are of the backward class.

Treatment: Outside homoeopathy, there is no successful treatment than the "hatchet." This is considered a wise conclusion for when the labour of doctoring the fowls, by the various methods is taken into account, and balanced against very few cures resulting, it is considered that "killing by hatchet" is decidedly. the cheapest.

But homoeopathy upsets all preconceiving notions and the results of experience by radically ccring this fatal

rience by radically curing this faal symptomatic. The major remedies are —Spongia; Lach., and Ars. iod. I generally prescribe in 3, and 12, never lower. I disolve one dozen globules or 10 or 12 drops of the dilution in a pint of water which the fowls are allowed to drink. Complete cure follows in 60 per cent of cases. To the healthy flock, I give Ars. iod. 12, in the same way as cited above only three times a week as a prophylactic measure.

Lach. 12th or 30th, I only prescribe when there are indications for its usage and in serious cases (Chicks) where there is deep-red mucous membranes including crest and wattle.

Cleanliness is of utmost importance—wash utensils with boiling water thoroughly after every feed or drink and the boxes or baskets or coups with Cresol or Dettol lotion. Avoid overcrowding. The dead stock must be buried deep in the ground far away or better still cremated.

A CASE OF FRACTURE VERTEBRA

Dr. S. V. Ghule, D.A.S.F.

House Physician, Govt. Homoeopathic Hospital, Bombay.

The patient M. R. aged 27, was admitted into the hospital on 17-12-59 with a history of pain in left arm of one month's duration. The pain was going up into shoulder like electric shocks, agg. at night (9 p.m. to 7 a.m.) and amel. in day time.

Sleep is disturbed at night due to pain.

Associated complaints

i) Anaesthesia and weakness of left forearm, of one week's duration.
ii) Headache in evening and night.
iii) Temperature at night, last one week.
iv) Feels chilly in the evening, last one month. Feels better after taking anacin tablets and hot tea.
v) Burning in eyes.
vi) Burning in urethra during micturition. Duration: 7 days.

Previous history

One month back he had slept on the cold damp floor on his left side for 2-3 days and then the pain had started.

Treatment: At first based on the causative factor he was given Rhus tox. in 30th potency and then in 1 M potency six hourly. With these doses, the pain in arm, weakness and anaesthesia lessened.

Rhus tox. 10 M, three doses, six hourly, brought back fully the sensations in left forearm, both to pin-pricks and to cotton wool. But further doses of Rhus tox. 10 M, did not help. The case was then worked out as follows on Dr. Sankaran's Card Repertory.

Card No. 42 Chilled, Agg.
" " 71 Direction, Ascending.
" " 187 Lying, Agg.

This brought out Dulc. So on

28-12-59 he was given Dulc: 30, t.d.s.

29-12-59 Condition same — Medicine repeated.

30-12-59 Pain decreased. Periodicity was only from 2-30 a.m. to 6-0 a.m. Dulc: 30, t.d.s.

3- 1-60 Pain much less and is now localised only in shoulder area

4-1-60 Condition unchanged. X-Ray of shoulder and spine advised.

5-1-60 X-Ray shows "fracture of the left transverse process of 1st dorsal vertebra."

The patient now revealed a history of having sustained a fall on left shoulder 6 months back, which he had ignored and forgotten.

Patient was then discharged and directed to the surgical department of the adjacent hospital.

Comment: The case is reported to show how even in an apparent surgical condition, homoeopathy minimises the suffering.

CLINICAL NOTES

by Dr. S. R. Phatak, M.B., B.S., Bombay

1. In 1938 I was consulted regarding a patient with the following history:

Some time back, he had been presented an ornamental dagger by a friend. He treasured the dagger and hung it on the wall in his house. One day when he went out and returned, he saw that the house had been broken open by some burglar. But nothing was missing, money, jewels etc., except the dagger. This somehow gave the patient the idea that someone—perhaps an enemy—had stolen the dagger solely with the intention of murdering him with the same dagger. This thought became stronger and stronger till it overwhelmed him; he became restless, sleepless and loquacious, and continued in this almost insane state for 3 days.

When he consulted me, I selected for him Lachesis and gave him one dose in 1M potency. Within twelve hours he felt better and in two days he was normal. I have seen him again recently and he never had a recurrence of the phobia.

5. Some time back, there was a case of asthma in a girl aged 22. The asthma subsided under some homoeopathic medicines but she developed oedema of the right foot for which she consulted me. Interpreting this as "Compensatory effects" (Boger's Synoptic key, page 289,) I gave her Prunus Spinosa which put her all right. Prunus Spinosa has also respiratory symptoms and dropsy of feet.

2. There was a case of arthritis with severe pains worse at night. The pains were better by very hot applications. I gave her Radium Bromide which relieved the pains and to some extent reduced the deformity.

3. Once I treated at Poona a case of peripheral neuritis of the leg. The neuritis was relieved both by eructation and by passing flatus. The pains were also relieved by hard pressure and movement. The patient had already consulted an eminent allopathic physician but had found no relief under his prescriptions. I combined the rubris "Flatulance, up and down passing. Amel". (Boger's Synoptic Key p. 79) and, "Pressure, Amel" (p. 27) and found

Arg. nit. coming out. This drug completely relieved him.

4. A lady had asthmatic attacks which were precipitated only if she took sweets. She was relieved by Arg. nit.

MELONCHOLIA

by Dr. P. Sankaran, L.I.M., D.F. Hom. (Lond.)

Hon. Physician, Govt. Homoeopathic Hospital, Bombay.

On 10 January 1958, Mrs. R. F., aged 60 Yrs., came for consultation, complaining of the following:—

Last 3 years, has very poor sleep.

Shooting pains in chest on and off, agg. speaking.

Lightning pains in body, anywhere.

Heaviness of body.

Anorexia; Desires alcohol; Thirst: less.

Constipation with hard stools.

Dyspnoea on exertion and on ascending stairs.

Very small soft warts all over the body, sometimes painful.

Sweats when excited.

Very nervous; any little thing frightens her.

Very sensitive; easily offended; weeps easily.

Gets easily hurt, contusions take long to clear up and pain for a long time.

Almost all her troubles started after the death of her husband 3 years back.

Always thinks of dead husband.

Likes to be alone or only in company of her children.

Feels she ought to be happy in every way but she is sad without reason.

Has become very irritable, flies into rage and abuses but regrets later.

Prev. History: N.A.D.

Family History: N.A.D.

Physical Exam: Pt. looks emaciated. Wt: 96 lbs. B.P.: 155/90.

Otherwise N.A.D.

In analysing and evaluating the above case, the symptoms that struck us as very strange was the fact that she herself felt that she had all the ingredients of happiness but was unhappy without reason, which besides was a mental symptom. The apparent exciting cause viz. the shock of the death of her husband was also considered valuable as it had set in motion the whole panorama of mental and physical changes.

Her recent irritability, the peculiar physical concomitant of painful warts, the constitutional tendency for wounds to heal slowly, were all given due importance and the case was reporterised as follows on Kent's Repertory:—

Grief, Ailments from (P. 51)
Sadness (P. 75)
Abusive (P. 1)
Anac., **Caus.**, Con., **Hyo.**, Lyc., Nit. ac., **Nux.** v., Ver a.
Wounds, heal slowly (P. 1422)
Warts, painful (P. 1369)
Caus., Lyco., **Nit. ac.**
Warts, small (P. 1340)
Caus., Nit. ac.

Out of the two, the drug Caus. seemed to fit the case better esp. considering her depressive and hopeless mood,

and so she was given on 14-1-58, one dose of Causticum: 1M. On 21-1-58 she reported less sad and excitable, pain chest nil, pains in body less, sleep and constipation better.

By 10-3-58, she was completely normal having received Caus. 10M. twice and Medo. 1M. once, as an intercurrent remedy. She has remained well ever since.

DR. N. M. JAISOORYA, M.D. (Berlin)*

We are here to celebrate the 60th birthday of Dr. N. M. Jaisoorya whose invaluable contribution to the contemporary research and development of homoeopathy in India has always been a source of great inspiration to us.

We find Dr. Jaisoorya first as an allopath having taken his Doctorate of Medicine degree from Berlin. Practising in Hyderabad he found international recognition by the publication of his paper entitled "A Preliminary Report on the Treatment of Angiospastic Conditions with Ergot and Nicotine" in the Journal of the Indian Medical Association in 1944. This article bears ample testimony of his great erudition and his unceasing search for the unknown in medicine.

The next paper entitled "A Few Results of the Application of Some New and Old Forgotten Chemotherapeutic Principles" was published in 1945 on behalf of the Rural Medical Research Association. He was here in search of a new and simple type of rural medicine and therapy adaptable to and within the economic means and buying power of our impoverished masses. Bookish pharmacology, according to him, is most "ill-developed, unstable, contestable and not based on any rational or proven law of cure." He found a crying need for a new medicine and in his novel search was sown the seed of his ultimate conversion to homoeopathy.

An eminent allopath for many years, Dr. Jaisoorya was soon attracted by the miracles of homoeopathy. He dedicated all his energy for the improvement of this system and the homoeopathic profession in India is deeply indebted to him for this. He was. elected the President of the All-India Homoeopathic Medical Conferences at Gaya in 1953, and at Rajmundry in 1955, and as Examiner of Homoeopathic Board of Andhra Pradesh.

Son of late Sarojini Devi, the nightingale of India, and Dr. Naidu, and brother of present governor of West Bengal, Shrimati Padmaja Naidu, Dr. Jaisoorya preferred to serve homoeopathy inspite of his geat fame as an allopath. The homoeopathic medical pofession in India will always remember his spirited defence of homoeopathy while he was a member of the Indian Parliament and his efforts to win the patronage of the Government for this system of medicine.

Let us join in wishing him many happy returns. (Amen—Ed.)

---

* Extract from address presented to Dr. N. M. Jaisoorya on his 60th birthday, by the National Homoeo. Laboratory, Calcutta.

Published by Dr. P. Sankaran for the Homoeopathic Corporation, 13-A, Station Road, Santa Cruz (West), Bombay 23 and Printed at the Kaiser-e-Hind Press, Fort, Bombay 1.