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

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

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

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

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* The views expressed in the various papers represent those of the respective authors.

ASSESSMENT OF THE EFFECT OF MEDICINE

It may appear strange and yet it is true that one of the most difficult tasks in the field of medicine is to correctly assess the effect of a medicine administered to a patient. A medicine is administered to the patient and the patient improves; the improvement is naturally attributed to the medicine. Yet, in many instances such a conclusion is neither irresistible nor easily warranted. In so deciding, we often forget or ignore the innumerable other factors which are simultaneously operating on the patient. The patient being a biological organism is necessarily and constantly exposed to a wide variety of influences and impulses, exteroceptic and interoceptic, arising both from outside the body and from within. And as these influences are changing from time to time, naturally therefore, the condition of the patient is also likely to change from time to time. Claude Bernard, the famous medical scientist has enunciated the axiom that if a particular result is to be attributed to a particular cause then it is essential that every other influencing factor in the experiment should remain unchanged. Therefore, to correctly credit a medicine with a particular beneficial effect each and every other influence to which the patient is exposed should be eliminated or should remain unchanged; then alone we may claim that the benefit was due to the medicine. But this is almost impossible to achieve for as already explained, man is a living organism and the process of living itself consists of being acted upon and reacting to a variety of influences such as air, water, food etc. And just as it is impossible to eliminate these influences, so also it is impossible to control them all or even to retain the living body in a static condition, while an experiment is in progress.

Added to this is the difficulty that diseases themselves do not take a uniform course and, therefore, we are unable to exactly predict how a particular disease may progress or regress, had the patient been unaided by medicine. To give only one example, we all know very well how much a patient is influenced by the personality of the physician. The same medicine administered by different physicians sometimes produces different effects in the same patient. Analysing even this single entity viz., the personality of the physician we find that it is again composed of numerable small factors like knowledge, ability, confidence, courage tact, manners etc. etc. Similarly again the mental outlook and attitude of the patient may also differ from time to time and he may, therefore, react in different ways to the same dose of medicine. In this connection the experiments of Dr. Bykov[1] in the field of physiology should prove an eye-opener to all medical men. Among the various experiments he has conducted, is one in which he has observed that the oxygen consumption of an individual varies not only with the amount of work he does but it also increases while he is merely watching others exerting ! He has also described numerous other such experiments which will show the bewildering influence of the cerebral cortex on the functions of the body. If conditioning of the mind alone can produce such surprising changes in the results of experiments,

it can be imagined how much change can be brought about by a combination of different factors.

Therefore, in any system of treatment, a method of assessment which does not give fullest consideration to these factors will necessarily reach unwarranted conclusions. Therefore, we must be clear that in claiming a particular effect for a medicine we are supported by the law of averages or probabilities.

Again we may give the example of the make-up of the observer or recorders. It is a fact though not so well-recognised that all of us are influenced and our outlook coloured to varying extents by our beliefs and hopes, by our fears and prejudices. Our expectancy leads us even to distort our observations and to interpret them to our advantage, however unwittingly. We all say that a true scientist should be free from prejudice and bias but this attitude is easier conceived than developed. Objectivity everywhere is difficult to achieve, particularly so in the field of medicine.

Elsewhere in this issue is a very illuminating and masterly paper on the scope and limitations of homoeopathic medication written by Dr. Ritter. Whether we may agree or disagree with his conclusions, and whatever may be the degree of agreement or disagreement, less or more, we must all welcome the objective assessment of the effect of homoeopathic medicine that he has attempted. Far too long we have had no objective analysis and such assessment is bound to be helpful to the progress of our science. Homoeopathy is indeed an extraordinary system of medicine for it produces results which cannot often be explained and which are sometimes beyond our utmost expectations or wildest hopes. The greatness of homoeopathy is thus assured on the basis of what it is able to accomplish. And therefore, it is not necessary to claim for homoeopathy what it is not able to do; but unfortunately this is being done and, when such claims on analysis are found to be uncorroborated or untrue, it brings the system into disrepute. Therefore, we would appeal to the adherents and followers of homoeopathy to be precise in their claims and only claim such results which they are able to accomplish through homoeopathy.

EDITORIAL NOTICES

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

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HOMOEOPATHY AND MENTAL DISORDERS *

by Dr. H. LAUDENBERG, Ph.D., W. GERMANY.

In order to illustrate §§211, 212, 213 of the "Organon" I should like to tell you a case of neurosis which is apt to demonstrate how vital it is for the patient's state of mind that the doctor should recognize the mental symptoms.

For one year a 23 year old young man had been suffering from heart trouble together with feelings of oppression, difficulties of breathing and at last even heart attacks.

As it was not possible to make out more characteristic symptoms I gave the patient some doses of arnica 30 (Ha) and 200 (Ha) within four months.

Perceptible improvement, no heart attacks from the fourth or fifth day on after the first dose of arnica; for the next weeks, the next three months respectively, there is continual change for the better, at least on the surface. For two months the patient is without any complaints.

At the end of that period new heart troubles occurred together with the following symptoms: Electric like shocks on going asleep, jerking of the arms, starting in bed. Not the slightest quantities of wine can be drunk without unpleasant effects.

At that moment I learnt some revealing details about the patient's behaviour from his mother :

Her son is suspicious, very careful, even pedantic. Very particular about his clothes. Puts on clean dress shirt every day, or even changes it every three hours. The creases in his trousers must be beyond reproach. Besides, he is obsessed by the idea of suffering from a bad heart disease. He would like very much to smoke cigarettes but is prevented from doing so by his great fear of any heart trouble. It took him a long time before he made up his mind to see the doctor (Arnica).

Kent's repertory says under MIND:
fastidious† : *ars.* *nux. v.*, *graph*
carefulness : ars., bar.c., *iod.*, *nux. v.*
Suspicious : *ars.*, *bar.c.*, graph., *nux. v.*
Starting on falling asleep : *ars.*, arn., bar. c. *nux. v.*

GENERALITIES

Electriclike shocks on going to sleep : ars.
Jerking on going to sleep : *ars.*
Wine agg. : *ars.*, *nux.v.*

Initially the state of health of the patient badly deteriorated after arsenicum 200 (Korsakoff). Some days later however the shock on falling asleep ceased completely. For three months the patient had no complaints whatsoever. Then there was again some heart trouble with stitches during the day and in the evening.

A single dose of arsenicum M (Korsakoff) removed all symptoms. More than three moths later another dose of arsenicum XM (Korsakoff). No subjective symptoms ever since.

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* Paper presented on July 1960, XXIV Congress of The International Homoeopathic League, Montreaux.

† According to Foubister, carcinosinum (highest degree) must also be ranged under "Fastidious". I should like to mention in this context that remedies made of diseased matter particularly ought to be considered from a psychiatric viewpoint. May I remind you, for instance, of the fact that syphilinum feel obliged to wash hands continually. Doesn't that throw a revealing light on the origin of psychoses!

What I found most surprising were the things the patient's mother told me much later :

Her son's character has undergone a complete change. The patient does not show any sign of anxiety any longer though he had been uneasy and scrupulous all his life. He is no longer the cheeky fellow he used to be. He had always been in an unpleasant mood, morose, only reluctantly and partly giving his mother any answers.

Whereas he had been a morose fellow full of oppressions in former times he has now become a happy and serene person knowing no complexes any longer. For the first time since early childhood he gets on well with his father.

It may throw some light on the young man's situation when I state that his father's attitude of mind is marked by downright positivism whereas his mother may be called a delicate, sensitive woman taking a great interest in all things spiritual.

I do not think I am wrong in putting it like this. The patient may have found himself in a position of unmitigated contrast, of of anxiety personified between his parents. The patient put on ten kg. (about 21 pounds) during the treatment.

CONCLUDING REMARKS :

Whereas arnica was at best a simile, arsenicum was similium : it completely changed the patient. If we take the patient's state of mind into proper consideration we concentrate attention on the "essential point in all diseases" as Hahnemann puts it in 212 of the "Organon". Doing so we can completely remodel and change a person. We can achieve cures that seem incredible and miraculous.

This is how an initiate of the Far East speaks about the removal of suffering : Suffering has been vanquished as if the palm-tree had been totally uprooted. It is in the same words that Hahnemann speaks in strong conviction about the final and eternal annihilation of disease.

Comparing the different forms of anxiety we may call calcarea the remedy for the great original natural fear, the cyclothymic panic of childlike man whereas arsenicum is the remedy for the quiet schizoid religious fear, for mortal terror, ennui and disgust, despair ending in suicide, in a word, it is the remedy for the great metaphysical fear of modern man faced with the problems of our times.

Age-old wisdom of the Far East says :
Calm is greater than storm.
This is the way we put it :
The gentle power is boundless !

Indeed, Samuel Hahnemann's gentle power is boundless !

§ 211.

It is in the first place the patient's frame of mind that determines the homoeopathic choice of remedy. It is the characteristic symptom that cannot remain concealed from a close observer.

§ 212

The patient's changed frame of mind is particularly taken into account, this being the most important essential in all diseases. There is no potent remedy in the world that does not affect the patient's state of mind, as even the frame of mind of a healthy person is most likely to be strongly affected by any remedy. It goes without saying that every remedy has a different effect.

§ 212

It is impossible to cure a patient naturally i.e. homoeopathically unless the changes in his frame of mind are taken into consideration. This is even true, in cases of acute diseases. A remedy must be chosen that is apt to produce a similar frame of mind in

itself without regard to the other symptoms. As a matter of course those other symptoms of the disease in question should also be taken into account when selecting the remedy.

So aconite will never effect a quick or permanent recovery in a patient of a calm and serene mind. Nux won't do for a mild phlegmatic character, nor pulsatilla for a happy and obstinate character, nor ignatia for a stoic mind.

ACTUAL PROBLEMS OF HOMOEOPATHY *

by Professor Dr. HANS RITTER, M.D.
Chief Physician, Robert Bosch Hospital, Stuttgart, W. Germany.

This article was inspired by my recent meeting with some Indian homoeopathic colleagues. It is with great pleasure that I remember my discussions, both in the office and at home, with Dr. Shuka Khan and Dr. Ghose of Bombay, Dr. Patel of Kerala State, Dr. Sahu and last but not least, with the venerable Sri Swami Athuradas, the founder of the Homoeopathic College of Kerala State. I was greatly impressed by the deep homoeopathic conviction of all these men. They gave me the best illustration of a passage I later read in an article of Dr. Sankaran in the journal (1959), where he wrote :

"The concepts of homoeopathy fits in very well with our own ancient Indian medicine and with our knowledge and belief in the efficiacy of immaterial (सूक्ष्म) entities. We are easily able to accept the idea of homoeopathic potencies, while our colleagues in the West have to struggle against their own disbelief."

In fact, here is the reason for the rapid spread of homoeopathy in India, and also for the special spiritual direction it has taken I found all colleagues I met convinced adherents of the high potency-Kentianism. I saw the differences from my own standpoint which, however, correspond with that of Dr. Verkhowsky, who has written in this journal about the special trend of homo eopathy in Russia.

Since its inauguration by Hahnemann, homoeopathy has followed two trends; the so-called natural-scientific trend with its beginning in the teaching of earlier Hahnemann himself and a number of his first adherents :Moritz Mueller, Griesselich, Rau and--in our time—Wapler and Stiegele; and the dogmatic trend with its origin in the later Hahnemann and a great number of his so-called true followers, for instance V. Boenninghausen, Jahr, Gross, Hering and a long continual line until its culmination in the Kentianism of the Anglo-American world and of India.

A profound separation under the same flag of the law of similar under the name of Hahnemann ! A separation in the face of the modern materialistic world of science, where unity would be needed most. But also is needed a clear insight in the fate of the whole mankind as seen in the global scientific development- in good and bad !

In this aspect we see the future task of homoeopathy : not to deny the immense progress that medical science has made in saving human beings from early death, that which Hahnemann called our only destination as physicians, but also not to deny the dangers to health and even life which are

* Reprinted from The Athurasramam Homoeopathic Medical College Magazine, October 1960.

the price of progress under a never-ending flood of drugs with their disutrbing effect on physicians and patients.

We have much to say about this turbulent way into an unknown but dangerous future. Here we must act but on the basis of clear insight into the abundant work of all these men who are the stars in the medical firmament of our time. We must agree that a single man, Fleming, has saved innumerable men from death by the invention of Penicillin; that he has intiated an enormous trend of investigation and that the reasonable use of these remedies does not fall with the unreasonable and dangerous one-still more dangerous to future than to present time. I have also seen in the Indian papers that there is an underlying conviction that different methods are indicated when circumstances so demand, but I have not seen a clear method of handling this problem, in order to give homoeopathy what belongs to it and to give allopathy what it, with the same right, demands. Let me try to demonstrate in a birds eye view how to manage this problem in a manner which does not close, but opens the way to a homoeopathy as reasonable as possible before a general medical forum.

THE "LAW" OF SIMILAR.

The first duty is to find a convenient place for our leading sentence in the broad spectrum of modern therapy that includes all possible remedies, diet, physical applications, surgery and specialised measures of all kinds.

We must first note that homoeopathy is a method of treating by remedies, and that it therefore competes only with other kinds of drug therapy. It differs from other drug applications by managing cases according to a special law, the law of similars. But wait ! In Germany we don't speak of the " law ", but of the " rule " of similar. It was especially Kotschau, who outlined the difference. " Law " is only to be found in the physical world; it declares what will happen under given conditions without exception. " Rule " is to be found in the biological world. It declares what should happen under certain conditions, but may not, because of the always changing conditions, which can never be known completely and which cannot be restricted in experiment, as they can in physics. " No rule without exception " is an old German proverb. We must therefore keep in mind that every exception would break our " law ". So let us speak, in the future, of the " rule " and never of the "law" of the similar. Otherwise we cannot exist in the face of criticism.

A most important rule indeed ! It is the predominating, if not the only real content of the widespread branch of therapy, which was formerly called in Germany the " stimulating therapy ", but what is now better called " regulating therapy ". Regulating therapy of every kind always appeals to the self-regulation of the organism, to its vital force. The opposite is " artificial therapy " assuming-in general—that the self-regulation and the vital force is insufficient in the case to be treated, and therefore forcing them into its way, a way found by clear experiment, which means, by interrogating nature. We have thus two headings of medical treatment :

1. Artificial therapy (in general without the help of self-regulation because self-regulation is not active enough or cannot be stimulated sufficiently).
2. Regulating therapy (always with the self-help of the organism and accordin to, but never against the direction it has taken itself.)

Here we find the innate sense of the rule of similar : according to the direction that life power has taken itself. This direction

we find in the symptoms and signs it offers. How remedies act in the same direction, we find by drug proving and in toxicology, and also by the symptoms and signs they produce.

To return to the first point of therapeutics :—

Artificial Therapy. Here we distinguish three sub-divisions :

(a) Palliative-symptomatic therapy (the "contraria contraris" of Hahnemann).

(b) Substitutive therapy (vitamines, hormones, enzymes).

(c) Parasiticide therapy (antibiotic, chemotherapeutic remedies).

(a) Palliative-symptomatic Therapy:—

Here we find since Hahnemann's time, the greatest abuse. Without doubt this principle of therapy can be of profit in many acute cases and in incurable diseases, especially before death. But to make constipation chronic by using laxatives or to continue in treating a chronic constipation by them this we call real abuse and lack of true, medical sense. There are many similar ways of abusing palliatives. Here homoeopathy has an obligation to the present and future. But, it is limited in this realm of therapy, and it was an error of Hahnemann and of many of his successors not to recognize it. We should not allow people to cry in great pain, when we have palliatives for relief.

Take the example of gallstone- or kidneystone-colic ! I cannot understand homoeopathic authors who write : give in these cases colocynthis, belladonna or chamomilla according to the particular condition, every five minutes or quarter of an hour ! How long has this patient to cry, when we have the power to deliver him from his pains in two minutes by the intravenous injection of an alkaloid ? Let me call this a nearly absolute indication of the contrarium principle. It is the purpose of my table of principles to emphasise that it would only be a loss of insight into the real nature of homoeopathy, but not its failure, not to act sufficiently in such cases. Let us also not overlook many relative indications of the contrarium principle, where it can be of welcome benefit in special situations; but let us vigorously oppose all exaggerations and contra-indications—this meant in our own justified, but not too narrow sense !

(b) Substitutive Therapy :—

What about this principle, completely unknown to Hahnemann and his contemporaries ? Let me use the example of pernicious anaemia ! We lost all these cases in spite of homoeopathic treatment, until the B_{12}-substitution therapy was found by Murphy's ingenuity. Now most of these cases can reach a normal age by continual substitution.

Consider a serious case of diabetes ! The merits of Banti cannot be overestimated. Millions of diabetic men in the whole world owe him their lives and productiveness. We cannot judge this in favour of homoeopathy on the basis of a small number of well treated or even cured cases, particularly without speaking of the cases where we have failed. Imagine a whole hospital full of diabetic cases. Could we treat them as well as with insulin or modern sulfonamide (Nadisan etc.) ? It is true, most of these cases are not completely cured by these remedies, but they are brought into a nearly permanent state of control which is compatible with an almost normal life. Can we do better in every case? Can we prove this in a convincing manner and can we give advice which can be followed with the same success by every physician of the world ?

This is the decisive question in the matter of diabetes. I was told by my Indian friends,

that they are able to treat even grave diabetes without insulin; that I, for one, cannot do. It would be worthy of a whole monograph written in an absolutely scientific manner. Let me add however, that we cannot speak of our successes to the other world, before this monograph is written. Here we stand, charged with the responsibility of which Dr. Sankaran spoke in his cited paper " Hic Rhodos, hic salta " ! India seems to have an extremely high incidence of diabetes. The homoeopaths of this country must have a great experience, for they have more opportunity to go their own way than do their colleagues in the Western world. Perhaps, you have better native remedies—for instance Gymnemna—which we do not know. We would be content to prove them according to your recommendations.

What about Addison's disease? Formerly these cases died quickly. Now they are maintained in active life by cortison therapy. What about Beri-Beri, about Scurvy etc. ? Take the special vitamin and you will completely cure these diseases, when the future diet is normal.

In all such cases we find many absolute indications of the substitutive principle and seldom only relative indications of the homoeopathic principle. Only in the field of sex hormones, especially at the beginning and at the end of female sexual life, we can find fruitful indications for homoeopathy. We can also treat many cases of achylia without substituting the missing acid—but not every case !

Let us always keep this in mind. Let us recognize the limits of our principle and let us give the honour to each investigator on the route of progress !

(c) Parasiticide Therapy :—

The previous principle dealt almost completely with chronic diseases. Here we encounter an acute problem of highest responsibility. A therapy that proposes to destroy the invading micro-organisms in the body itself is the classic idea of the " therapic magna sterilisan " of Ehrlich, the inventor of the salvarsan. It is always justified and of extreme value in cases, where the self-regulation, the immunizing power of the organism is not able to destroy the invader without irreversible damage to health and life. Here are to be found the, often absolute, indications of this principle. Cases of septicaemia, peritonitis, gravest pneumonia, bacterial endocarditis can be saved by antibiotic therapy in a very happy high degree. Therefore one assumes an almost unbearable responsibility by renouncing these remedies in favour of homoeopathic treatment. It is also a misunderstanding of its kind. In case of death one never could certify that all possible had been done in treating only homoeopathically.

We find the same situation in cases of gonorrhea and especially of syphilis, where the future of the single patient, of his family and of other people, is given into our hands. We must also see in these cases absolute indications of the parasiticide principle, which performs far more than best regulating therapy. Besides such absolute indications we have many relative ones, for instance, in common cases of pneumonia and of tonsillitis. But as in these cases danger and complications are possible too--even in best homoeopathic treatment—our responsibility is also great, and, often a real burden under the conditions of the Western world.

Only when based on impartial judgment are we right in emphasizing the contra-indications of the parasiticide principle, so often abused in the world. Most of the abuses we find in the countless common infections of adult life and of childhood. To give antibiotic remedies in every case is a danger for the whole population. We cannot

see, how this will end. Here we are not only allowed but even obliged to protest against the abuse of this principle which may possibly lead to a complete failure of so fruitful and beneficial a therapy. There are many allopathic physicians in the Western world, who also see this danger clearly and try to prevent it. But they stand in minority against the general opinion and act nevertheless in practice and public as we ourselves do. I think, that Indian physicians, on the threshold of the inevitably advancing general "civilisation", will be in a more hopeful position than are we. I think also, that Indian homoeopathy is worthy of standing in the front-line of this reaction—providing it does not pour the child out with the bath!

2. Regulating Therapy.

Speaking of this principle I am speaking of homoeopathy in such treatment of university medicine, where nobody is aware of it. Digitalis-therapy can and must also be interpreted homoeopathically, and so are many other managements of drugs. But it would be a misunderstanding to include the modern hypotensive remedies (for instance Rauwolfia) in the regulating therapy and to interpret it also in our science. Here we are standing before the fleeting transition from the contrary principle to the regulating one. In any case the artificial character is predominant. Therefore, the indications are there, where the self-regulation of nature has lost its power and cannot be led to a sufficient improvement of the disturbance.

It would exceed the competence of this article to enter into further details. The similar principle is able to control the realm of regulation, because it is acting in an absolute clear degree. It is the development of the therapeutic aim of the scientific regulating principle into a kind of individualisation almost unknown to it. This is much. It is the reason for its domination in daily practice. Nevertheless we must manage it without neglecting the special indications of the other principles I have described in favour of a sovereign medicine in a true Hippocratic manner.

II. DRUG PROVING AND OUR MATERIA MEDICA.

I cannot mention too much in this paper. Drug proving is a very responsible and difficult affair. There are many possibilities of deception. The drugless period at the beginning of each proving and the double-blind technique during the proving have uncovered the great number of "ido-symptoms" of almost each prover. Formerly, most of these symptoms were considered to have been caused by the remedy and were therefore taken to its symptom-picture. This was a mistake and not according to the ideal of a true "pure" materia medica.

The most important objections to the *Repertory* of Kent were provided by this knowledge. The symptoms of toxicology must be considered in the same manner. Having strong effects, the chance of error is not so great. On the other hand we have the disadvantage of too great a loss of individuality.

Provings and toxicology are the two first pillars of our materia medica. The third would be the experiment on animals. In the so-called "Wolfsche Thesen" of 1831, the Central Association of Homoeopathy in Germany stated that the mere superficial similarity of symptoms is not sufficient for the choice of the remedy. There must also be a harmony according to seat, kind and character of symptoms. That was in reality an early conception of a future experimental pharmacology, which, however, has only been practised and led to a high degree by academic medicine. We should profit by this work, wherever it may be

useful for our purposes, especially to understand better the dignity of our subjective symptoms and to recognize and to confirm their organic origin.

The last pillar of our materia medica are the symptoms observed by clinical observation. I would prefer to speak of clinical indications in the whole, for a single symptom abstracted from a clinical case is often fallacious. Also a vulnerable point of the Kent *Repertory* is that there are too many clinical symptoms included. In other words : there is too much personal, subjective opinion of a single author, dependent on the state of science of his time only partly balanced by the great significance of this man. The value of his monumental work is also restricted, because a congenial person has never been found, who will bring it up to date by including later provings and new clinical experience.

Whatever may be the truth and whatever may be the critical objections of my readers, we must keep in mind, that each problem I mentioned is a demand of science to us, and that in the Western world we cannot avoid giving convincing answers to these demands.

III. The potency problem

This is the most critical problem of homoeopathy. One and a half centuries have not been sufficient to clear it in our own ranks. This indicates the difficulty of our problem. It cannot be denied that the high-potencies have often damaged the reputation of homoeopathy in the medical world and that it has always been our vulnerable spot for the attacks of our opponents. They like to say : if homoeopathy has up to this time the two branches of low and high-potency adherents, of whom both boast of successes, then this is a clear sign, that both are wrong, because their successes, if true, are caused by equal concomitant factors, but not by the remedy.

Nevertheless, the low potencies are not a problem of decisive importance. We therefore need not speak of them in detail. The high-potencies preferred by Kentianism are quite another thing. There are several points to be touched upon :

(1) What is the matter with C 30, 100, 1000 ? Are these preparations made according to the prescription of Hahnemann ? Are these potencies made by the " more-glass methods ", i.e. are they made step by step passing 30, 100, 1000 bottles? Certainly, they are not.

(2) Are these potencies Korsakoff potencies, made by the one-glass method, i.e. made in the same bottle by emptying and filling it 30, 100 or 1000 times ? Or was the more-glass method administered first, and only from a certain potency the " one-glass method " ? I know, that this last way is often preferred.

(3) Or it is a preparation, only shaken from a certain more-glass or one-glass potency 30, 100 or 1000 times further ?

It can be easily understood, that these three possibilities produce quite different states of dilution or potencizing and that it is confusing for each of them to be given the same designation. Each paper discussing high-potency treatment must therefore contain a completely clear declaration of the kind of preparation of the high-potencies used. Otherwise such an article is without real value even to us.

When this is arranged we are face to face with the most delicate problem of high-potency. It is given by the " Loschmidt number ".* This is that degree of dilution, at which we have the last drug molecule in our bottle. It can be calculated that this

* Loschmidt number = Avagardo's number — Ed.

state is reached at about the 20th decimal potency, and that in consequence higher patencies are completely immaterial. This is the effect, at least, of the more-glass method. Having a one-glass potency, we must suppose that there is a constant diffusion from the bottle-wall, impregnated by the low potency at the start. We have quite the same, when we have potentcized by shaking. It is therefore quite possible, that many supposed high-potencies are in reality still material potencies, but then falsely denoted !

There are many adherents of the high-potencies who say that the consequence of the Loschmidt number may be true, but that this does not disturb them. They see the secret and the peculiarity of the high-potency in the special process of proceeding from step to step and in the transfer of the material drug power to the diluting medium. How can this be proved ? To date we have not found a promising way. Perhaps we can say, that there may be an unknown secret of material which will be discovered in future. We may also hope, that then at last homoeopathy will find the acknowledgement of having first offered this miraculous effect to an incredulous medical world.

Primarily, we are insisting only on the therapeutic effect, of which we do not doubt. I was told by my Indian friends, that they think the high-potency effect to be a magic one. Let us keep this in mind, but let us also face the consequences ! Using the example of a patient cured from a chronic disease during the administration of a high-potency remedy, we have no reason to doubt of the cure itself. But just on this point we meet the decisive question Iswariah had visualized in this journal : Was it " propter hoc ", or was it " post hoc " ?* Or in other words : Was it really the drug potency which had the effect, or was it one of the numerous concomitant factors : the personal merit influence of the doctor on the patient, the stone-moving trust of the latter, a changing climate, the diet, the regulation of the whole life or whatever else ? To the believing and enthusiastic physician only that he has cured his patient is of importance. It is the same with the latter. Nobody is able to diminish the merit of the physician and his allround glory. But science demands more. It is now demanding analysis and seeking the high-potency effect alone, the proof of its existence. Even the most surprising single case cannot satisfy this demand, especially in our present time of placebo-experiments.

It is the great task of Kentians, to add stone to stone, in order to procure a body of careful observation, sufficient at least to give a certain degree of probability—not for us, who believe without really knowing, but for the members of the other so predominant, medical world.

Let us return to low potencies at the end of our discourse ! The abovementioned doubts of science are also valid here. We can see many astonishing occurrences by placebo administration. I myself cure most cases of gastric ulcer by bed-rest in hospital by diet and placebo alone ! Only when they have not lost their symptoms after several days, do they get the indicated remedy. Had I given the remedy on the first day—whether in low or in high potency what would I have proved ?

Questions after questions ! There are many other problems of homoeopathy that could be spoken of, but these I must leave to future articles. In this paper I have only tried to give some material for a teaching of homoeopathy on the basis of

* Post hoc, ergo propter hoc = After this, therefore because of this (a fallacious reasoning) — Ed.

the science of our time. It has been blamed in the Western world, that homoeopathy has nsisted on a point of view what was justified a century ago, but not justified in the light of changing conditions. We are obliged to give facts, not only philosophy and belief. Disbelief which Sankaran blamed in his quoted sentence is only to be vanquished by facts. Facts alone are the leaders of progress. Keeping this in mind, and being always aware of the necessity for a scientific foundation of homoeopathy, the advanced and perfectly initiated homoeopath may go farther in complete freedom and responsibility. He can go into a region, where modern science must fail, because nothing of this can be taught, but all must arise from spirit and personality. This is the way to unity in our ranks and to corresponding estimation of all who devote their labour for the work of Hahnemann.

HOMOEOPATHY IN EMERGENCY CASES *

by Dr. med. vet. Wolff. M. D. Frankfurt

I shall describe to you two cases taken from my practice on small animals. In both cases, the classic homoeopathy of Hahnemann has been the salvation.

Hopeless, a patient came to join me at my holiday place with a male Setter, five years old, which was to have an eye extracted in a veterinary school clinic. The dog had a struggle with another dog and the issue was to him nearly fatal. A terrible bite tore off the left inferior eye-lid. A colleague made the first stitches, but they did not hold, so that the dog's master went with him to a veterinary school clinic, where the stitches were done again. The dog had an apparatus round the neck, so that he could not scratch himself. He was put in a narrow box. Megaphene was given. But in a word, all was useless. The stitches went off again and as a last resort, the dog's master was advised to have the eye removed so that the wound could heal. The eye itself had not suffered much.

It was in this state that I undertook to treat the animal and I prescribed Arnica in the 6 LM potency, three times 10 drops in the day, and in addition, 15 drops of mother tincture of Calendula in a glass of boiled water, for external compresses. This was carried out with care for some days, this remaining my sole prescription. After 8 days, the treatment was successfully finished and thanks to an ointment containing Vitamine B put on the scar, the latter disappeared completely.

The second case concerns a shepherd dog, 12 years old, coming from the same clinic, where as a moribund animal, he was to be destroyed. He was in a very bad state. The prostate chronically enlarged was, in fact of a crisis, in such a way distended, the size of an apple, that it obstructed the intestinal lumen completely. It had become impossible to expel the excrements and the dog suffered very much. It seemed truly indicated to destroy the animal by a painless death. The case was very urgent and only an immediate help could have changed the situation. The anamnesis allowed to establish that this animal presented the pure and rare type of Calcarea carbonica. He digests milk badly—he does not tolerate

* Paper read at the International Homoeopathic Conference held in 1960 at Montreaux.

bones,—is predisposed to convulsions, is greedy for eggs and crude potatoes, - was never fond of meat,—likes fish-bites and licks the front paws, is afraid, particularly in the evening, seeks for indigestible things, chalk, saltpetre, hen-excrements and sweet things.

I prescribed Calcarea carbonica 6 LM, giving up categorically all specific remedies. The effect of this medication, corresponding to his constitution, was impressive. Three applications in the day had this result, that the dog had his first evacuation the first evening, although with difficulty and in a liquid form. The second day, the evacuation came like a pencil and the third day, it was almost normal. The appetite reappeared, the dog got gay and keen under the effect of " his " remedy. During 20 days, he received the same medication, afterward the 12 LM.

As for other reasons, I saw the dog again lately, I examined per rectum the prostate and to my great amazement, I found the hypertrophy quite reduced and the gland of normal size, the size of a nut.

These are wonders in our daily life that we owe to Hahnemann's genius. These wonders are not only of human interest but also for animals, by favour of remedies experimented on man. Nothing can prove more obviously the universality of homoeopathy.

FROM OUR CASE BOOK

SEBORRHOEIC DERMATITIS

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

The patient, Mr. G. A., aged 33 years, consulted me on 10th February 1958, for suppurating crusty eruptions all over the body, especially marked on all hairy parts such as the beard, scalp etc. He had been suffering for the last two years and was usually worse in summer. The itching was very severe, agg. on sweating, and agg. at night, His body generally felt hot. Appetite was poor, thirst less. For past six months he had burning in abdomen, one to one and a half hours after dinner, amel. cold milk. Patient was very irritable. He also complained that the organ becomes relaxed during coition. He had also inflamed cervical glands. B.P. was 130/90, Wt. : 111 lbs.

Family history : not married.

Prev. history : Syphilis.

He had consulted eminent skin specialists but their prescriptions had proved ineffective.

His condition when I saw him was quite bad; so bad that each night his pillow had to be changed three or four times as each pillow got soaked with the pus that poured out from the eruptions in the scalp.

Pathological investigations revealed the following :

RBC : 4·04 m.
Hb = 14·5 gm.
WBC total : 15,800
Diff : Neutro : 80 %
Eosino : 4 %
Lympho : 73 %
Monocytes : 3 %

Kahn = Positive.
Stool : Ova of round worm.
Urine = N.A.D.

First, one dose of Sulphur 30 was given on 10-2-1958 as it covered the suppurating eruptions and the deficient erection, but as the response was poor, the case restudied and repertorised as follows : in Kent's *Repertory*.

Eruptions on hairy parts (p. 1312)
Calc., Lach., Lyc.,
Eruptions, suppurating (p. 1319)
Merc., Nat.m., Nit. ac., Pho.ac.,
Rhus.t., Sil.
Eruptions, itching at night (p. 1314) =
Merc., Rhus. t.
Eruptions, crusty (p. 13107) =
Merc., Rhus.t.

He was given one dose of Merc. sol. which resulted in a radical improvement in his condition. Within 2 months, and with only one more dose of Merc. sol (200) he was very much improved. Then he failed to respond to Merc. sol, but when put on Mez. there was further rapid progress which went on to complete recovery. He remains well now for over two and a half years. His Kahn has become negative.

Comment.

Though Kent does not mention it under the rubric " Eruptions on hairy parts, " I have found Mez. one of the most valuable drugs for this condition.

TWO PETROLEUM CASES.

by Dr. K. R. SETHNA, M.B.,B.S.,
Hon. Physician, Universal Health Institute Hospital, Bombay.

In April 1957, a male child aged 3½ years was referred to me by an allopathic physician for the following complaints :

The child is healthy in every respect but gets up with a scream at 12 o'clock in the night and sleeps again within 5 minutes on being laid on the back. This peculiar process is repeated every half an hour till 4 o'clock in the morning. Duration one year. Physical Examination : N.A.D. Look : healthy. Normal intelligence, takes food and liquid in normal quantities.

No previous illnesses.

Laboratory Examinations : of stool, urine, blood count etc., showed N.A.D.

Several allopathic medicines had been tried including tonics and sedatives during the last one year. The child had been seen by a Pediatrician and a Psychiatrist often but they could not account for the above disorder as every test and physical examination had revealed nothing abnormal.

As there were no other symptoms, Ars. alb. 200, one dose daily at bed time was given for 7 days, taking into account : the mental restlessness. They reported after seven days that the child got up only once on the first night, 2 or 3 times the next two nights and then again started as usual getting up about 8 times, screaming, for the next four nights.

Once again the case was taken up in detail and this time parents gave a very valuable history. About 15 months back the child had drunk Kerosene oil accidentally and had been removed to the hospital in a pre-

carious condition. The child had recovered but yet I felt that this might have been the cause of the present disorder. So I gave as an antidote to the Kerosene, Petroleum : 200, one dose daily at bed time for 7 days.

From the very first night the child slept well and was restored to sound health.

Now these symptoms of :

(1) Agg. midnight

(2) Screaming and restlessness in the night

(3) Disturbed sleep

are not found under Petroleum in any of the usual Materia Medicas. But imagine my surprise when in Hahnemann's *Chronic Diseases* on page 1208, I found under Symptom 720 : " He tosses about all night in bed and only sleeps a quarter of an hour at a time. "

Again symptom 741 : " Restless sleep "

Also 734 : " At night no sleep, but only fantasies over one and the same disagreeable subject. "

On February 11th, 1960 a young Gujarati lady, aged 25 years, consulted me for sleeplessness and restlessness in the night from 12 o'clock onwards, of 3 months' duration. She gets up at midnight and walks up and down in the room. Previous history : She has been quarrelsome, and has not been getting on well with the husband. She is very irritable and gets offended very easily. On one such unhappy occasion, she had tried to commit suicide by taking Kersoene oil internally, for which she had been ably treated and set right.

After the above incident, however, there has been some change in her nature. She now behaves well with all including the husband. But the sleeplessness and restlessness after midnight has started, about 3 to 4 weeks after the accident. She has been seen by a consultant, given sedatives, tranquillisers and strong hypnotics but no change in symptoms was noted.

This was ultimately thought to be a psychological trouble, something to do with her previously unhappy married life and her quarrelsome nature, but the psychiatrists who were consulted could not help her.

Once again, basing my prescription on my previous experience reported above, I sought to antidote any possible ill-effects of the Kerosene, by Petroleum. I gave her Petroleum 200, one dose daily at bed time for seven days. By the end of the week she was normal and till now, one year later, she remains well.

Comment.

When a symptom is not traceable under a drug, I would suggest that it would be worthwhile referring to the original provings, particularly of the drugs proved by Hahnemann. Dr. Tyler has brilliantly proved this with reference to Drosera.

CORONARY THROMBOSIS

by Dr. A. U. Sriram, M.B.,B.S.,M.F. Hom. (Lond), Tiruchirapalli.

I was lately called in to see a case of " heart attack. " As I entered I found the patient lying propped up with 3 or 4 pillows. The picture was one of anxiety though without restlessness. He had had all available allopathic treatment but with little or no relief to the stitching pains in the heart region. However he had no fear of death, even at death's door. He, in fact, expressed a loathing for life.

He complained of stitching and drawing pains in the precordium while lying on his right side. There was very little feeling of constriction. His head was warm but covered with cold sweat. There was an attendant fanning him. Asked if he felt thirsty, he said that he neither had any thirst nor any appetite. He was retching but with inability to vomit. As he answered he sat up and wanted the attendant to stop fanning. I was reminded of Borland's description of Ant. tart cases of acute cardiac failure : that they do not like a stream of air circulating round them, they want the room fresh, but they like it still. The cyanosis was marked and the pulse almost imperceptible. Hence, for the loathing of life, retching without vomiting, cold sweat over the face, thirstlessness, anxiety and cyanosis a prescription of Ant. tart 200 was made.

15 minutes later : Though soon after the medication he felt more anxious, he now has 10% relief. That is the patient's expression. Repeated Ant. tart 200.

30 minutes later : Soon after the second dose he was very definite about another aggravation but now has 25% relief. Repeated Ant. tart 200.

45 minutes later : Another bout of aggravation after the third dose of Ant. tart 200, followed by increased relief. 50% better. Pulse is now perceptible but low in volume.

Ant tart 10 M.

After another quarter-hour the patient said " I feel greatly relieved ". The pulse too was almost normal except for the increased frequency.

The next day he was very much better but had intense cough and every time he coughed, he was reminded of the pain that had occurred the previous evening. Cough and the attendant dyspnoea were worse on sitting up. Turning over to one side in bed also caused a vague pain over the precordium. So he had to be lying on his back all the time. Laurocerasus is one of the remedies where there is amelioration of difficult breathing on lying (Dig., Nux., Psor. etc.) Digitalis was of course not indicated since the pulse was still fast. Laur. CM one dose was given.

On the third day : The cough was a little better and apparently Laurocerasus had not done him the good I expected. Barytacarb being the complementary to Ant. tart, was given in 10,000 potency and that made him completely well.

COMMENT. Here is an instance when all ' life-saving ' remedies of the allopathic system had failed, the patient was rescued by invoking the law of similars. Dr. Tyler calls the Ant. tart one of the " last-gasp " remedies and the above case is just an example. The usual rattling in the chest which is generally very much associated with Ant. tart is conspicuous by its absence. Other drugs that are said to be indicated in cases of acute cardiac failure, (Borland) are,

When there is pallor of face : Ars., Carb veg.

When there is cyanosis : Ant. tart and Ox. ac (Mottled Cynosis)

When there is collapse : Carb. veg.

When there is thirst and restlessness : Ars. Carbs veg., Ox. ac.

Where there is coldness : Ars., Carb.U., Ox.ac.

and when there is sense of numbness : Ox ac.

When I reported this case to my father, a senior member of the Faculty of Homoeopathy, London, he commented " Yes, Homoeopathy is soul-satisfying always, and when a miracle is worked in a serious case like that it is indeed soul-elevating; reminding one of the power that rests in nature's womb ready to manifest when the law of similia is observed. " It is indeed extremely gratifying to apply the law and find it being quickly confirmed again and again. There need be no doubt about the quickness of action. Within 60 minutes the patient was relieved of all agony. Could it be any other way ?

A CASE OF CONVULSIOZS

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

Patient's Name : Baby M. Age : 9 years. Complaints : 1. The patient has fits of convulsions during the last one year, five a day. When the child is at school or at play, she suddenly stops doing so, makes a gyratory movement on the left three to four times, looks blank and comes out within a minute or two. In the night the child has delusions that somebody is following her or catching her. She says that she sees ghosts in the night. There is fear at heart which subsides very soon and she falls off to sleep.

The parents state that the attacks are worse after a severe attack of small pox which she had had about a year back. The child has also been vaccinated three times. The parents had consulted several allopathic physicians, including Child Specialists who had only prescribed sedatives.

2. Thrist + + ; stool normal; urine normal;

3. The child prefers delicacies, but likes to take raw salt at times. As a baby she used to eat wall-plasters and pencils.

4. Perspiration + +,

5. She is a hot patient; summer agg.

6. Has car and sea sickness.

7. According to the parents, the patient is very obstinate and disobedient. Very easily excitable.

8. Past history of thread worms.

26-1-1959 : Thuja 200, two doses morning and evening, as an antidote to effects of small pox and vaccination.

2-2-1959 : Condition same. Thuja 1,000, three doses

9-2-1959 : Condition same; Gyratory motions continue. Stramonium 30, tios doses

11-2-1959 : Slightly better. The frequency of attacks was slightly less. Stramonium 30, nine doses, three times a day.

13-2-1959 : Patient became worse. Number of attacks increased to nine in the day. Stramonium was

stopped and three doses of Nux vomica 30 were given as an antidote.

6-2-1959 : The case was at a standstill. Attacks occurred as usual.

Then, the following cards were selected from Dr. Sankaran's *Card Repertory* for working out the case :

Cards : 314 — Convulsions (Spasms)
298 — Side Left
369 — Vaccination aggravates.
and 117 — Fearsome.

Sulphur was the only remedy seen through. As such, Sulphur 30 in three doses were prescribed to be given on the first day.

23-2-1959 : Attacks fifty percent less. S.L.

28-2-1959 : Still better. S.L.

6-3-1959 : No attacks during the day, but three attacks at night ... Sulphur 30, three doses.

23-3-1959 : No attacks at all, for last ten days. Patient better. Appetite good, fearless S.L.

26-4-1959 : I am in touch with the patient and she is enjoying good health and has had no attacks at all. Schooling is regular.

10-1-1961 : Remains well.

COMMENTS. Normally, I might not have thought of Sulph. in this case.

SKIN DISEASES *

Dr. WADIA opened the discussion on Skin Diseases. He mentioned that skin disease was suspected for centuries to be only a superficial and local manifestation and treated by local measures. Only recently it is being recognised as an external manifestation or part of a systemic disease, for instance, pruritis, urticarias, warts etc. Local and other measures such as antihistamines give only transient relief. We get very good results with homoeopathy in cases of acne, urticaria, herpes etc. Cases of eczema are generally difficult because they are very chronic and have been drugged or suppressed much. He then qoted some cases :

1. Allergic skin manifestation for 25 years : eruptions itching, in folds and flexures, of skin, agg. undressing, agg. during menses, agg. milk, amel. ice-cold applications, v. irritable; thirst + + , agg. heat; face greasy. Vaccinated four times, sleep disturbed due to itching, dreams of robbers; history of asthma. Thuja : 200, three doses were given. After two days felt worse. Later Sul : 1M, 10M and 50M were given and he felt much better. In six months, he was normal.

2. Raised eruptions on legs, bluish, itching amel. hot appl., amel. covering; pt. chilly; M.P. scanty, black; car sickness; stiffness in back in morning. The following rubric cards were selected in Sankaran's *Card Repertory* :

Skin
Eruptions
Chilly
Menses, during, Agg.
Swaying Agg., car sickness

Sepia alone showed through all these symptoms : So on 26-9-1957, Sep. : 1M was given. By 12-10-57 : Skin was much better. A dose of Sep. 10M was given now and within a month and a half she was normal.

* Discussion held in the Govt. Homoeopathic Hospital Clinical Society, January, 1961.

3. Girl aged 10 years had eczema behind ears with sticky discharge, itching amel. hot appl., started after wearing an ear-ring; averse to sweets; constipated; fear of robbers. On Grap : 30, 200 and 1M, felt much better in 2 months. Whenever she relapsed, Grap. was given.

Then Sul. 200 was given, and again Grap., later. Petrol. 30., T.D. for 7 days. Every drug helped and ultimately she became O.K. (Classification of patient as hot and cold, I find, cannot be strictly adhered to in practice.)

I have also had many unsuccessful cases of skin diseases.

Regarding external applications, I feel it better to give either a bland medication or Calendula ointment in order to satisfy the patient's psychology. Otherwise the patient starts using some medicinal ointment by himself.

Dr. Pai : I had a case of leucorrhoea which was much better on Calc.c. She then got back an old suppressed skin eruption. They even alternated. But it was cured ultimately.

A case of asthma : Ars. was indicated and he felt better. The attacks became milder but a number of dry eruptions appeared; for the last 2 years he is now quite well.

I have had success with 3 cases of pemphigus, one with Cantharis. He had burning in urethra with scanty urination. I have found Herpes cases improve with Rhus tox, Merc. or Ars. In small pox except in the haemorrhagic type, we get success. I have not found any relief in actual attacks with Variolinum.

In skin diseases, it is better to report cases only when they remain well for 2 years or longer.

There was a case of urticaria agg. in hot weather, agg. 9 to 10 a.m. He was relieved by Nat. mur.

I wonder if any one has been able to entirely eradicate allergy through homoeopathic medication.

I would like to ask whether the so-called mango boils are caused by the heat of the season or by the mangoes. I personally think that cold and heat modalities are very important symptoms. Disappearance of skin symptom and appearance of asthma, is it not a reversal order or cure, Dr. Wadia ?

Dr. Wadia : Yes, but reappearance of old symptoms is also a good sign.

Dr. Nijasure : What is the convenient medicine for external application ?

Dr. Wadia : Olive oil or vaseline.

Dr. Sheikh : Calendula, is it allowed externally ?

Dr. Wadia : Yes.

Dr. Pereira reported a case of sweat on occiput which was given Sul. The sweat was relieved but it provoked eruptions.

Dr. Sankaran : mentioned that the homoeopath sees numerous cases of skin diseases, since the patients find no relief with other treatments. There are numerous jokes about skin specialists. For instance, it is said that the skin specialist prescribes a tablet and an ointment; the tablet to be taken internally, the ointment externally, and both to be used eternally;

There is no doubt that some skin conditions at least are never cured by external medication. I may quote an early experience. Once, before I turned to homoeopathy, I had to see a nephew of mine, a boy of 6, who had Cancrum Oris. There was severe ulceration of the lips. I advised sulfonamide ointment externally and the whole thing cleared up. Soon after this the boy became very cantankerous and unmanageable, quarrelsome, finding fault with everything and always very dissatisfied. Of course, nothing ever seemed to please

him. This went on for 3 years or so. Meanwhile I had picked up some homoeopathy and I gave him some drug. This cleared up the mental imbalance very nicely but the original eruptions reappeared in the lips. But these also later on cleared off by themselves.

In asthma alternating with eruptions, disappearance of eruptions, with reappearance of asthma is not a good sign. It is the reversal of the order of cure. I am treating just now one case in which both conditions are improving under Rhus tox.

I have treated numerous cases of skin disease successfully but there is no time today to describe them.

I would like you to remember to enquire if aluminium vessels are being used. They are prone to create skin diseases. Two symptoms particularly remind me of aluminium viz. itching of eyelids, and constipation with straining even for soft stool.

I have recently seen one case of itching eruptions in both ankles of 3 months duration clear up almost completely in one month as soon as the aluminium vessels in the kitchen were discarded. One dose of Morgan (Bach) 30, removed the vestiges.

As regards the modality cold and heat, I have seen Calc. carb. patients who were worse by heat and Sulph. cases who were worse by cold. It is better not to use this in the beginning as an eliminating rubric but in the end to choose between a few remedies.

In intractable skin cases, not responding well to the apparently indicated remedies the bowel nosodes are extremely useful. To quote my own case, last year I developed a number of warts on the face. No remedy helped me. The surgeon who was practising with me pursuaded me to have them cauterised. Accordingly one was cauterised and the rest were kept for another day. Meanwhile I took one dose of Syco.co. and all of them shrivelled or dropped away within one or two days. The surgeon was amazed and took some doses for his wife too who was having warts !

Cases of psoriasis are most difficult and I shall be glad to hear of cases which were cured by homoeopathy and remained cured.

I may quote my experience here. I was treating three cases of Psoriasis all of which seemed to improve well under homoeopathy. Particularly one case responded very well to Lyco., becoming almost cured with a final dose of lyco. DMM. Then I I went to U.K. and there proudly informed Dr. Alva Benjamin, the Dermatologist at the R.L.H.H. " Well, my boy, " said the genial Dr. Benjamin " Psoriasis cases have their ups and downs. As we prescribe during the ups, we might fail and think our drug is wrongly selected, and when we prescribe during the downward phase, we might feel that we have succeeded in choosing the correct drug. Actually the disease process might be uninfluenced by our drug ".

I returned from U.K. much chastened, and I found that the " almost-cured " case had relapsed almost to its original state and was uninfluenced by my prescriptions.

For acne on face with no other symptoms, I have found Mag. mur. help in girls and Kali brom. in boys.

Dr. Desai (summing up) thanked Dr. Wadia, and mentioned that in the London hospital they do not take hot and chilly as eliminating rubrics.

Cases of ringworm are very troublesome. Sul. and Calc. are useful. S.S.C.* is also a very useful remedy for acne.

* Potentised combination of Sulph., Sil. and Carb. veg.

Thuja given in 3rd week of Small pox may prevent scarring. Sarracenia is also praised.

Alopecia is also very troublesome. One case was helped by Phos., Syph. and Selenium. The patient had liking for salt and fish.

Loss of hair is difficult to treat, also because there are usually no associated symptoms.

PHOSPHORUS *

Dr. C. C. Desai initiating the discussion mentioned about the research conducted by Dr. Noel Pratt of U.K. in which he had gathered information from a number of homoeopaths about the commonest indications met with in their practice for some polycrest remedies. Such research can add much to our knowledge.

He then described some cases of Phosphorus he had treated.

(1) "A girl aged 10 was getting attacks, of coryza and asthma on taking bananas, aggravated by change of weather, with liking for cold drinks (even coffee must be cold) but which aggravated; constipated; scanty menses; backache during menstrual period. I gave her Phos: 200, straightaway; next week I gave her Phos : 1M and in the third week Phos. 10M., interposed with doses of Tub. bov. She became completely well.

(2) Girl aged 21, had metrorrhagia for past 6 years; M.P. used to continue for 10 days; was diagnosed as a case of fibroids. She was thin, emaciated and anaemic, disgusted with medicines. I gave her Calc. phos. This did not help. Then one dose each of Phos. 200, 1M, then 10M., were given during the first, second and third inter-menstrual periods respectively. These did much good. Then a dose of 50M and and C.M. put her all right.

(3) Man aged 40; oedema both legs, diagnosed as nephritis; excessive thirst for cold water, scanty urine. With Phos. 200 in 10 days the oedema went down.

(4) A boy of 19 said that whenever he stood up he felt as if his leg was broken (as if dislocated) at the knee joints. Kahn test was negative; Syph : 1M gave no relief.

Under "Extremities" in Kent's Repertory "bones broken", I found Phos. This gave much relief.

(5) In advanced cases of Rheumatioid arthritis, there was not much relief with Phos., though it was indicated by desire for salt, fish, and cold drinks, and aggravation at approach of stormy weather.

(6) A case of chronic diarrhoea worse after hot drinks was admitted in a moribund condition in the Royal London Homoeopathic Hospital. Phos. relieved but the patient died; Post-mortem revealed that it was a case of cancer with extensive secondaries.

Tub. bov. often helps the action of Phos. as an inter-current remedy.

* Discussion held at the Govt. Homoeopathic Hospital Clinical Society, Bombay, October 1960.

Dr. NARAYAN : Thirst for cold water alone cannot be a good indication.

Dr. Pai : Do you permit the use of coffee in your cases ?

Dr. Desai : I am not very particular. I do not prohibit coffee.

Dr. Pai : It is difficult to follow up cases when they improve, because they stop coming.

I have not found coffee antidoting our medicines.

A chilly patient with desire for ice cold drinks is an indication for Phos.

I may quote one case. A case of Pneumonia with cough amel. by lying on right side, was relieved by Phos. I have found good results in rheumatoid arthritis. A symptom I rely upon to indicate Phos. is amel. lying on right side. There was a case of infective hepatitis with jaundice, vomiting, etc., amel. lying on right side. With one dose of Phos., he recovered in 15 days.

Dr. Pereira : Phos., is valuable for ill effects of chloroform.

Dr. Sankaran : (summing up) said that Dr. Pulford after patient and painstaking study has distilled all the essential features of some of the drugs in his books. Many homoeopaths find these indications most reliable.

The frequent indications for Phosphorus that I have met with in my practice, whatever the nature of the illnesses, are :

1. Aggravation lying on the back and on left side (sometimes right side too)

2. Full of fear; fear of darkness; disease, thunder, being alone, robbers, ghosts etc.

3. V. excitable and easily upset by any kind of emotion; excitement causes palpitation.

4. Very sensitive to everything. e.g. strong odours may even cause fainting.

The Phos. patients tended to have more low blood pressure than high.

Phos. has liking for cold drinks as well as ice, though under "desire for ice" in Kent's *Repertory* Phos. is not mentioned. We may add it here.

Incidentally Phos. is one of the drugs for continence and suppression of sexual desire like Conium. I may quote a case of asthma where the patient suffered for over 3 years. during the period when he was separated from his wife and observed continence. One dose of Phos. 30 gave him freedom from attacks for two and a half years, though he still remained separate. Here again Phos. is not found in the rubric "Sexual passion, suppressing the complaints, from" in Kent's *Repertory* (p. 711). In cases of cough, when the cough is worse from going out into the cool air from a warm room, Rumex often helps. When the cough was agg. whether by going out from or re-entering a warm room, (change of temperature) Phos. was one of the drugs. The Phos. patients with chest troubles may have hoarseness. Hoarseness painful was like Phos; painless hoarseness resembles Caust.

In peptic ulcers, Phos. was often indicated when the patients were relieved by cold foods and drinks.

Phos. is one of the bleeding remedies. One case of haemophilia had lost his bleeding tendency under Phos. If proved well the leech (Sanguisuga) may prove, like Phos., to be one of the good haemorrhagic remedies.

Dr. Pai : opening the discussion related some cases he had treated with Nat mur. He mentioned that very warm patients, craving for salt, perspiring profusely and being constipated, generally remainded him of Nat. mur.

1. A young girl, a jewess, was in love but could not marry as her parents objected. She was much depressed, full of fears, avoiding company, wanted light and wanted to be held. I gave Stram. She felt better. Then she had fits of laughing alternating with weeping, constipation and oligomenorrhoea. Nat. mur., helped.

2. A boy with recurrent tonsillits, cervical glands + +, thirsty. Nat. m. put him all right.

3. A child with Tub. adenitis, diagnosed as Primary complex, eating salt. Nat. mur. set him right.

4. Young girl with falling of hair, no other indications, improved on Nat. mur.

5. Urticaria, worse 10 P.M. and 10 A.M. worse warm weather. Nat. mur. was the drug.

He mentioned that he had also successfully treated cases of folliculitis, hangnails, late learning to talk etc. with Nat. mur.

Dr. Pereira : I have treated a number of cases of urticaria and one case of late learning to talk having a craving for salt with Nat. m. : 10M.

Dr. Shaikh : I have treated several cases of headaches with 10 A.M. agg.

Dr. Moolji : I have cured with Nat.m. a case of headache amel. by sweating.

Dr. Havewala : Thirst with great agg. heat is not so peculiar. Here Nat.m. resembles Sulph. 10 A.M. agg. is covered by Sulph. also. The case of Stram. of Dr. Pai probably actually needed Nat.m. from the very beginning.

I have helped one case of late learning to talk with Lyco.

Dr. Ansari (Poona) : I have cured several cases of bilious headaches with Nat.m. : 6X.

Dr. Wadia : Table salt, such an innocuous substance produces brilliant results in potency. At times, it causes a severe aggravation. After giving Nat.m., if there is aggravation, I find it difficult to antidote. From experience, I have treated many cases of Malaria accompanied by blinding headaches with Nat.m. I have found them thirsty with the chill. Desire for salt is often found in children. In the mental sphere, our books say that sympathy agg. in Nat.m. and amel. in Pul. But I have found that Nat.m. patients often are not averse to sympathy though they may weep alone, as they have some sort of superiority complex. They may like sympathy, though they may not like being pitied. In such things, we should be guided by experience also and should not blindly go exactly by what is written in books. I have found many cases of Puls. with thirst. What is uncommon is more useful. Thirst is not a rare symptom, unless it is marked. In Nat. mur. there is an actual craving for salt, not a mere liking.

Dr. Pereira : I have seen one case where the temperature went up to 106 after a dose of Nat.m. given during the fever.

Dr. Shaikh : There was a case of Malaria with chill in afternoon with thirst and Puls. cured. Cases of noctural enuresis associated with great desire for salt are cured by Nat.m.

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* Discussion held at the Govt. Homoeopathic Hospital Clinical Society, December 1960.

Dr. Pai (replying) referred to Dr. Havewalla's remarks. Of course I do not advise precribing on keynotes. Sulph. has more diarrhoea or diarrhoea alternating with constipation. Regarding the case of Stram., I think the symptomatology as well as the cause should be considered.

I have never found a single case of agg. in my practice. In Late learning to talk : Calc. c. which has also had desire for salt, may help.

Dr. Sankaran : mentioned that Nat. mur. like Carbo veg. and Silicea illustrates the effects of potentising and the power residing within apparently inert substances.

Of course Nat. mur. like any other remedy is able to relieve cases wherever it is indicated by the symptoms but cases of of thyrotoxicosis, psychoneurosis especially of the depressive types, hypertension, sinusitis, neuralgias and even pains due to spondylosis seem to work out to Nat. mur. often.

Nat.mur. is often described as a drug agg. by heat but it is better to remember that (like Silica, achesis etc.) it may be agg. both by cold and heat.

Dr. S. R. Phatak had recently described a case of a lady who became mentally unbalanced. On the history that when she had lost her child she had not wept, she was given Nat. mur. which cured her.

Another such case was a boy who had continuous attacks of asthma since childhood. On the history that the boy did not cry well after birth, Dr. Phatak again prescribed Nat. mur. and this gave relief to the boy for several months.

To me it appeared to be a strange interpretation of a common rubric. (Sad, but cannot weep : Kent's *Repertory*, p 78.)

The more we study and practise homoeopathy, the more we realise in how many thousands of ways a drug could be manipulated. Proceeding on this line of thought a little further, I may say that one might never be able to master all the possibilities of *a single drug* in one's lifetime. This is a very sweeping and perhaps a depressing remark but I think it is true.

ABSTRACTS

REFLEX IRRITATIONS *

by E. R. McIntyre, B.S.,M.D.

Most students and practitioners know something of the importance of some reflex irritations, but fewer in number realize the full extent of the influences of these causes of different symptom-groups (diseases or their importance in both diagnosis and treatment.....

In order to arrive at definite knowledge of those conditions, it is necessary for us to prosecute our investigations rather toward establishing truth than building or proving theories. Hence we must first ascertain what are the possible sources of irritation, by the nerve connections existing between the parts or organs and the functions of those nerves. So we turn to anatomy and physiology for our diagnosis.

Headache, that hydra-headed monster whose manifestations are as various, vague

and mysterious results so frequently from some reflex cause.

Some authors have gone so far as to tell us that the location of the pain alone, will point to the source of the reflex irritation. But a somewhat extended experience of some twenty years has led me to the conclusion that such information is absolutely useless and impractical.

Our first duty in dealing with a case of headache is to ascertain whether it is reflex in its nature. And when we are satisfied that it is, the location of the pain alone is no index to the location of the primary cause. Frontal or occipital pain, alone, can never tell us whether it is from eyestrain or rectal disease, from decayed teeth or an adherent prepuce, from wax in the ear or ovarian disease, from gastric trouble or vaso-motor paresis.

By reference to the anatomy we may easily see how a pain either in the one or the other region of the head can result from any of these causes or from numerous others. We can only locate the primary cause by a careful and thorough examination of the whole patient, and a knowledge of the full history of the case, and then by exclusion reach our final diagnosis.

Not infrequently the physician is consulted for persistent intestinal pains. There is scarcely another condition that so frequently results from some reflex trouble, or that may have its causes in so many different parts of the body. Since it is so troublesome in some cases, and so prone to yield to no ordinary treatment, we must find and remove its cause or our best efforts will fail to cure our patients.

Suppose a case of spasmodic enteralgia that has baffled the skill of every old aunty in the neighbourhood, and been prescribed for by our brightest homoeopathic prescribers, has had high, low, jack and the game potencies, all to no avail. Finally, in sheer desperation, the patient falls into the hands of some one who believes in examining his patients and interpreting the symptoms. On testing the eyes some error of refraction or muscular insufficiency is discovered. This is corrected and the patient given Sac. Lac. and no more pains in the intestine.

This is not an impossible case by any means. How does the irritation reach the intestinal tract? There are two possible nerve routes, the pneumogastric and the sympathetic. But since there are no symptoms of disturbance in any other organs supplied by the pneumogastric, we are justified in excluding that nerve. This leaves us only the sympathetic to study, fibres from which give motive power to the radiating fibres of the iris. These are traced back to the lenticular ganglion, the cavernous and carotid plexuses, to the superior cervical ganglion, thence through the cervical and dorsal ganglia and splanchnic nerves to the solar plexus and semilunar ganglia, from which fibres are given off to the mesenteric plexuses, and from there to Auerbach's plexuses situated between the muscular coats of the intestine throughout its entire length. These control peristalsis, and the irritation consequent on the continued efforts to focus the eyes so as to get clear vision is reflected to the other extremity of these fibres, causing irregular peristalsis, resulting in the spasmodic pains.

Another set of ganglia, the Bilroth-Meisner plexuses, lie immediately beneath the mucous membrane of the intestine and are derived from the same source, and control intestinal secretions. These may receive some irritation at the same time, resulting in irregularities in the secretions, either diminished, increased or defective. This explains the alternation of constipation and diarrhoea so prominent under Nux

vom., Sulphur and some other remedies. But neither Nux nor Sulphur has ever produced any irregularities in the shape of the eye-ball, and could not cure it or any reflex conditions caused by it. Therefore we can only hope to cure our patients by removing the cause, even should we select the remedy covering every superficial symptom, real or imaginary.

This same irritation may travel on down through the hypogastric plexus to the rectum, involving its vasomotor supply, resulting in congestion and almost any abnormal conditions in the rectal mucous membrane. This may explain why rectal operations sometimes fail to cure diseased rectums. The operation is done at the wrong end of the nerve.

Again, the irritation may start in the rectum, and travel upward over the same route, causing the same symptoms in the abdominal organs, to finally produce cerebral hyperaemia and consequent disturbances in the eyes. Such a case cannot be cured or even benefited to any great extent by attempting to correct any fancied eye-strain.

An irritation consequent on an adherent prepuce or a hooded clitoris can cause epilepsy and other functional brain troubles in the same manner, the irritant travelling over the same nerve fibres, and possibly causing many disturbances at the different way stations. Epilepsy has been cured by removing this source of irritation with no other treatment. But failure awaits him who attempts to cure all cases in this way, because all are not caused by this condition.

Irritable sphincters are not infrequently reflex from some irritations in some other organ, but the irritant must travel over another route, since these sentries that stand guard at the orifices of the body receive their motor power from the cerebro-spinal system. Therefore the irritant must travel over this to reach them and cause spasmodic contracture, even though the primary lesion may be in the sympathetic.

There are many other sources of reflex irritation, but enough has been said to emphasize the importance of thorough work in examining patients and properly interpreting all the symptoms or manifestations of disease.

It is not always easy to determine what organ was first attacked, but this fact is no excuse for slack work, but rather makes our duty more imperative to use all possible means at our command in our efforts to arrive at correct conclusions. A superficial observer would hardly expect to cure a case of suppurative adenitis in the glands of the neck by extracting a decayed tooth. But this has been done. And it is not difficult to trace the irritant over the dental branch of the inferior maxillary to the auriculo-temporal branch of the same nerve. The auricular branch of this supplies the external auditory canal, and the irritant produced suppuration at this point, the pus being absorbed by the lymphatics about the ear to light up an inflammation in the cervical glands. But it would be difficult to see how the best selected homoeopathic remedy could cure it without removing the primary cause.

There are men who read the manifestations of disease much as they do a novel, beginning with the last chapter, and believing that when they know how the story ends they know the whole plot. But, in fact, they do not know even where the plot was laid or who was the hero. For this reason they attempt to do the impossible with the indicated remedy in not a few cases, and thereby bring our school into derision. And for this reason not all rectal treatments succeed any more than

do circumcision or the correction of defective vision.

Finally a careful study will reveal that :

(1) An irritant in any organ or tissue may cause trouble in any or all organs or parts.

(2) Reflex causes of disease are not confined to any organ or tissue of the body.

(3) An irritation may travel in either direction over the sympathetic nerves.

(4) We can never cure the patient until we remove the cause.

(5) The best selection of the indicated remedy cannot remove the symptoms (disease) that depend on a mechanical irritation while the irritant remains.

(6) Since the primary cause may be far removed from the location of the symptoms scientific diagnosis becomes necessary to proper treatment.

(7) An irritant may first involve either the cerbrospinal or sympathetic nerves and be reflected, so to speak, to the other.

—(From 'Stepping Stones to Neurology')

BOOK REVIEW :

SOME CONSTITUTIONAL REMEDIES : PSORINUM, THUJA AND MERCURIUS, published by the Homoeopathic Study Centre, Chittur Road, Ernakulam-1; pp. 96, price Rs. 2·50

Dr. C. V. K. Menon has compiled the symptoms of Psorinum, Thuja and Mercurius from various sources. The book will give to the beginner an idea of the vast range of symptoms of these drugs and to the experienced it will serve for refreshing the mind. This is no doubt a useful compilation.

However, in the arrangement of the chapters, some peculiar order seems to have been followed. For example, the chapter on 'Mind' is followed by 'Nervous and Physical' and then by 'Sexual Organs', then 'sleep,' then 'hunger and thirst' and so on. A more traditional and easily comprehensible arrangement is possible.

MARASMUS AND RICKETS by P. S. Kamthan; published by the Author, from Hospital Road, Mainpur, (U.P.); pp. 150, price not mentioned.

Dr. Kamthan has collected therapeutic hints about various disorders from a variety of sources—books and journals. Many of these hints are not easily available to ordinary practitioner and to that extent Dr. Kamthan is to be thanked for the pains he has taken in compiling this little volume. The use of very small types in print can however be avoided.

A TREATISE IN HOMOEOPATHIC SURGERY by Drs. Ramanlal Patel and P. Elias, published by Dr. P. Elias, near Rly. Station. Kottayam; pp.118. Price Rs. 2.50.

This is an excellent booklet which traces the relationship between homoeopathy and surgery and quotes from the homoeopathic literature surgical cases, both apparent annd real, wherein homoeopathic medication had either supplanted or supplemented surgical procedures. The booklet also gives the leading surgical indications for some homoeopathic drugs.

The authors are to be congratulated for their efforts and the book deserves to be prescribed in all homoeopathic colleges.

THE ART OF INTERROGATION, by Dr. Pierre Schmidt, M.D. pp 32; price Rs. 1: 25 STUDY OF KENT'S REPERTORY by Dr. M.L. Tyler; pp. 16, price 00·75; nP. both published by Roy & Co., Bombay. 2.

Dr. Schmidt's booklet is quite well-known, being referred to as " an excellent questionnaire " by Dr. Roberts in his book *Principles and Art of Cure by Homoeopathy* but was unfortunately out of print. M/s. Roy & Co. have to be thanked for re-printing and making it available to us.

Dr. Tyler's booklet also reprinted, is too well known to require any commendation.

OBITUARY

Dr. L. D. DHAWALE, B.A., M.D.

We deeply regret to record the sad demise of Dr. L. D. Dhawale, B.A.,M.D., who passed away on the 10th December 1960 after a protracted illness.

Dr. Dhawale was born on the 21st July 1884 at Bhandara and was educated at the Morris College in Nagpur. He graduated in Medicine in 1914 and straight off became a Tutor in Pathology. He established general medical practice in the year 1916 and pursued his postgraduate studies in Medicine. He obtained his doctorate in the year 1921, and soon thereafter in 1926 he was selected and appointed Hon. Physician and Hon. Lecturer in Medicine at the K.E.M. Hospital and Seth G.S. Medical College, where he soon earned a reputation as an outstanding clinician and teacher. He was later also appointed on the Hon. Staff of the B. J. W. Hospital for Children.

He set quite high standards and contributed with his other zealous colleagues towards building up the institutions to their present state of eminence. By nature he was uncompromising whenever principles were involved and pursued the point to its logical termination. He insisted on his right as a physician to give the patients under his care whatever treatment he found fittest, and successfully administered homoeopathic treatment to his patients in the K.E.M. hospital, whenever he felt that the patients failed to record satisfactory progress under the accepted methods of treatment. This immediately met with resistance and after his retirement the authorities saw to it that subsequent appointments to the staff were made only after the prospective candidates gave an undertaking that they would not use forms of treatment other than those accepted.

His interest in homoeopathy dated quite early, when as a boy he had watched his father, a Middle School Government teacher, helping the poor and the needy with homoeopathic medicines. The thought must have run through his mind that if a layman could bring about such remarkable results through homoeopathy, how much more can be done by a well-trained physician!

In 1931 he brought together a small band of physicians who were interested in the practice of homoeopathy and thus established the Homoeopathic Postgraduate Association of which he continued to be the President and guiding spirit. He was one of the Members of the Homoeopathic Enquiry Committee appointed by the Government of India in 1948 and later on was

a member of the Homoeopathic Advisory Committee.

He was chiefly responsible for shaping the policy of the Govt. of Bombay when it took the decision to establish a 30 bedded homoeopathic hospital in Bombay for the purpose of establishing proper facilities for postgraduate teaching and clinical research in Homoeopathy.

His literary contributions were not many but the few things he presented had great intrinsic merit and were acclaimed by the homoeopathic profession. His Introduction to Boger's *General Analysis* helped to popularise the Card method of Repertorization, of which he was a great exponent.

May the Soul of the departed rest in Peace.

TRIBUTES

It is with a sad heart that we heard of the demise of Dr. L. D. Dhawale.

Much of what we know, in homoeopathy, we owe to the guidance and teaching of the late Dr. Dhawale. He was a master and his grasp of the principles was thorough. There were very few to equal him in stature in the homoeopathic world. His scientific interpretation of the homoeopathic principles backed by his vast reading was a pleasure to follow. Firm and unflinching in his life like the Rock of Gibraltar, both in homoeopathy and in general he sought to advance the interests of homoeopathy in his own way and in this attempt arose misunderstandings with many; but he went on unruffled and earned respect both for his knowledge as well as for his doggedness. The void created by his departure cannot be filled.

—P.S. & S.R.W.

ACKNOWLEDGEMENTS

The following journals were received :

1. The Homoeopathic Bulletin, (Eng.) Calcutta.
2. The Homoeopathic World (Eng.) London.
3. The Pakistan Journal of Homoeopathy (Eng.Homoeopathy (Eng. & Bengali), Dacca.
5. The Indian Journal of Homoeopathy (Eng.) Bombya.
6. Homoeopathic Magazine, (Eng. Urdu), Lahore.
7. The Hindusthan Medical Magazine (Eng. & Hind), Bihar.
8. The Homoeopathic Sandesh (Eng. & Hindi) Delho.
9. The Madras Homoeopathic Journal, (Eng.), Madras.
10. The Karnataka Homoeopathic Journal (Eng. & Kanada) Bangalore
12. Homoeopathy (Eng.), Kumbakoam.
13. Homoeopathy (Tamil), Kumbakonam.
14. Athurashram Homoeopathic Medical College Magazine (Eng.) Kerala.
15. Klassisghe Homoeopathic (German), Ulm-Donau.
16. Homoeo Darishan (Hindi & Eng.), Rajasthan
17. Homoeo-Aoot (Marathi & Eng.), Nasik
18. The Indian Homoeopathic Gazett (Eng.) Chowghat.
19. The Pakistan Journal of Homoeopathy (Eng.). Dacca.
20. Samuel Hahnemann (Eng. & Malayalam), Quilon.
21. The Homoeopathic Magazine (Eng.), Lahore.

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