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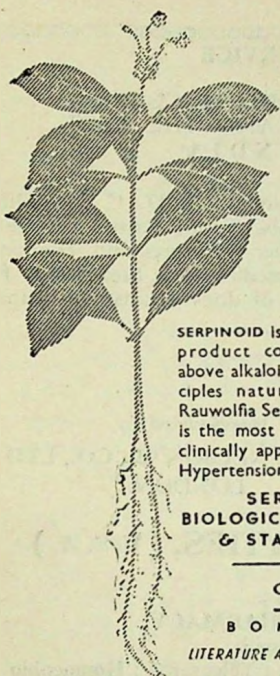
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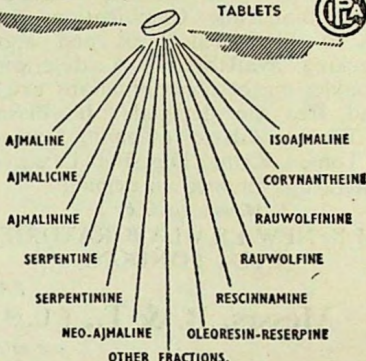
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"PURE" HOMOEOPATHY

The homoeopathic profession in India is a heterogeneous body, the heterogeneity being a natural result of the circumstance that there has been no single or uniform standard portal of entry into its ranks. It consists of practitioners who have studied in regular homoeopathic institutions, practitioners who, though trained in other systems of medicine, have become converted, and of the rest, which constitutes a majority, consisting of untrained or self-trained practitioners. Considering the different routes through which the practitioners have entered the field, it is natural that there may be divergence of outlook and opinion on certain matters. But in considering or discussing all questions, the welfare of homoeopathy itself as a whole should not be lost sight of, as against any transient advantage that may be gained by an individual or a group. For instance, the slogan of "pure" homoeopathy is being raised by certain individuals, and this merits an analysis.

We shall start from the point where homoeopathy was practised and propagated by untrained practitioners. In the circumstances existing then, when homoeopathy was not even recognized by the State, these tens of thousands of laymen have kept the torch of homoeopathy alive by their signal and undaunted service. However, as further evolution took place, and homoeopathy became recognized, it was necessary to ensure that future practitioners be properly trained and that no further untrained persons be allowed to enter the field. Such measures are necessary for the orderly growth and progress of homoeopathy. If homoeopathy is to flourish in the real sense—not in mere quantity and in name but in quality and substance—it is necessary that the future generation of homoeopathic practitioners be trained thoroughly, both because we want them to represent homoeopathy as it is and also because we want them to make further advancements in our field which offers ample scope. We have already discussed that the ideal homoeopathic student should receive training not only in all the basic subjects such as anatomy, physiology etc., but also in inter-allied medical subjects like pathology, bacteriology, forensic medicine, hygiene, etc., so that he will be in a position to understand the advances in the medical field and to interpret and employ homoeopathy in the light of all available knowledge.

Those who raise the cry of "pure" homoeopathy, obviously desire that the homoeopathic student should be taught merely the principles of homoeopathy "untainted" by any knowledge of basic medical subjects, or advanced medical knowledge. Some of them even suggest that the homoeopathic student should discard the use of the stethoscope and the thermometer. Such persons override the Master himself for Hahnemann was known to examine each patient thoroughly using the stethoscope and to take into consideration all available knowledge. Knowingly or unknowingly, intentionally or by accident, these persons are actively working for the retardation of homoeopathy. Is it expected that a student of Medicine without any knowledge of physiology pathology and diagnosis should merely prescribe on the basis of symptoms and be satisfied when the symptoms recede? Is he not to understand the natural evolution of the disease and to know how far he is actually promoting health? When these

persons try to decry the diagnosis they fail to understand the very nature and significance of symptoms. For instance, without diagnosis how is a homoeopathic physician to understand what part of the symptomatology is natural to the disease and what part peculiar to the individual? How is he to know whether the patient is really better or is merely in a state of euphoria, to know or to predict the prognosis of each case, to know how to manage the case, to prescribe the proper diet and to advise proper auxiliary measures? How is he to know the limitations of medication itself? So many such questions will arise.

Attempt is also made to compare homoeopathy with Ayurveda. In making this comparison these persons show an ignorance of Ayurveda. Ayurveda, the ancient Indian system of Medicine, is a complete science having its own anatomy, physiology, pathology, hygiene, diagnosis, prognosis, management and diet; so that it is possible for an Ayurvedic practitioner to treat a case practically without any knowledge of modern sciences. But the homoeopathic practitioner has to depend upon the symptomatology which again emphasizes the need of a knowledge of physiology and pathology. Therefore, to compare homoeopathy with Ayurveda and to say that just as Ayurveda is taught exclusively, homoeopathy also could be so taught, is to argue on fallacious premises.

Therefore, such slogan-mongering must arise from ignorance about the nature and scope of Medicine itself and of the basic and allied medical sciences; or possibly these protagonists are fighting shy of any knowledge of which they themselves might be devoid. If this be the case, it would be a tragedy on the part of any person or group to try to deprive wilfully the future generations of useful knowledge with which they themselves may not have been equipped. In either case, such attempts are despicable and must be resisted by all hard-thinking individuals.

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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PRECAUTIONS IN HOMOEOPATHIC PRACTICE—III*

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

(Continued from previous issues)

Now remains for us the question of patients who are aggravated by particular medicines. We will speak specially of polychrests, ground remedies and remedies of temperament.

5. Hypersensitiveness to such and such particular medicine and medicinal aggravation.

We have said that the unicists look for an aggravation while we try to avoid aggravations by the help of drainage and canalisation. But even after drainage and canalisation there is aggravation. This aggravation is a beneficial aggravation, which comes immediately after taking the medicine, lasts for a very short period and is followed by amelioration. For instance, a patient who has taken Sulphur or Natrum sulphuricum may have aggravation for 24 hours and then he begins to feel better on the second and the third day. If the patient is not pusillanimous, and does not abandon his medicine after that aggravation, he will very soon feel the good effects. The effect will continue and he will feel better and better.

But this aggravation, should be checked specially in old patients who cannot bear it. There is besides a very characteristic point, viz. that constitutional remedies do not cause aggravation in children. Aggravation in children is rare. While in adults this aggravation is very frequent I have not seen even two cases of such aggravation in children in my practice. Old patients have very frequent aggravation. In advanced age, especially after 50, these temporary aggravations are very dangerous, even though durable amelioration follows.

There is another series of patients, more rare, who react with persistent aggravations, as for example from 8 to 10 or even 15 days after the

absorption of a high dilution. They should be treated with still more care. The medicine used should not be repeated; neither the method of Nebel, taken up afterwards by Chiron, nor the methods of Tyler afterwards taken up by Renaud should be applied. In a word none of the methods that we have proposed should be applied.

The aggravation which lasts for a long time after taking a high dilution does not become dangerous if the medicines are repeated infrequently. Whenever you have such an aggravation, you should increase the interval of the following doses and the patient will become normal.

We are now going to study the nature of some particular remedies.

Sulphur : This is a remedy easy to understand. It is the centre of our materia medica. It acts in acute as well as in chronic cases. It has the characteristic of being at the border of the acuteness and chronicity. We give it at the end of an acute case and in the beginning of a chronic case, sometimes also in the beginning of an acute case when the patient falls back from a chronic state which had existed before.

The aggravation of Sulphur, we may say, is much more dramatic and evident than dangerous. For example, when this remedy causes an eczema to appear or augments an eczema which already existed, the aggravation is not dangerous because soon everything will become normal. In these cases do not apply higher than 30. And when a very high dilution, 200 or M, has caused an aggravation come down to 30 and repeat it rarely.

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

In arterial hypertension, Sulphur in high dilution is sometimes dangerous in oxygenoid and lean types and in young patients. But in these cases there is also the question of dilution.

There are two cases where Sulphur may really be dangerous and where one can really make an error in not giving in proper time: (1) In Phthisis, Sulphur, should never be used higher than 30 and (2) In suppurative patients this medicine should rarely be repeated.

Last of all, Sulphur should not be trusted in otitis in children. Sulphur is a medicine whose action is like fire and which aggravates the disease. It is a remedy which serves the interest of the organism and deserts the local interest. Therefore in children suffering from adenoids, even if the nose alone is affected, Sulphur 30 may, acting well on the general health, be dangerous because it will cause an otitis to appear. Chavanon goes still further and says that Sulphur should be totally avoided in children.

Phosphorus: This remedy is to be avoided in some rare cases. First of all we must avoid it in pulmonary or laryngeal tuberculosis. In certain cases of asthma with undiagnosed tuberculosis, Phosphorus 30 may be indicated but it should be used very prudently.

On the contrary, Phosphorus is every useful in hepatic cases and in cases of cholecystitis where Phosphorus 200 and M should be applied. In these cases this remedy is absolutely harmless. It may only cause a temporary aggravation.

The aggravation of tuberculosis by Phosphorus was a very disputed question. The homoeopaths who really dispute over its action are those who have had the chance of using this medicine twice or thrice in 200 in lung phthisis and confronted no aggravation. But they change their opinion when they are confronted by an aggravation. There are a number of homoeopaths who have seen their patients die rapidly with an extremely rapid caseation, after a dose of Phosphorus 200. When there is

pneumothorax the effects of Phosphorus are not dangerous, but it must be said that the aggravation of Phosphorus is dangerous in pulmonary tuberculosis with caseation.

Silicia: This remedy follows almost the same rule as Sulphur i.e. to say in all cases of pulmonary tuberculosis or when the patient has a tendency to suppurations, it should not be applied in high dilutions.

On the contrary, when there is no tuberculosis, but you find sclerosis and septic tumors, you will not get any effect if you do not use Silicea in high dilutions.

Silicea, Aurum muriaticum natronatum and Calcarea fluorica are in my opinion the trio for uterine fibroma, to which are added Thuya, Lachesis and other auto-inflammatory remedies. In this case Silicea acts in 1000 like a ground remedy with Calcarea fluorica 1000 and Aurum muriaticum natronatum which we apply in 6x. This last medicine acts remarkably well in 6x dilution.

In the same way we must not be afraid of applying it in high dilutions in all sorts of cellulitis, sclerosis etc. It is the best remedy that we know of in all kinds of cellulitis with periaortic inflammation and in symptoms of pseudo anginas. In the last case Cholesterium M and Calcarea fluorica M are to be added to Silicea M.

Summary: Sclerosis — Silicea M.

Cellulitis which is a torpid infection: Silicea M

Acute suppuration: Silicea 30

Pulmonary suppurations: Silicea 12 or 30 with care.

Natrum muriaticum: In high dilutions it is a marvellous remedy for oxygenoid patients, children, adolescents, weak and worn out patients.

On the contrary it should not be applied in hydrogenoid patients having nephritis. We may use it in this case in a dilution not higher than 6x.

It is a marvellous remedy for patients who have suffered from malaria, who have not taken quinine for a long time and who are suffering from the consequences of malaria.

Whatever be the temperament and the age, *Natrum muriaticum* produces always good results in high dilutions in diabetic patients and patients suffering from migraine even in advanced age.

Lycopodium: It has a reputation for aggravation, but this is much exaggerated. It is a marvellous remedy in all dilutions and as often as one likes, it may be applied in children in high dilutions. But in aged persons it must be avoided or given with prudence. If at all it is necessary to apply it in old persons, use first of *Liver* 200 and then apply it. It will give no bad results. Is it because it is antidoted or canalised by *Liver*?

On the contrary *Lycopodium* may cause temporary aggravation. Very frequently it gives temporary shocks without danger and it may play tricks with those homoeopaths who have very little experience with it.

Thuya: It resembles *Lycopodium* as regards the aggravation. Very frequently it gives temporary shocks like that of *Lycopodium*, these shocks are not dangerous. This is a remedy which can be used to anaphylactics and patients having cervico-brachial neuralgias.

Thuya is a kind of *Sulphur* of the central nervous system; as for example, it cures the kidney and the liver by causing or ameliorating a sciatica. It will aggravate cervico-brachial neuralgia by curing the symptoms of Angor. Therefore it will do some good to the patients by provoking some disagreeable symptoms, but it is not dangerous.

There is a way of checking aggravation caused by *Thuya*. It is to give *Cimicifuga* at the same time and in the same dilution or *Thuya* 200 and *Cimicifuga* M.

Sepia: It is a remedy very easy to apply.

It is a ground remedy which is so to say very well adapted to all patients.

In my practice I have never seen a clear-cut aggravation by *Sepia*. Sometimes it does not act when it is well indicated, particularly in melancholics where it is very often indicated, while in these cases *Calcarea Carbonica* M will cause an amelioration of symptoms without causing aggravation.

It acts marvellously in the tuberculosis of the left apex in women.

(Monod gives *Sepia* 200 and *Nux vomica* 6 in tuberculosis, and he gets good results. I have also tried this treatment with good results in brunettes having hypotension with aggravation during menses. It is a marvellous remedy for congestive symptoms of tubercular patients).

What should be remembered of *Sepia* is that it acts no more in confirmed melancholia. However if you read the pathogenesis of *Sepia* you will see that there is a desire for solitude, the recoiling upon oneself etc... *Sepia* should be applied just at the beginning of the state of melancholia, if not *Calcarea Carbonica* M should be given which will give good effect because it follows *Sepia*.

Lachesis: This remedy is also easy to manipulate. However, there is one danger. In mania or hypomania *Lachesis* may cause aggravation and cause a state of acute mania to appear if it is given in the beginning, because, when you study well its pathogenesis you find that it is a remedy of the type of mental disease which serves as a refuge of the organism. The patient who has some physical troubles takes refuge in the mental sphere. The logorrhoea, the loquacity of woman during menopause are necessary for the patients. You know that one of the important symptoms of *Lachesis* is the aggravation of hallucinations which are normal in the beginning of the sleep. This state of slight hypnotic hallucination that almost all of us have experienced before falling deeply asleep is exacerbated in women of *Lachesis* type. All

these unfold in extraordinary rapidity, it is a real succession of kaleidoscopic visions. The patient has dreams during sleep, and during the day he is liberated from them by falling into loquacity. He is forced to talk much in order that this flux of words may act like a real drainage on the mental sphere. But in the maniac state, this condition is at its height with absence of sleep and if you give Lachesis in high dilution you will aggravate the mania.

Therefore if you have to treat a case of hypomania do not give Lachesis. The remedies suitable in such cases are Hyoscyamus 6, and Cannabis indica 6. You must know how to apply medicines having centripetal actions when remedies having centrifugal action are dangerous.

I will propose to Dr. Nebel the question why he applies Lachesis and Luesinum together which he calls Lu-Lu.

(It is because he considers Lachesis as an important drainer of Luesinum).

Drosera: This remedy should be applied with care. Dr. Curie, homoeopath, the grandfather of Pierre Curie, gave us the results of his experiments with this drug. These results are followed by the English school. According to the English school, Drosera should be very rarely or never repeated. It is sometimes given only once in the lifetime of the patient in chronic state.

This remedy is specially indicated in glandular tuberculosis but it is also used in pulmonary tuberculosis. It behaves like Phos. and Tuberculines at the same time.

I have some cases that were marvellously ameliorated by Drosera. On the other hand I have observed that the 60th dilution is more easily tolerated by the patient than the 200.

(To be continued).

RAUWOLFIA SERPENTINA — REPERTORY II

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

(Continued from previous issue)

URINE				
Urine, colour pale	Rawf. S.,	684*	Constriction, near apex beat area „	828
Urine, copious	„	685	Constriction, upper part „	828
Pain, cutting, spermatic cord, left „	„	704	Pains, come and go slowly „	842
RESPIRATION			Pains, mammae, come and go quickly „	846
Desire to breathe, deep	Rawf. S.,	766	Pain, side right, „	846
Difficult	„	766	Pain, side, left „	846
Difficult, evening	„	767	Pain, side, right, relaxing on „	846
Difficult, ascending	„	768	Pain, sides, exertion „	847
Difficult, exertion, after	„	769	Pain, sides, right, lifting „	847
COUGH			Pain, lower chest, singing while „	848
Air, cold	Rawf. S.,	781	Pain, aching, exertion, after „	851
Pain, larynx, in from	„	798	Pain, cramping in sternum „	854
CHEST			Pain, cramping lower chest „	854
Constriction, evening	Rawf. S.,	826	Pain, cramping, mammae, nipples „	854
			Pain, cutting (sharp) lower part, „	855

* Numbers denote page numbers in Kent's *Repertory*.

Pain, cutting, heart, exertion after	Rawf. S.,	856	Pain, aching, lumbar region, extending to bend of knee	„	918
Pain, cutting, heart region on bending	„	856	Pain, aching, lumbo-sacral region, sitting	„	918
Pain, cutting, sides rt., ascending when	„	856	Pain, aching sacro-iliac region	„	918
Pain, gnawing, mammae, left	„	857	Pain, cutting, dorsal region, rt.	„	923
Prin, gripping, heart exertion after	„	858	Pain, cutting, lumbar region, rt.	„	923
Pain, sore	„	860	Pain, cutting, lumbar region	„	923
Pain, sore, shock-like	„	862	Pain, cutting, sacral region, bending forwards	„	923
Pain, cutting, nipples	„	865	Pain, cutting, sacral region, sitting when	„	923
Pain, stitching, mammae, left	„	867	Pain, cutting, scapula, left	„	923
Pain, stitching, mammae, nipple, right	„	867	Pain, cutting sacral region, bending forward when	„	925
Pain, stitching, lower part, left alt. to right,	„	870	Pain, stitching, dorsal region, scapulae	„	937
Pain, stitching, lower part, of right	„	870	Stiffness, lumbo-sacral, waking on	„	947
Pain, stitching, heart	„	871	Stiffness, sacral region, move, beginning to	„	947
Pain, stitching, heart, exertion, sudden after	„	871	Stiffness, sacral region, pressure hard amel. after	„	947
Pain, stitching, heart, extending to back	„	872	Stiffness, stooping	„	947
Palpitation, heart ascending steps	„	874	Stiffness, walking amel.	„	947
Palpitation, heart, audible	„	874	EXTREMITIES		
Palpitation, heart, exertion	„	875	Coldness, finger, tips	„	960
Palpitation, heart, throat, extending to	„	877	Coldness, foot, right	„	962
Palpitation, heart, thinking of it	„	877	Coldness, foot, evening	„	963
Palpitation, heart, tumultuous	„	877	Constriction, leg, calf.	„	965
Pulsation, (exertion)	„	879	Constriction, leg, calf walking	„	965
BACK			Cracked, feet, heel	„	970
Pain, lumbar region	Rawf. S.,	905	Cramps, leg	„	974
Pain, lumbar region, motion. amel.	„	907	Cramps, foot	„	976
Pain, lumbar region, pressure amel.	„	907	Cramps, foot, evening	„	976
Pain, (aching) lumbo-sacral region, sitting in one position	„	909	Discoloration, fingers, redness 4th	„	980
Pain, aching, lumbo-sacral region, waking on.	„	909	Discolouration, fingers, thumb, redness, left	„	981
Pain, aching, dorsal region, scapulae	„	915	Formication	„	1006
Pain, aching, lumbar region	„	916	Heat, upper limbs	„	1010
Pain, aching, lumbar region, standing	„	917	Heat, hand, cold amel.	„	1011
			Heat, ankles	„	1012
			Heat, fingers, 4th	„	1012
			Heat, fingers, joints rt. 4th	„	1012
			Heat, thumbs, left.	„	1012
			Heat, foot, soles.	„	1013

Heaviness, shoulders	„	1015	Pain, shoulder, left	„	1052
Heaviness, knee	„	1016	Pain upper arm, ext. downward		
Heaviness, legs	„	1016	into hand, thumb	„	1054
Heaviness, thigh, exertion after	„	1016	Pain, upper arms, elbow right	„	1055
Heaviness, walking while	„	1017	Pain, upper arm, ext. downwards	„	1055
Itching, ankles	„	1027	Pain, hard, palm right	„	1060
Numbness, fingers, 3rd	„	1040	Pain, thumb, left	„	1062
Numbness, fingers 4th	„	1040	Pain, hip, left	„	1067
Numbness, finger, 3rd. morning	„	1040	Pain, hip, crossing limbs	„	1068
Numbness, foot right	„	1042	Pain, hip, move beginning to	„	1068
Numbness, foot, toes, big, right	„	1043			(To be continued)

FOUR EMERGENCY CASES TREATED BY HOMOEOPATHY*

by Dr. BERNDT, M. D. Edesheim, Germany

For the purposes of this brief lecture let us first of all try to define what is meant by "emergency case". It must be assumed that in each case the patient would most probably have had to die within a very short time, unless immediately effective external aid had been administered to avert imminent death. In addition, we are bound to assume that only such patients will have been taken into consideration who under ordinary circumstances—with regard to general condition and age—would not have had to expect sudden death before the emergency occurred. In all those cases which I am about to relate the therapy applied will have been of a purely homoeopathic nature, with precise justification of the choice of remedy.

There is one other factor, however, which ought to be considered. It was Hahnemann himself who, in a footnote to § 67, *Organon*, rightly pointed out that in certain isolated cases even so-called purely palliative methods—in the nature of first life saving emergency aid—might have to be given preference. We only need to think of stomach flushing, artificial heat, artificial respiration, and many other

achievements of modern medicine in the physico-chemico-technical field.

In each of the following cases we shall thus have to examine in a critical spirit whether any of the abovementioned palliative measures might not have been indicated, rather than the one that was actually employed.

Since the time which has been very kindly allotted to me for this brief talk is rather limited, and since it is necessary to give as precise and detailed a description as possible, I shall have to confine myself to quoting four cases.

CASE NO. 1:

After giving birth to her first child a young farmer's wife, aged 25, suffered a near-fatal haemorrhage. On examination the placenta was found to be complete. This was doubtless a case of atonia uteri. The midwife was practising manual compression and she injected 3 ccm. of extract of *secale*. When I arrived I found the haemorrhage to be of medium intensity while the loss of blood that had occurred amounted 2-3 quarts. Compression was continued and the woman taken to a clinic where she was given massive doses of *secale*

* Paper read at the International Homoeopathic Congress, Montreaux, 1960.
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and hormones for two weeks. When the haemorrhage had been reduced to a slight trickle she was dismissed for treatment at home with a prescription for liver and iron compounds, to be taken orally. On the day after dismissal I had another emergency call: there had been a sudden gushing of blood from the uterus. Immediately on arrival I found that just about 2 quarts of blood had been lost: Atonia uteri. Violent compression of the abdominal wall did not reduce the bleeding. In addition there was a very weak pulse of high frequency. Hippocratic physiognomy. Acute anxiety, semi-fainting condition, recumbent position on right side. Lancinating backache. The patient had always had a pale complexion, she was tall, fair-haired, thin, sensitive to weather changes, touchy, subject to frequent chills, with a tendency to nose-bleeding. On that basis she was given Phosphorus, 12th LM* orally. After a few seconds tetanus uteri set in, the uterus contracted into an apple-sized lump, causing severe pain. Five minutes or so later the pain ceased. The contraction of the uterus was immediately followed by a complete cessation of the haemorrhage. The patient recovered completely after 4 weeks' convalescence and without any further medication. She has had no further trouble for 3 years and her general condition is excellent.

With regard to § 67, *Organon*, a question might arise whether homoeopathic treatment was really permissible. The patient was unfit for travel, so an operation was out of the question. The previous allopathic treatment having been unsuccessful, it had to be assumed that resistance to haemostyptics had been built up. Homeopathy proved a wonderful, life-saving alternative and, as was shown by the final result, effected genuine cure.

CASE NO. 2:

A desperate young father rushed up to me, carrying a 2½ year old boy in his arms. "Doc-

tor, be quick, I think he's already dead! A few minutes earlier the child had taken a drink from a bottle containing an "all-dissolving" kind of metal polish. There was deep unconsciousness, the whole of the skin was a livid-blue colour, with tetanus-like cramp of all muscles. Complete rigidity. Pupils small beyond measurement, no reaction to light, frothy mouth,, trismus, with cramp-like, convulsive but fruitless respiratory motion of the thorax every 3 seconds (probably cramp of larynx). Highly audible gurgitation periodically running down the oesophagus. With regard to this particular symptom, very typical for Cuprum, and considering the other signs (high-grade "blue" cramp) a subcutaneous injection of Cuprum, D 30 was immediately administered. A few seconds later there was complete muscular relaxation, resumption of breathing while the pulse slowed down to 120 p.m. Pupils widening, faint reaction to light. Colour slowly draining from skin. Meanwhile the ambulance, which had been summoned as a precaution, had arrived and the child was taken to the clinic. The drive took about 15 minutes, and on the way the child regained consciousness. The clinic was at first going to refuse admission because of shortage of beds, but the child was finally admitted for observation because he still showed a cramp-like urge to vomit. Some time later the child was dismissed, accompanied by a rather non-committal report.

I don't think that in this case a comment is called for regarding § 67 *Organon*. There was a desperate, premoribund situation to begin with. Life or death was a matter of seconds. This example may go to show that there are some cases when a judiciously chosen homoeopathic remedy will be effective in circumstances where promising palliative means of relief simply does not exist.

* 50 Millisemal scale potency — Ed.

CASE NO 3 :

A mother sow had no milk. So the fate of a "mere" litter of 12 three days old piglets was in the balance. But are not animals equally to be counted among God's living creatures as ourselves and do they not obey the same living laws which rule our own—supposedly immeasurably superior biped species? The veterinary surgeon had been going into the pigsty at intervals of a few hours, giving the sow hormone injections. This had caused the milk to appear, but each time for a few minutes only. There was a fatal prospect of the whole litter starving to death. Two piglets were already dead, the remainder failing rapidly. There was no time to be lost.

Kent distinguishes primary absence of milk, with 30 remedies, and secondary milk failure, with 42 remedies. In the primary case, first step *Calcarea* and *Zincum* are indicated, with *Dulcamara* and *Urtica urens* in the secondary contingency. In this country the primary case is found most frequently in those places where farmers think fit to feed lime to a sow due to litter. A high potency of *Calcarea* is usually effective there. *Urtica urens* is equally reliable where there has been only secondary milk failure.

In the above case—to be quoted "*pars pro toto*"—the farmer requested my assistance in the middle of the night. The sow was given one dose of globuli of *Calcarea*, C 30, dissolved in water. A normal flow of milk began about one hour later. Next morning the piglets looked well-nourished and remained in this condition for as long as they were fed by the sow. Incidentally, the very same thing usually happens with *Urtica* cases.

In conclusion, it might be noted that this, too, was a genuine "emergency." If homeopathy had not been resorted to, the remaining 10 piglets would most likely have perished, too, perhaps even the day after. § 67, *Organon* is not applicable here, because bottle-feeding of piglets *quo ad vitam* will elicit the same miser-

able results as are obtained for the flow of milk by hormone injections to the mother animal. In this instance homeopathy is the only form of therapy to offer really efficient emergency aid. Beyond that, it achieves a full healing effect by attaining *restitutio ad integrum*.

CASE NO. 4 :

Early one morning I received an urgent call to see a woman of 34 who was having terrible difficulty in breathing. The previous night there had been a sudden onset of pain in the left side of the neck which overnight had spread towards the right. Axillary temperature was 38.2° Celsius. No speech. Foetor ex ore, a greasy-white coating covering the whole of the gorge. High-grade oedema of the mucous skin of the gorge. Inspiration incomplete and jerkily arrested through the oedematous mucous membrane bulging inwards towards larynx. I insisted on immediate tracheotomy at the hospital—only 3 minutes away by road—and I repeated this emphatically, several times. The patient's husband supported my insistent demand. She wept, shook her head, gave excited signs of refusal, pointing at my medical bag. Was she asking for homeopathic treatment? At this advanced stage I felt completely at a loss. But what was I to do, since the patient herself was refusing to accept the palliative treatment I had so urgently recommended?

At this stage I ought to explain that the woman in question was a case of *Lachesis* par excellence, constitutionally speaking as well as judging by the acute symptoms. Keeping this in mind, I gave up any further attempts at persuasion. Instead, I gave the patient 2 globuli of *Lachesis*, C 200. Fifteen minutes later breathing was practically unobstructed while the oedema was visibly subsiding an hour later. Thereupon I left the patient since it was time to attend to my surgery. In the evening I found the oedema and the pain, to have completely disappeared. Next morning there was no more fibrinous coating. The patient had no temperature and asked me what she might be

allowed to eat. One day later she was out of bed and went back to her housework. She has felt very well ever since.

Woe betide any therapeutic practitioner who should find himself mistaken in his diagnosis!

Homoeopathic knowledge and skill are the most essential elements of success in the treatment of such emergency cases, as well as deep and unquestioning faith in the supreme value of our homoeopathic science and art.

SOME SERIOUS CASES TREATED BY HOMOEOPATHY*

by Dr. PIERRE SCHMIDT, M.D., Geneva.

It is the duty of the homoeopathic physician to seize every possible opportunity offered to him, and above all in very serious acute affections, for proving the inestimable value of the law of similars and the mighty, immediate and efficient action of the minute potencies of homoeopathic remedies.

It is intentionally that I use the term of potency and not of doses, as a dose is a quantity and homoeopathy deals essentially with the notion of quality. In fact the question is not to solely diminish more and more the active substance of a medicament but in the same time to potentize it, either by succussions or by rubbing or by triturations.

Potency and succussion are represented by the word dynamization for all our therapeutic preparations, but one must be aware of the fact that if our results are sometimes so prominent and so quick, it is especially due to the law of similars under which they are applied.

The slight exacerbation which can sometime be a real momentary aggravation of the morbid manifestations furnish the indubitable proof that we have "hit the ball" and this precedes the amelioration and the cure that we are aiming at.

Many physicians may tell you that the super-acute affections such as peritonitis or an infection of the appendix, an acute oedema of the lungs, a myocardial infarction may end either

by death or under very favourable circumstances in recovery, all alone!

I propose to present to you some very severe cases where jokes or small ineffective pills could not be considered and where really, only very effective and proved means could be able to get the poor suffering patient out of his mess.

CASE No. 1.

A boy of ten years comes with his parents to the consultation of the city hospital for intermittent bellyaches.

The examination made by the assistants is negative and he is let free to return home, his actual state showing no operative indication, but the parents are requested to come back at the hospital in case of reappearance of the trouble. Hardly 10 days after, at midnight the boy is brought to the hospital with high temperature (39°C), a distended abdomen, tenderness, strong pains, dilated pupils with a lead-coloured face. An urgent operation is at once proposed and done. It reveals a perforated appendix with a suppurated peritonitis, the bowels bathing in pus which is at once drained and treated with penicillin and sulfamides. Within 3 days, the child is recovering, the fever subsides, the abdomen is no more tense, the drainage is going all right, the boy is considered saved and the parents come to thank the Professor for this result, as quick and as remarkable but

* Paper read at the International Homoeopathic Congress, Montreaux, July '60.

But two days after, the child begins to vomit, he does not retain the least food, the water, even, is no more tolerated. The fever begins again to rise, the child does not urinate any more and is subject to an involuntary diarrhoea of a very putrid odor smelling like spoiled eggs. He is dehydrating, emaciating, suffers again from his abdominal pains and the spectre of septicaemia reappears worse than before with a temperature of 40° but this time without any response either to the antibiotics or to the sulfamides. He has become sulfamido-penicillo-resistant, the injections of it forming only a lump under the skin, without any resorption!

Considering this situation which is increasing in severity hour after hour the surgeon calls on the parents and confesses to them the extreme gravity of the case towards which he seems powerless, the drugs having no more effect and the infection gaining with heart-breaking progression. Physician and family are in dismay.

It was 4 o'clock, the afternoon. One of the assistants who had become very devoted to this poor child having witnessed very acute cases treated successfully with homoeopathy in his own family, phoned to me and told me his distress, as on his last visit, just now, the Professor did not give any hope for the case the boy being stuporose and he said to the chief of the staff: "Try till this evening at 10 O'clock an intravenous injection of a new penicillin." This perspective did not at all please him, to say the least and makes him in an utmost anxiety, first because of the narrowness of the veins in such a young subject, and due to his penicillo-resistance, thus operation seems really hopeless, and this last resort seems of no avail. He asked me if I could eventually give him any piece of advice? Surely, with pleasure was my prompt answer, we are very efficiently equipped in homoeopathy for such cases. Put aside at once any medication whatever it may be and get immediately Arnica 10,000 one single dose that you should administer instantly, then, tomorrow

morning on his waking give him Pyrogenium 10,000th potency, one dose too. This young unprejudiced assistant bought at his own expense those medicaments and gave it to the boy.

At 10 p.m. as he went for the last visit with the chief of the staff at his bedside, very reluctantly for the intravenous injection of Penicillin, they found the child peacefully asleep. Then, they decided to postpone this treatment till next morning.

On waking, the next day, the child talked, saying he had a very good sleep, his temperature is only 38° , he was able to pass some water. Pyrogenium 10,000th potency is given and at 9 a.m., at the visit of the Professor the child is smiling, (fever 37.8° only) and begging a glass of water. As formerly, he had vomited everything taken at once, very cautiously he was allowed to try a sip of water. But to the astonishment of all, he drank the full glass with evident satisfaction and asked for more.....the water was very well tolerated and everybody was really disconcerted by this great change.

Well, 3 days after, the drain was taken away and 48 hours after the abdominal wound was closed. Will you believe that 5 days after the first homoeopathic prescription, the boy was returning home, cured, although still weak, but yet cured! No more pain, no fever, no diarrhoea, he is urinating, can eat and drink, he is able to sit up, the danger is averted! Just here no one either could plead a happy coincidence or the tardy action of the former injections of Penicillin, as till the very moment of the administration of the homoeopathic remedy the state was only going from bad to worse and this very quickly. Why now Arnica? First for the consequences of an operating trauma (Kent's *Repertory* p. 1422). — "wounds cut". Then at "zymotic fever", p. 1292, then "septic fever" p. 1290, next for this involuntary diarrhoea, p. 621 and at last

for this stupor with fever p. 90, that is to say 5 very characteristic symptoms of Arnica!

Well then, why Pyrogenium? As a nosode for the septicaemia—p. 615 and 1290 for this fever with the septic diarrhoea.

The spectacular action of those 2 single doses, given at very high attenuation saved a moribund child. His parents and even the patient itself had no idea how and by whom this resurrection was effected. Since I never saw the boy myself, any psychic influence is excluded.

CASE NO. 2.

An old gentleman of 72, arteriosclerous, with usually high blood-pressure at 233/140 with the tonoscillograph of von Pleach, calls on me urgently at 9 P.M. He is sitting on the edge of his bed, stooping, with a red and swollen face, mouth open, with a besotted countenance, limbs cold and clammy with a blanket over his shoulders. He is looking very anxious anoxemic and restless, tossing about, cyanotic lips, can hardly utter any word. One could hear a very rattling, noisy and panting respiration with spells of painful coughs which bring a foamy salmon-coloured secretion.

The patient is bewildered, rolls his eyes trying in this way to make me understand his distress and the gravity of his state. Numerous rales, whistling, stridulous and rattling to be heard even at a distance: gallop sound at the heart, thready pulse at 130; he is really looking moribund at death's door! His dyspnoea, extreme oppression, his profuse perspiration dropping over his face, his white tongue with extreme weakness, his impossibility to lie down, the collapse of his blood-pressure to 150-90 with this auscultation, reveals a very serious situation. We are facing an acute crisis of lung oedema in an advanced arteriosclerotic subject with a failing left heart. I at once administered some pellets of Antimonium arsenicosum at the 30th potency in a glass of water and ordered this to be taken in coffee—spoon doses every 15 minutes, and

less and less frequently as soon as he improves.

A few minutes after the first doses, the patient is breathing more easily, then after 15 minutes, very quickly after his second dose he sits erect, throw back his blankets from his shoulders, raises his hand and with a large smile say: "Ah! I feel better!" His heart is beating at 110, the noisy rales are much reduced, there is no more foam at the mouth. 2 hours after, the crisis is warded off, the patient can recline and go to sleep peacefully. The next day he feels so well that he asks for a good meal and is walking around. His tongue is still coated. But the quickness of action of the remedy changing a tragic picture in record time, demonstrates indubitably the mighty elective and most brilliant achievement of homoeopathic potencies when the remedy really matches with the symptoms shown by the patient.

The blood pressure has risen to 260-102 and the next morning, 2 days after his crisis the patient feels himself alright.

No morphine, no digitalis, no blood letting, no oxygen.... a very few insignificant small pellets of the remedy selected according to the law of similars, such is the balance of a very serious situation leaving then a return to a comforting and welfare feeling.

CASE NO. 3.

Infarctus of the Myocardium

A 64 year old patient, also sclerotic is suffering from chronic coronary insufficiency with a left branch block, a left ventricular hypertrophy with deviation of his trachea due to a thyroid enlargement. I am called urgently at 1.30 a.m. and find him in full auricular paroxysmal fibrillation, with an intense precordial and throat pain. He is very oppressed, anxious and restless. His blood pressure, habitually at 220-105 has come down to 125-75. He was just seized with one of his worse spells of constrictive agonizing shooting pains towards his heart, extending through the left

arm to the tip of the little finger. Intermittent slow pulse at 60 with a dry hacking cough; worse by the least motion, suffers from nausea with epigastric transfixing pains. Fear of suffocation and death; small thready pulse, irregular and slow; icy cold skin. Cannot lie, must sit up.

On auscultation the lungs are filled with sibilant, and noisy rales, a stertorous breathing, then suddenly he is apnoeic. The heart's pains extending to his shoulder obliged him to hold his left shoulder with his hand which is clammy and cold, his left arm feeling numb. The chilness pulse of the heart reveals a tight transversal string, characteristic of a posterior infarctus of the heart. I put the diagnosis of heart's infarctus with lung oedema. (This was verified one year later, by an allopathic confrere, during my absence, at a very similar crisis where an electrocardiogram confirmed exactly my first diagnosis and where the patient and his wife could compare the allopathic classic treatment with the homoeopathic one, his convalescence then needing 5 long weeks instead of one only with homoeopathy!)

Before such a tragic picture where 2 remedies seem to be indicated, from which I was unable to choose which one was the more indicated the imminence of the danger, I asked for 2 glasses of water and in the first one put some globules of the venomous spider poison called *Latrodectus mactans* at the 200th potency and in the other *Maja tripudians* at the 1000th potency—having no other dynamization in my medicine case—this deadly cobra about which one could say as well as for this villain spider: *Nagis venenum, magis remedium!*

I gave 1 teaspoon of the 1st remedy. The state being unchanged I then go to *Naja*. Still no apparent effect.

Then I repeat *Latrodectus* and suddenly the patient raises his head a little bewildered, looks at me obviously ameliorated sighing with relief and repeating many times: I feel better, I feel

better!... I continue the remedy every 10 minutes then every 20, 30 minutes. He asks for a drink. The pulse is much stronger and well marked, the cough is lessening, the oppression has considerably subsided, no more apnoea, no anguish, it is a resurrection!

I remain near him still 30 minutes and then can go away as the sick patient is quieted and transformed and is going to sleep. The next day he tells me that he slept the rest of the night very well. He is still coughing a little, expectorates some rosy sputum, the auscultation shows a great amelioration of the rales, reduced at least 50%, the extremities are warmed, no nausea, no intermittencies of the pulse, and 48 hours after his crisis, he is standing again. In less than 8 days he has recovered his strength and can resume his ordinary life.

I did not judge necessary to make a dosage of the seric glutamo-oxalacetic transaminase, a test that one can do only in an hospital equipped for such researches, but the good clinical examination can do without the very interesting tests, in no ways indispensable.

The alternating process with 2 remedies are indicated only in very exceptional and rare cases and must never be erected into a system or as a lazy pillow to avoid the trouble to search the real simillimum. But there are cases where it could be admitted and I present it here for the very happy result obtained, this having been done with mature reflection, as before such a grave situation, hours and even minutes count and if the effect of the first remedy is not almost immediate, one cannot wait, longer.

What a marvel to be able to alleviate such a serious case with so minute doses and to witness the transformation which is operating *cito, tuto, jucundo* of celerita as Celse put it, as his convalescence when of only less one week instead of 5 with the classical official treatment. Glory to homoeopathy!

CASE NO. 4.

A case of uremic convulsions in a lady 87 years old—for homocopathy acts as well in new-born children as in very old people! She was quite dyspneic, with dry mouth, both urine and stool scanty, she was muttering alone in a low voice. Since 2 hours she was subject to irregular jerks now in the extremities, now in the whole body, now in her arm, now of the head a kind of choreic restlessness.

When a physician witnesses such reactions he always must look at the face of his patient and here the pupils were very enlarged and she had this typical pale circle around the mouth that is so characteristic of China, especially in children. I remembered very clearly the two remedies in the 3rd degree which possessed this objective typical sign. This distinctive restlessness urged me almost automatically to give this plant that you all know of course, called the sleepy, the herb of the magicians or the demoniac herb, the hunting mole or the witch plant or devil apple or also thorn apple.

Well, this medicament proved by Hahemann himself and by his proper son is our great remedy for acute mania, for the delirium tremens and for the rage.

of water from which the patient is to take

You all know that it is particularly indicated in children whose pupil dilates as soon as they are reprimanded.

Here, *Stramonium* at the 1000th potency (Korsakoff) one single pellet put into a glass of water from which the patient is to take coffee-spoonful every 5 minutes. Soon after the first dose the motions subsided in intensity and frequency and after the second one they stopped but recurred 8 hours after, but for a few

minutes only and since then they never came back again.

CASE NO. 5.

Some weeks after this same lady is subjected to involuntary eructations. Well, you may say that this is a very minor trouble. In anybody yes, but with her it is appalling really shocking, because it is so intensely noisy that it is like a cannon shot, waking all those sleeping in the same floor with doors closed, like an hiccough in string terribly loud by violent diaphragmatic contractions accompanied by a scandalous tympanitis where everything was passing "upwards"!

A few doses at the 30th centesimal attenuation of this lovely umbelliferous plant called *Narthex*, whose mother tincture is made with the resin flowing from the cut made over the living root, stopped, to the astonishment of everybody, the canonnade, which were disturbing the patient and the whole family since many weeks, in spite of the generous use of every kind of local preparation and all possible absorbing remedies taken without the least result.

Some globules at the 30th dynamization stopped instantaneously the very disagreeable manifestation. You recognize at once that it was of course *Narthex Asafoetida*.

Those few cases are aiming to demonstrate without the possibility of criticism to invoke a psychic influence, the undeniable power of high homoeopathic potencies and the quickness as well as the mildness of this action.

Happy are those who follow like the evening star, the law of similar, as they are fully rewarded, rendering three times happy, as Hahemann had already said: the family, the patient and their physician.

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HOMOEOPATHIC SUCCESSES IN ACUTE PATHOLOGICAL CASES UNDEFINED CLINICALLY AND THEIR SIGNIFICATION*

Dr. G. DANO, M.D., Paris

It is a well known fact that, during the first days of an acute illness a clinical diagnosis can rarely be made with any certainty.

The waiting period where the appearance of more characteristic signs are looked for, where biological researches are put into practice, various examinations may bring new elements of information.

But what will the treatment be during this "period of uncertainty?"

In recognized medicine the premature use of antibiotics cannot always be retained and besides they can be confirmed inefficacious because unadapted and, in this way precious days slip away during which one waits.... one waits... for the evolution to bring at last the elements of a diagnosis. But now with the homoeopathic method these precious hours are used to the greatest benefit of the patient because very prematurely outside any clinical diagnosis, these symptoms in appearance confused and without link take on a significance if one considers them in the light of the law of analogy: the morbid picture which they present awakens in our minds the name of the medicine capable of provoking similar symptoms in a healthy subject. Experience has taught us all the benefit which the patient may draw from this medicine to which he is subjected in the smallest doses. Amongst these cases which we cannot label yet with any diagnosis let us take a common example: that of a chill caught by someone in good health, who has just undergone a long exercise. Having divested his shirt he has cooled off pleasantly and at length in a cool breeze. At times he may have been subjected to rain showers when in full sweat. If he is suscep-

tible to chills the consequences of what one might call imprudence will now develop. After a latent period he will feel a vague sensation of stiffness: the muscles, the articulations are stiff, ankylosed. He reacts instinctively at the slightest movement, and feels bad tempered. Another day or two and the synovial and watery reaction become evident: the articulations become painful even by a slight mobilization and a pain manifests itself in the side like a corner which thrusts its way into the ribs. He presses on it to obtain relief. His bad mood has evolved. He is not only querulous but whining. He moans when he moves, he moans even without reason and clamours for a drink. From this moment the homoeopath doctor is certain: his patient begins to develop signs of *Bryonia*—without a defined clinical diagnosis having yet been taken. If he gives the medicine at this moment, regression will be rapid and no complications will result. But if nothing comes to modify the evolution, if the expectative period is prolonged, the temperature will rise and serious signs will not be long in showing themselves which will, at last, permit a sure diagnosis. During this preclinical period, which may last for several days the allopath colleague remains alert but his diagnosis will remain in suspense and consequently his treatment suffers. Arthralgia may possibly mean articular rheumatism? Pulmonary complication? Does not a pleurodynia precede a pleurisy which may evolve towards an exudate? He will hesitate between "salicylate of soda" or "derived salicylates" or "phenylbutazone" "penicillin" if he fears infection. He will only be really settled when the signs as a whole or a definite localization dictates the best therapy. This un-

* Paper read at the International Homoeopathic Congress, Montreaux, July '60.

certainty in the diagnosis may lead to a badly adapted treatment, or one even contra-indicated or further to abstention. This attitude contrasts with the precision of the homoeopathic treatment: treatment which one can call specific and which, often, makes everything fall into place before the patient reaches the diagnostic stage. Here is another example: that of an illness which made many ravages, but the nature of which was not established at the beginning of its manifestation. It was in May-June 1918 when it became manifest. The patient showed a general all-over stiffness, with a sensation of deep bruising particularly painful, foulness of the tongue, cephalalgia, great weakness, and moderate temperature. No pulmonary sign. A very accentuated debility followed it. Several diagnoses had been envisaged, well before it had been pronounced that of influenza. But the homoeopaths, without knowing more than their colleagues on the aetiology and name of this "syndrome" identified this state with that of *Eupatorium* which modified very happily these signs and their evolution. As to the asthenia which followed with a sensation of trembling weakness, *Gelsemium* confirmed the exact medicine adapted. What is true for the state *Bryonia*, *Eupatorium*, *Gelsemium* is just as much for the condition *Aconitum*, *Belladonna*, *Mercurius*, *Apis* etc. for which the pictures so precise, so alive are met at the beginning of many acute illnesses and for which the prescription before any definite clinical interpretation allows nevertheless a favourable evolution, everything goes back to normal even before knowing what this evolution would have been. No clinical diagnosis, meanwhile a well adapted treatment confirmed by the results: is there not here a real paradox? By what means of reasoning can the homoeopathic method realize this? To answer this question, we will set forth the respective methods of reasoning of the Allopathic and Homoeopathic Schools.

The first is in principle, analytic, etiological

and deductive. It strives with the resources of the modern techniques at its disposal, to go back to the origin of the trouble observed, then to bring the particular case into a common frame that is to say, to make a clinical diagnosis: from these directives will logically flow the prescribed treatment. At first may we note that this effort of investigation is general with the two schools and often, our position is parallel for example, in certain surgical cases or in etiology leaving no place for any ambiguity. But when the diagnosis remains uncertain, and the period called "expectative" is installed, we have seen how much our therapy could be effective. The use of antibiotics and corticoids have given a new vitality to the allopathic method, and we are the first to recognize the great progress that these products have permitted to be realized for example, in tuberculosis, in the "Osler" illness and in many other infections. But, let us here digress to bring an appreciation on the quality of the improvements obtained by these prematurely employed methods in acute illness whether the diagnosis has been formulated or not. One may consider an acute illness like a crisis, a reaction against a "stress"—"auto" or "hetero-aggression", sometimes like a brutal manifestation of a latent sensibility. If this clamorous manifestation does not exceed certain limits it can be beneficial and even liberating. To strangle it sometimes is a necessity but should not be a rule because it is the improvements the disappearances of the symptoms which are just driven back. It is not always without impunity that one decapitates the normal rhythm of an evolution. Following this therapeutics, what unforeseen subsequent recurrences occur for those who know how to recognize them, what unending convalescences! We have seen on the contrary, the quality of the improvements obtained by the homoeopathic method in acute cases, even undefined clinically, how this method proceeds in the natural sense of defense of the organism and not against it. It is quite the

contrary to a therapeutic driven back. These reserves having been made on the value of the allopathic therapeutic in acute cases, we can then, consider it as connected in principal to a deductive method. Quite different is the method of reasoning in the case of the homoeopathic method. Whereas the allopath doctor, when he believes he is "holding" his diagnosis, knows that he knows, and in complete security, prescribes the treatment; the homoeopath doctor confronted with a morbid manifestation, considers he is in complete ignorance of the biological and physical phenomenon which have provoked it, in a word he ignores all of the principal causes of this trouble. He knows he does not know. Hahnemann had already realized the impossibility of going back to the principal cause and he expresses himself thus in his *Organon* with the terms at his disposal at this time! "How (that is to say by what mechanism) the vital energy — which one calls "dynamis" — determines the organism to produce morbid manifestations? That is to say how does it create illness? Such questions are of no use to the therapeutics because they remain eternally hidden." And elsewhere: "The pathological manifestations accessible to our senses in reflecting the integrity of internal disturbances, express at the same time the unbalancing of the "dynamis", this interior force is withdrawn from our vision". One hundred and fifty years after Hahnemann we are hardly more advanced than him on this intimate mechanism, and the electronic age gives us only a distant view rather than an explanation of the physiological and pathological "processes" on this scale: like Hahnemann we can but ascertain from outside the result of this mysterious activity of this "dynamis" and its disturbances of this vital energy in variance as he designated it — that is — by the symptoms he expressed. One can therefore say with him that we completely ignore all about the deep causes of the wherewithal of the pathological manifestations and that on this problem

of life this unfathomable problem we know that we do not know. Seen from this angle the problem may appear insoluble. In the meantime, there exists a possibility to go back to this unknown source and act upon it. Hahnemann furnishes us with it in using the inductive reasoning. The exteriorized symptoms follow the proper means of each subject and if they are observed carefully, noted with their characteristics their modalities, their time-tables, their apparent paradoxical signs, have the value of biological facts. This picture as exact as possible, this visible reflection of an unknown trouble, constitutes a solid basis of departure. From it we can go back by an inductive reasoning, right up to the medicine, which covers it homoeopathically. That is to say one proceeds directly from the personal syndrome observed in the medicine without passing through this intermediary, this classification, arbitrary and impersonal such as the clinical diagnosis. Here syndrome and medicine are one and designates the first by the second, the patient was Bryonia. Synthetic method now alive is the inductive reasoning. Our ignorance is total concerning the intimate process by which the organism stretches out towards its equilibrium. Phenomena of resonance? "Desensibilisation"? Acknowledging that we are ignorant of the behaviour at this scale of our dilutions face to face with that other enigma that of the biological sphere where it is practised. But considered from this angle, is it not as complete a mystery as that of explaining the simple action of taking an aspirin? This ignorance rejoins that the first causes provoked by a morbid disturbance. Hahnemann had well set out this problem. But we have seen, thanks to the inductive method, the homoeopath doctor is not disarmed. He can without knowing but translating validly by an appropriate medicine, the suffering which nature expresses in its own language, that is to say, in its symptomatology reacting efficaciously on the unknown cause which provoked it. Aetiological therapeutics

of a special kind, how profound in its action. Even if the pathological processes develop, without the appearance of clinical signification being clear, this does not modify its position: the indication of the medicine which covers the symptoms is an admirable guide and its value is as good today as it was a hundred years ago, not being governed by this or that publicity or this or that fashion.

Conclusion

In this report the respective positions of the two schools in front of this biological and physical enigma which is that of a patient we have voluntarily schematized their ways of reasoning, diametrically opposed.

In practice, these two methods complete each other, for we know the importance of a correct

diagnosis of etiology of physio-pathologic mechanisms etc. briefly, we resort like our colleagues, to analytical and deductive concepts.

But in pathological acute states which one cannot define clinically—to speak of those only—confirms the superiority of the inductive homoeopathic method: its direct method in translating a morbid syndrome by a medicine permits the premature beginning of an exact treatment adapted during the preclinical period which is the expectative period.

Here is one of the immense services rendered to suffering humanity, this precursor of genius who was Samuel Hahnemann.

And this inductive method, which he created out of many elements appears like a little part of eternal truth which weathers fashion and time.

MENTAL SYMPTOMS IN HOMOEOPATHY*

Dr. H. LAUDENBERG, M.D., Solingen (Germany)

As an illustration of Para 211, 212 and 213 of the *Organon* I should like to bring to your attention a quite small example of neurosis, from which it is possible to gauge how important the grasp of mental symptoms may become for the whole spiritual existence of a patient. A young man 23 years old had been suffering for a year from heart trouble with feelings of oppression, breathlessness and finally also "heart attacks".

As it was not possible to obtain any specially characteristic symptoms the patient received some doses of Arnica D 30 and D 200 within a period of four months. A marked improvement with cessation of the heart attacks 4-5 days after the first dose of Arnica; further improvement and apparently final cure in the following weeks up to three months. Complete

absence of trouble during the two following months. Then renewed heart trouble appeared accompanied especially by the following symptoms; at the moment when he wishes to fall asleep, there pass through him as it were electric shocks his arms jerk and he starts up in bed full of fear. He cannot tolerate the smallest quantity of wine. I then received from the mother of the patient further details of an elucidatory character. The son is suspicious, exacting indeed over exacting in everything. Especially very particular and taking the greatest trouble over his clothes. He puts on a clean white shirt every day indeed he often changes his shirt after three hours. The creases in his trousers have to be exactly right. Withal he has an immense fear that something is dangerously wrong with his heart. He

* Paper read at the International Homoeopathic Congress, Montreaux, July '60.

would very much like to smoke cigarettes if only he were not in such terror of damaging his heart. This, moreover the doctor only discovered after long delay. In Kent's Repertorium we find under the heading MIND:

Fastidious, carefullness, suspicious starting on falling asleep.

Generalities: electric like shocks on going asleep.

Extremities: jerking on going to sleep wine agg.

jerking of the limbs on falling to sleep.

Arsenicum 200 (Korsakof) at first produced a decided worsening of the condition. After a few days however, the shocks on going to sleep entirely disappeared. For three months the patient had no troubles whatever. Then there appeared again a few heart troubles with sharp pains during the day and in the evening. A single dose of Arsenicum M (Korsakof) removed all symptoms. After more than three months there followed another single dose of Arsenic. XM (Korsakof). No subjective symptoms since. But the astonishing thing was (and I only learnt this very much later, again from the mother): There had taken place a complete change in the character of her son. The patient no longer showed the least trace of any fear though he had all his life been a person very much subject to anxiety. His mother heard no more hard words whatever. Hitherto she had only known him as unhappy moody, obstinate and prone to answer back. While he was formerly "gloomy and oppressed" now he has become a "notably happy and cheerful person", who has no more complexes. With his father he has established an exceptionally good relationship, which had never hitherto existed from his earliest childhood.

Concerning the existential situation of the young man it may be further remarked that the father's cast of mind is that of the down-right positivist, whereas the mother is a sensitive indeed highly strung and very spiritual woman. So perhaps the son found himself an unresolved opposition a personified tension between his two parents.

Epicritical observation:

Where as Arnica at the most produced a Simile Arsenicum was the Simillimum; it entirely transformed the patient.

If we pay attention to the mental condition of the patient, "this most important ingredient of all illnesses" as Hahnemann says in the Para 212 of the Organon we are able completely to change and transform a person, we are able to effect cures which seem unbelievable and astonishing.

Even as a Sage from the Far East says concerning the destruction of suffering "Suffering is extinguished as the palm tree is torn up by the roots". So Hahnemann with unique authority speaks in the very same words of the final extinction, the destruction of disease for ever.

In order to provide a comparison in this matter of fear, if we consider Calcarea as the remedy for the fear of Humanity in its infancy—the fear which is great, primaeval, cyclopean, wild panic; then Arsenicum is the remedy for the great, schizoid, religious fear, the fear of death, the fear which brings distaste for life, despair and the urge to suicide, in short, Arsenicum is for the great metaphysical existential fear of modern Man!

The ancient wisdom of the Far East teaches us that "stillness is greater than storm". We say "it is the gentle power that is great."



HYPERTENSION*

Initiating the discussion, Dr. S. R. Wadia mentioned the fact that there is little mention in our books about blood pressure whereas we meet with numerous cases in practice. Some cases come without symptoms and often the high blood pressure is discovered by accident. Of course there is much variation even in normal but when the pressure is persistently above normal limits, it should be taken as pathological. Hypertension is actually a compensatory phenomenon. It is more in evidence in modern times. Probably the tension of living is contributory.

Contributory factors may be:

Heredity; Obesity; Excess of food; Alcohol; Anxiety and worry; Toxaemias of pregnancy; Chronic nephritis; Climaxis etc.

As against symptomatic hypertension, essential hypertension may show no apparent cause. This again is divided into benign and malignant.

Apart from the treatment, the management is also important.

Treatment

(a) Rest.

(b) Diet: Meat eaters seem to get more blood pressure; salt, spices alcohol and smoking should be cut down.

(c) Drugs: Homoeopathic treatment depends upon symptoms.

The following drugs have been found useful in practice:

Glom., Aur. met., Kali phos., Nat. m., Pul. Sul., Ver.v.

Blood pressure by Bannerji is a good book published by Salzer & Co. of Calcutta.

DISCUSSION

Dr. Pereira : Is Epson salt advisable ?

Dr. Wadia : Yes, as a temporary palliative.

Dr. Bhanu Desai : Is Serpina potentized found useful ? Is leeching permitted ? Are proteins to be restricted ?

Dr. Wadia : Yes, Serpina may be useful if indicated; even leech application may do good.

Dr. Shaikh : I had a case with 210 systolic pressure which Nux. v. brought down. For a patient with high blood pressure shall we give Glonoin or the indicated remedy ?

Dr. Wadia : Of course, the indicated remedy should be given always.

Dr. Karamchandani : Our Glon. is as good as the allopathic Serpina, especially when no drug is clearly indicated.

Dr. Pai : We must avoid treating diseases instead of patients. Disease or pathological conditions may only confuse us. We must discuss the various diseases which have hypertension as a symptom. In hypertension with no cause, homoeopathy may not help unless one gets some extra symptoms.

Dr. Sankaran : In discussing blood pressure, we must remember that it is influenced by various emotions and drugs acting through the autonomic nervous system. It is often a symptom of disturbed personality.

Besides bringing down the blood pressure in cases of hypertension, it has been observed that the simillimum normalises the blood pressure in any case whatsoever, raising it if it is low and decreasing it if it is high. In fact this observation has been suggested as a test to find if the drug has been correctly chosen.

I have found remedies with nervousness, fear and depression like Ign., Phos., Nat.m., Aur., Arg.nit., etc., help much in cases of hypertension. These are often indicated. Some of these drugs have aggravation from salt and the hypertensive patient is often worse from salt.

* Discussion held at the Clinical Meeting of the Government Homoeopathic Hospital Clinical Society, Bombay, February, 1960.

In cases without symptoms, the so-called "asymptomatic hypertension," we are really cornered. I remember one case. He had no symptoms whatsoever except a stuffiness of the nose. Even this symptom was incidentally due to the taking of *serpina* and disappeared when he discontinued the drug so that there was nothing left to prescribe upon. I sent his eye secretion to U.K. but the drugs chosen with the help of the emanometer also

failed. Ultimately he reverted back to allopathy and someone prescribed for him the alkaloid of *Veratium veride*. When I saw this prescription, I got an idea and gave him *Ver.vir.* in potency instead. This helped him immensely. Since then I have used this drug in several such cases and found good results. *Ver.vir.* cases incidentally have giddiness on raising the head after stooping.

FROM OUR CASE BOOKS

INSANITY

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

Some years back, I was consulted by a gentleman for his wife who was behaving in an insane manner. She would weep and laugh alternately without cause. She would also clap her hands and sing suddenly. She was generally incapable of looking after herself.

He gave a history that 3 years back her child had fallen ill and had died on her lap. This had given her a shock but she could not and did not weep. A few days later she had exhibited an abnormality of behaviour as described above. Some physicians were consulted and she had been relieved by Electro-convulsive (Shock) therapy. Three years later i.e., now, she has had another child born to her and this

child resembled exactly the previous one, perhaps bringing back to her the forgotten

Fear of thunder being a mental symptom relapse of the symptoms.

In treating her, I took the cause as the first symptom i.e., that she had suppressed her grief. I referred to Kent's *Repertory* under "Sad, cannot weep" (p. 78) and found under this rubric *Gels.* and *Nat. m.* only. Out of these, *Nat. m.* covered the alternate weeping and laughing. So I prescribed for her *Nat. m.* 1M, 2 or 3 doses and it cleared up the whole trouble. For several years now she has remained normal.

VARICOSE VEINS

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

Hon. Physician, Govt. Homoeopathic Hospital, Bombay.

Mrs. L. C., aged 62 years, consulted me on 12-3-1958 complaining of the following:

Six years back she started having pain and stiffness in the lumbo-sacral region which later descended into the left leg. Now, there is pain and swelling in left ankle which sometimes disappears from the left and appears in the right ankle; sometimes exists in both

legs together; often painful, sometimes painless.

Pain and heaviness in leg, agg. motion, and amel. by rest and agg. when legs hang down.

Occasional pain in epigastrium piercing to back.

Sweats on palms and soles even in winter sweat offensive.

Feels hot in legs and body; wants to place the legs on cold floor and also sleep on cold floor; likes cold in general.

Dislikes noise made by children.

Recently has developed fear of thunder.

Nowadays nervous; fears every little thing; fears something may happen, and trembles.

Nervousness has started after death of husband of heart-failure.

Constipation; no sensation for stool.

Prev. History: Menses were generally very profuse; during menopause had much bleeding and other troubles. Also had blood pressure with headaches and vertigo; vertigo was aggl. looking up.

Family History: N.A.D.

Physical Exam: Has varicosities in both legs; also oedema, more in left leg. Wt. : 115 lbs. B.P. : 150/100.

The symptoms were evaluated and repertorised as follows in Kent's Repertory :

Fear of thunder being a mental symptom and the latest to appear was taken first :

Fear, thunderstorm, of (p. 47) Bry., gels., hep., lach., nat. c., nat. m., nit. ac., phos., rhod., sep., sul.

This was combined with another mental

symptom, the fear that something may happen.

Fear, misfortune of : (p. 46) : lach., nat. m., phos., sul.

Next came another mental.

Sensitive to noise (p. 79) : lach., nat. m., phos.

Then came a general symptom, the intolerance to heat.

Warm, agg. (p. 1412) : lach., nat. m., phos.

Now came the peculiar 'symptom' that though there were varicosities in both the legs, the oedema appeared more on the left and travelled from left to right.

Side, left, then right (p. 1401) : Lach.

Lach. also covered the haemorrhagic tendency discovered in the previous history "Perspiration offensive" (p. 1298), and the "Varices, lower limbs. (p. 1223).

So she was given Lach : 30, on 13-3-1958. There was an immediate and quick amelioration without any initial aggravation. The improvement continued and she became well in 3 months. There were one or two relapses but every time the same drug in the 200th potency put her all right. All her symptoms have disappeared and the varicose veins give her no trouble. She is now well for last 2 years.

OUR POSITION*

SWAMI ATHURADAS, Kottayam

First of all let me thank you for giving me an opportunity to speak at this Congress.

If this is the 24th year of the Congress, it is also the 24th year of my experience with homoeopathy after starting a dispensary. That dispensary has now grown up into a medical college, one of the best in India. It is aided by the Government of India as well as by Kerala State Government. The State Government has prescribed a 4½ years course, the diploma to be awarded by the Government. We have received a grant of Rs. 2,20,000/- for the last year from the Central Government. The State Government has sanctioned and also has taken steps to start a hospital with 100 beds. These facts I describe here to give an idea to the Western countries how homoeopathy is growing in India.

* Address read before the International Homoeopathic Congress, Montreaux, 1960.

We have come over here not only to take part in the Congress but also to study the developments of the system in its mother countries and to copy the ideal methods of conducting teaching and clinical institutions. India, being a poor country, is increasingly recognizing the value of homoeopathic treatment and is encouraging it as an economical system with excellent results. If the growing-up India is taking so much interest in homoeopathy, why is the grown-up West not taking more interest? Homoeopathy may not appear so advantageous and may not appeal so much to the business minded persons as to the charitable minded ones. Men of charity like you may come forward to open the doors of actual service. We hope our observations in the homoeopathic institutions of European countries will give a mutual understanding between the East and West and the knowledge we acquire shall help us to give more relief to the suffering humanity of India. Rishis and Sanyasins from whom originated the spiritual and moral culture in India were all trying their best to relieve the suffering humanity. As a Sanyasin, I am privileged to follow the footsteps of my ancestral sages. In my observation and experience I have found out that propagation of homoeopathy is one of the best methods of relief work among the suffering especially the poor. Homoeopathy will not fail, but the applicants may fail due to wrong application. The foremost need for the propagation of homoeopathy is the establishing of teaching institutions of good standard. Untrained and unknowing hands dealing with homoeopathy have already created misunderstanding among the public and the Government. I wonder why in the motherlands of homoeopathy the teaching institutions are very rare. I come to know even the existing institutions are only of a post-graduate type. I propose that homoeopathic teaching and training should be given separately from the very beginning in its own exclusive institutions if at all it is to develop. It is more difficult to forget than to study. So creating homoeopaths out of allopathically trained graduate alone is a very difficult task and sometimes dangerous too. There are only very few who can accept a new therapy and theory and discard the theory already studied and accepted. Doctors may not come forward like Hahnemann to renounce everything for a good cause. It is Dr. Hahnemann's renunciation that attracted me more than anything to his system. Like Lord Christ, he was prepared to bear any hardship for the relief of suffering humanity. So I request the authorities of this Congress to take steps and organize committees to start homoeopathic colleges of good standard with a syllabus of five years' course in all the Western countries and influence the Governments for recognition and aid for the same.

May we hope Western countries leading in all modern sciences will come forward to give a lead in this line also. We also invite your good-selves to India to visit our humble homoeopathic institutions. Thank you once again!

NEWS & NOTES

E.S.I.S. In Andhra Pradesh :

The Andhra Pradesh Govt. has decided to include one or two homoeopathic dispensaries under the Employees State Insurance Scheme, as an experimental measure.

Homoeopathic hospital in Hyderabad :

The Andhra Pradesh Govt. has sanctioned the establishment of a 10 bedded homoeopathic hospital at Hyderabad.

International Homoeopathic Congress :

The 1960 International Homoeopathic Congress was successfully held at Montreux in Switzerland in July 1960. Swami Athuradas and Dr. Ramanlal Patel from Kottayam partici-

pated. The next International Congress will be held in Holland in the middle of 1961.

Hahnemann Society :

Dr. Alva Benjamin of London writes to us that the Hahnemann Society has been formed in U.K. for the purpose of promoting the study and practice of the Science and Art of Homoeopathy and also for propagating and publicizing this science.

All Homoeopaths are invited to help in this work. Full details are available from : The Honorary General Secretary, The Hahnemann Society, 78, George Street, London, W. 1.

ABSTRACTS

HOMOEOPATHIC TREATMENT OF MAHARAJA RANJIT SINGH*

by Dr. J. M. Honigberger**

"Arrived at Lahore, I found my former patron, the Maharajah Ranjit Singh, seated on a chair, with swollen feet, and making himself understood by gestures and signs with his hands, his organs of speech being paralysed to such degree that he was not able to utter a single articulate sound, and other means of imparting his thoughts were not in his possession, as he never had learned to write.

From time to time I had occasion to relate many of the cures effected by the new method of homoeopathy, by the aid of which I had cured myself in Vienna of the cholera, and lately in Hindostan of the plague. Although they did not doubt the truth of my assertions, it was not without difficulty that they could prevail on themselves to trust me with the treat-

ment of the Maharajah, because the favourable season — it being spring — allowed the native physicians to rely on other trials which they had to make: meanwhile I succeeded in some homoeopathic cures quite to my satisfaction. But the greatest sensation produced, was by a cure which I undertook at the request of the minister, Rajah Dhyani Sing. He committed to my medical care a native of Cashmere, Aboo Ibrahim, commander of his jesails (camel artillery), in whose head, ten years previously, a bullet had been lodged, at an affair with the Afghans, and which no native surgeon had been able to extract, and in consequence he was paralysed on one side. I trepanned him, and extracted the bullet, which was stuck beneath the skull, and press-

* Reprinted from *Health and Homoeopathy*, December, 1940, p. 432.

** Dr. J. M. Honigberger was the first homoeopathic physician, who settled in India, and remained in the East for thirty-five years, practising homoeopathy.

ed the brain, without, however, affecting that organ. My patient having been a drunkard, and troubled with indigestion in consequence of his weakened stomach, I administered to him some physic, to accelerate his recovery; and I succeeded in restoring him to perfect health, in the short space of two months. When relieved from his hemiplegy, I presented him to the minister, and he introduced him to the Maharajah.

"Meanwhile, the excessive heat had come on. At this time the fakeer Aziz-oo-Din came unexpectedly and called on me, as the native physicians were unable to improve the health of the maharajah. This man, who had formerly been physician-in-ordinary to the king, told me that the maharajah had never taken any remedy prescribed by a European physician, and that he used to give all the remedies which had been ordered him by the English doctors, Murray, Steel, and Macgregor, to his servants, to try the effect on them; but that he was now resolved to take my medicines, which I was to prepare in his presence. This I promised to do. It was then midday, the time when the durbar (assembly) leave the place, so accompanied by the fakeer, I presented myself to the king. I found with him only the minister, Dhyan Sing. I had brought with me the Tinctura dulcamara, and empty corked little phials. First of all, I asked for a gudwai (water-carrier), and ordered him to bring the spirit that the maharajah was in the habit of drinking; this had been distilled, in my presence, from Cabul grapes, and it was rectified, because Ranjeet Sing preferred strong spirits. I put the three empty phials in the hands of the gudwai, and ordered

them to be rinsed with the same spirit, and afterwards each of them to be half-filled with spirit, about one drachm in each phial. When this was done, I put just one drop of the essence of Dulcamara (woody nightshade) into one of those phials which the water-carrier held in his hand and I ordered him to cork it and shake it. Then I desired the fakeer to mark it number 'one', and I put a drop out of it into the second phial, causing it to be corked and shaken like the first, and marked number 'two'. In the same manner, the third dilution was made, and number 'three' was marked on it. From this last, I ordered one single drop to be let fall on a lump of sugar, which, at my request, the maharajah put into his mouth, where it was retained until dissolved. I ordered the same dose to be administered to the patient every morning and evening.

"During the preparation of the medicine, some persons who were standing by could not forbear smiling; and the fakeer himself was of opinion that such a minute dose would not be hurtful, should it even be supposed to be poison. But what was the result? On the first day there was no sensible amelioration in the health of the maharajah; on the second day he felt somewhat better; and on the third he was in such a merry humour that, at five o'clock in the afternoon, he ordered the minister, Dhyan Sing, to put a pair of gold bracelets on my arms, valued at five hundred rupees, in his own presence and that of the durbar; this present was accompanied with two Cashmere shawls of the same value, and, whilst I sat on the floor, the minister laid them upon my shoulders, the maharajah telling me that my physic had produced in him the best effect.

BOOK REVIEW

1. **Characteristic Materia Medica**: 11th edition, pp. 915, Rs. 15/-. 2. **Therapeutic Hints**: 7th edition, pp. 688, Rs. 12.50. Both written by Dr. D. C. Das Gupta and published by N. P. Das Gupta, 4A, Priyanath Mallik Road, Calcutta 25.

The very fact that these two books should have gone through so many editions is itself ample testimony to their popularity and usefulness. No further commendation is required.

In the *Materia Medica*, the important features and indications of each drug are given, collected from the writings of eminent authorities. This book comes as near as possible to an ideal *materia medica* for it deals to some extent with physiological and clinical applications also of all the drugs.

The *Therapeutic Hints* is also a very valuable book giving the essence of the therapeutic teachings of several well-known prescribers. A few improvements, however, are possible in this book to bring it up to the level of a standard book on therapeutics. For instance, one misses certain drugs under certain headings—Aphonia: Mang.; Cancer, Cadmium; appetite increased: iodine; Concussion: Nat. sul.; Prolapse of uterus: Helonias etc.

The chapter on Impotence could be more descriptive.

We must commend the frankness and honesty of the author when he says "Whatever may be said of the remedies for Cancer, it must be understood that it is almost impossible to cure this disease".

One would also like to suggest that in future editions better paper could be used since these books are bound to be our life long companions. Further it must be so aimed that not a single spelling mistake will be met with.

1. **Homoeopathy Vaidya Thirattu**. 2. **Diarrhoea and Dysentery**. 3. **Diseases of children**. All books in Tamil written by Dr.

V. N. Sundaram, and published by Mohan-Nirmala Homoeo Publishing House, Salem 2.

There is no doubt that in course of time the Indian languages will replace English even in advanced studies and so there is a need for the publication of Homoeopathic books in various languages. Therefore all such publications are welcome.

Dr. Sundaram has published a number of books dealing with common diseases. The books are well written but we would suggest to such writers that the original references (authors) should be given at the end of the book so that those who wish may go to the original sources.

1. **The Physical Basis of Homoeopathy And a new Synthesis** by Dr. G. B. Stearns & E. D. Evia, pp. 101, Rs. 2.50.

2. **On the Comparative Value of Symptoms in the Selection of the Remedy**, by Dr. Gibson Miller, pp. 38.

3. **How Not to do it**, by Dr. M. L. Tyler, pp. 16.

All the above three books are published by M/s. Roy & Co., Bombay 2.

M/s. Roy & Co. are responsible for steadily and unostentatiously contributing to the growth of homeopathic literature. The credit goes to them for selecting and publishing some of the best material from the old journals, material which might otherwise lie buried and be lost to posterity. They are to be congratulated for such excellent work.

Dr. Stearns's article represent a masterly survey of the scientific advances in the homoeopathic field, especially in the field of the elicitation of the simillimum by objective and physical methods. Unfortunately, the homoeopathic profession is too little aware of the tremendous significance of these experiments and developments and, therefore, the publication of this booklet will be of great educative

value. The printing and get up of this booklet are upto the usual high standards of the publishers. This booklet deserves to be prescribed in every Homoeopathic College.

Dr. Gibson Miller's most erudite and practical contribution on the value of symptoms is now republished along with the equally

learned introduction of Dr. Royal E. S. Hayes. This booklet is worth reading several times.

Dr. Tyler deals with the mistakes done in homoeopathic practice and discusses the subject with her usual clarity, in her direct and inimitable style.

All homoeopaths must possess these booklets.

—P.S.

LETTERS TO THE EDITOR :

Hyderabad : 4-6-60.

TAUTOPATHY

Dear Sir,

I have gone through the illuminating article on this subject by Dr. Ramanlal Patel. However, I was surprised to note that he has made no mention of the original paper on this subject read by Mr. Dudley W. Everitt in the 1956 International Congress at London and later on published in the *British Homoeopathic Journal*, January 1957. I believe in fact, that it was Mr. Everitt who coined and introduced this term with its homoeopathic concept, for which he deserves due credit.

Thanking you,

Yours faithfully,

Sd/- G. Bharat Reddy.

Hyderabad, 12th April '60

BUREAU OF HOMOEOPATHIC INVESTIGATION

Dear Sir,

At a meeting of homoeopaths gathered at the residence of Dr. N. M. Jaisoorya, at Hyderabad, it was decided to form a Bureau of Homoeopathic Investigation to conduct scientific investigations in the homoeopathic field, with the object of advancing the science and Art Homoeopathy.

The following Office-bearers were elected for the first year:

Dr. N. M. Jaisoorya (Hyderabad) Chairman.

Dr. Sankaran (Bombay) Honorary Director.

Dr. T. V. Veera Raghavan (Hyderabad) Hon. Secretary and Treasurer.

It was decided to undertake the following programme of work in the first instance:

(a) Research in Family Planning

(b) Provings of Drugs

(c) Collection of Toxic effects of Drugs.

(d) Collection of Statistics and information about the effects of Coffee, Tea, Smoking, Tobacco, Cosmetics, etc. on homoeopathic treatment.

(e) Call for detailed reports of treatment of diseases such as Cancer, Diabetes, Leukemia, etc. from selected homoeopathic medical practitioners.

It was decided to form six centres for this purpose at present in the following cities; viz., Hyderabad, Calcutta, Bombay, Madras, Delhi and Bangalore. Drs. T. V. Veera Raghavan, S. K. Ghose, P. Sankaran, S. P. Koppikar, Jugal Kishore and A. R. A. Acharya were entrusted with the work of organizing the work in their respective States, with the co operation of interested homoeopaths.

We appeal to all persons interested to contact the Secretary or the regional organizer. We welcome every kind of co-operation and help, including all available information on the subjects taken up.

Yours truly,

Sd/- T. V. Veera Raghavan

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