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

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

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

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

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

OUR REPERTORIES

Our homoeopathic materia medica comprising of over a thousand drugs provides us with a vast array of symptoms of innumerable varieties and of differing shades. Naturally, the homoeopathic practitioner finds it impossible to keep in mind all the symptoms. As such, he has to frequently refer to the books on the materia medica and in order to cut down the work further the repertories have also been compiled. It is well known that even Hahnemann in his later years had recourse to the repertory.

Our repertories, which are practically dictionaries, are extremely useful but yet are all unfortunately incomplete. While the various steps in homoeopathy are so difficult and are so delicate that we are liable to slip up anywhere, if we have to work with tools which are themselves imperfect, then the chances of making mistakes are more. Among those available, Kent's *Repertory* is considered the most complete but this also is incomplete. In pointing out this fact, no disrespect is intended to the master, whose work represents his prodigious labour. It is said that both his and his wife's eyes became almost ruined by reading the proofs of the first two editions. Yet even towards his end, he would get up from his sick-bed for a few hours to complete his third edition, which he felt would be quite complete. Notwithstanding this, Kent himself had advised homoeopaths to continuously make additions to his repertory and had provided space in each rubric for such additions.

However, comparison of only a few rubrics from Kent's *Repertory* with corresponding rubrics in the repertory sections in Boger's *Synoptic Key* and Boericke's *Materia Medica* (since they are all unimpeachable authorities) shows us that the following drugs found in the latter books are found to be left out in the former.

Found in Boger's *Synoptic Key* but not in Kent's *Repertory* :—

Weeping ameliorates symptoms : Puls.

Exertion, amel. : Fl. ac., Kali sul., Lil. tig., Thlasp.

Food, Coffee, Odor of, agg : Fl. ac., Lach., Nat. m., Osm., Tub.

Food, sour, agg. : Carb v., Pul.

Food, sweets, agg. : Nat. sul.

Found in Boericke's *Materia Medica* but not in Kent's *Repertory* :—

Coffee, agg. : Ast. r., Can. ind., Kali. c., Psor.

Sweets, agg. : Lyc., Med., Sang.

Tea, agg. : Ab. n., Lob., Nux. v., Pul.

It is also found that under the same rubric different repertories sometimes give different drugs. Only last week we saw a patient with renal colic describing a pain which he experienced. He felt the pain in his testes as if they were being crushed or squeezed. The drugs given in the Kent's *Repertory*

under Genitalia, Pain, crushed, testes (p. 704) are : Arg. m., Calc., Caust., Con., Dig., Rhod., Thuj. In the same repertory under the rubric Genitalia, Pain, squeezing testes (p. 707) : Silic., Spong. are given.

In the book Robert's *Sensations As if —*, under the rubric "squeezed, testicles had been" (p. 34) : Bapt., Nux v. are given.

In Boenninghaussen's *Characteristics and Repertory* under the rubric "Testes squeezing" (p. 654): Caps., mar., men., petr., spo., are given. And under Testes crushed, as if : Aco., arg. (r), Calc. c., Caus., Clem., Con., dig., mar., (nat. c.), (nit. acid), Ox. ac., Rho., Saba., Sabi., Spo., Thu. are given.

We have only quoted instances at random. Numerous others can be brought out.

Excepting Dr. Boger who published substantial additions to Kent's *Repertory* no one else seems to have attempted this task.

Of course, one may say that repertories are only indices and are not expected to pinpoint the correct remedy. They can only indicate the possibilities. This is true but a good repertory should indicate *all* the possible remedies and not merely some, just as a good dictionary gives *all* the possible meanings, not merely some. Therefore, a complete repertory is needed. Since Kent's *Repertory* is the most exhaustive, attempts must be made to make it a complete one.

When different repertories give different drugs under the same rubrics, an average practitioner is likely to be bewildered and may find it difficult to select the proper rubric and the proper drug.

It therefore appears that in our effort to make homoeopathic prescribing easier and more accurate we shall have to evolve a still more complete repertory with Kent's *Repertory* as the basis. No doubt this will be a tremendous task but it will be worth doing.

EDITORIAL NOTICES

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

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

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

The Journal is published quarterly on the 1st day of the month following the quarter of publication, viz. the 1st day of, January, April, July and October. Any complaints from subscribers of non-receipt of copies should reach us within one month of these dates.

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

ORIGINAL ARTICLES

CANCER AND THE ISCADOR THERAPY

Dr. N. P. Sukerkar, B.A. (Hons.); LL.B., D.F. Hom. (Lond.); Dip.H.S.J. (Paris); Dip. R.B.K. (Stutt.), Bombay.

It is common knowledge that the incidence of cancer is on the increase today resulting in a high mortality. As the disease increases and gains more attention, new causes are being suggested almost every day. The causes suspected range from viruses, colouring materials in butter and food-stuffs, tobacco chewing and smoking, telluric and atomic radiations, to cosmic rays. Thus the suspected external causes are unbelievably numerous and bewildering. Fear of cancer, Carcinophobia, is itself assuming the proportions of a disease.

If, however, so many factors in man's daily life are capable of causing cancer, then the question naturally arises, "Why is that many more or all the people do not develop cancer?" Since, we know that they do not, we have to consider the problem from a different and broader angle than the one employed today.

The year 1961 is the year of the centenary of the founder of *Anthroposophy* Rudolf Steiner. As a tribute to his genius, it is proposed to restate his theory as to the cause of cancer and the Mistletoe therapy. The mistletoe preparations have been developed from his indications and are named 'Iscador'. In those days, 40 years ago, it was even more difficult than it is today to spread his theory and therapy, as it was opposed by the opinion that any attempt at an internal therapy would be hopeless. Today, there is extensive record of experiences which suggest the genuineness of Steiner's theory. In *"Problems of Cancer Research and the Fight Against Cancer"*[1] a noted pathologist, Prof. W. Fischer, writes "Considering the nature of cancerous growth, one comes to the conclusion that it is not that the growth potential of the cells concerned is raised, but such growth tendency is not checked by environment....", a statement which approximates with the views expressed by Steiner, in 1920.

Steiner's Theory.

According to Steiner, proliferation of cells occurs on account of two sets of causes working together :

On the one side are the inner and more hidden causes connecting the course of Man's destiny which prevent the Soul and the Spirit Being from finding the right connection with the physical body. These include emotional shocks in childhood, an inhability to unfold talent etc.[2]

On the other side are those causes connected with the influences that a man receives from his environment, including all those which enter him through his food, sense impressions, substances affecting him during his work and spheres of activity.

THE FORM AND THE SUBSTANCE.

When we consider Man, we see that he takes nourishment from the various Natural Kingdoms and that he is continually casting substances out again. A flow of substances goes through him and much of the substances of the bodily organs is re-

1. Fischer W., "Probleme der Krebsforschung Und Krebshekampung" '54.
2. Dr. Suchante "Wert und unwert das Bergriffes der Krebspsyche" 1951.

placed during the course of each year. After a long period of years the bodily substance is entirely renewed. Yet, in spite of this, we still recognize a person, although we have not seen him for a number of years and although he is a "new" man as regards the substance in him. This means that when we have to do with a living organism, it is the *form* that endures and not the *substance.* It is, therefore, desirable to distinguish between these two factors in an organism :

(a) The Formative, Plastic or the Etheric forces, and

(b) The Substance or the Matter of which the body consists.

RELATION BETWEEN THE TWO

The Formative forces produce all the varied manifestations of life. They mediate between the Soul and the Spirit Being of Man and the World of Matter.[3]

The organism of Formative forces, needs substance as a foundation, if it is to build up a physical body, but the substance must bear a characteristic living imprint. In plants it is found in the Seed and in animals and Man in the Fertilized Egg. After fertilization, the human egg begins to multiply with extreme rapidity. This living, formless, proliferating material is taken hold of by the Formative forces and is shaped internally and externally and nerve, gland, muscle and bone tissues appear. As the human form is gradually built up, the cells become differentiated, their rate of multiplication is reduced and growth becomes slower and slower. About twenty years after birth, a state of equilibrium is reached between the Formative forces and the Cell material. At about this stage the full and the final size of the body emerges. From this stage onwards the connection between the Formative forces and the Cell material becomes varied, between different parts of the body. This variation takes place according to the needs of various parts for their maintenance and growth, in different ages. In the normal process of growing older there must always be a state of equilibrium between the devitalization of cells and the withdrawal of the Formative forces.

EMERGENCE OF TUMOUR

It is when the connection between the Formative forces and the Cell material becomes loose, a flare-up takes place in the Cell life leading to their uncontrolled growth, that is, to cancer. In 1953, Professor Sigmund spoke of cancer as "A catastrophe of Form and Shape", showing clearly the newer view that the main causes of cancer are to be looked for, not in the cell, but in the organism in which the growth develops.

CAUSES OF TENSION BETWEEN FORM AND SUBSTANCE.

Earlier it was said that two sets of causes combine to lead finally to the appearance of cancer. Of the first it was said that harm to the unfolding of Soul and Spirit, often dating back to childhood, can produce a tendency to the development of cancer. This according to Steiner, is the 'inner' cause. The 'outer' causes include the innumerable artificially produced substances which are taken in today with foodstuffs, the use of cosmetics, impurities in the air we breathe in and so on.

THE ROLE OF CHEMICALLY PROCESSED FOODSTUFFS.

Amongst the 'outer' causes the chemical stuffs play the biggest part. According to

3. Dr. Stenir — Dr. Itwa Wegman, "Fundamentals of Therapy".

Prof. Baur,[4] one of the best known authorities on cancer, "The stuffs from which the cancerogenous substances are derived, do not contain any cancer producing material in their natural state, but they arise mostly as artificial products in technical transforming processes."

The human organism and the natural surroundings in which Man lives have a common origin — they have developed together through a long period of evolution. Man is adapted to take in substances from his surroundings, in his food, with his breath and the finer influences by means of his senses. If we take in substances which do not originate from the natural kingdoms, but those produced artificially through technical processes, the organism is faced with a fundamentally different situation. As for example, Saccharin is taken as a substitute for sugar. Although it tastes sweet there is no sugar in it. Juices are secreted by glands to digest carbohydrate, but there is no carbohydrate, only saccharin. It is an upset for the digestive system. Apart from this upset the body has no means of digesting this chemical, saccharin. The extent of such upsets to the organism can well be imagined when we consider that today in the production of food-stuffs over seven hundred chemicals are used.

OTHER OUTER CAUSES.

Added to the above causes are the effects brought about by means of the impure air we breathe, polluted by exhaust gases of automobiles etc., and the still finer influences produced on the senses. These include the effects of artificial lights, air-conditioning, television, cinematographic scenes etc.

Thus, a great variety of influences foreign to the organism, penetrate the physical body of Man, more and more, making it increasingly difficult for the organism to maintain equilibrium between the Form and the Matter of which it consists. In such a situation, the loosening of connection between the Formative forces and the Cell life takes place earlier than the normal time, i.e., at a period when cell life has not become less active, as a result of age.

TESTS IN SUPPORT OF NEWER VIEW.

Steiner often pointed to the necessity of studying these Formative forces and on his incentive, two methods of making visible the workings of these forces have been worked out during the last 35 years. These methods have been applied with valuable results in the field of medicine, agriculture and nutrition. They are :

(i) The capillary dinamolysis of L. Kolisko, which has been developed and applied as a special test for cancer by W. Kaelin, and

(ii) The Copper Chloride Crystallization method of E. Pfeiffer.

The tests are a method of making formative force of blood, plant juices, metals, salts etc., visible.

The experiments of Speemann and his pupils throw interesting light on the relationship between the Formative forces and the egg material. If a salamander egg is medially constricted at an early stage of development so that two halves are made, both parts develop further — not, as might be supposed, into two half salamanders, but into two fully developed ones. The opposite is also true where two eggs are fused at an early stage.

It is clear from these experiments that life is planned as a unity and that Substance is subsidiary to the Formative forces,

4. Prof. K. H. Baur "Das Krebsproblem".

which give it shape and size and control its functions.

INSUFFICIENCY OF MODERN METHOD AND NEED FOR NEWER APPROACH.

Modern methods of cancer treatment are based on the cellular pathology of the last century. In spite of the remarkable progress and achievements of surgery and radiation therapy, it has become apparent that the removal of the cancer tumour or the direct destruction of the cancer cells does not in itself effect a cure. This is obvious from the frequency with which recurrences and metastases appear.

If, therefore, step is taken to seek for causes of cancer in the organism and not only in the cell, the whole problem as to what conditions are necessary for a tumour to appear takes on a new direction and new ways open up for a better therapy and a prophylaxis.

There are other reasons for seeking new ways of treating cancer. A noted gynaecologist, Prof. Antoine, writes, "Operation and irradiation will cure a proportion of women, but it is evident that neither method is entirely satisfactory in principle, or in its effects. They must be resorted to whilst nothing else is available, even though in many cases sterility is the price of the cure. It is most desirable that a biologically correct method should be found, which does not possess these side effects."

Biochemists are now beginning to recognize the organism's resistance to cancer. "More success can be hoped for from supporting this power of resistance and helping the body in its effort to promote spontaneous cure than from an incomplete operation or irradiation, which may destroy other cells, besides those which are specifically cancerous", says Domagk, a noted biochemist.

The number of known spontaneous cures of cancer and the observed "self-healing" of evident metastases, suggest that the body does possess resistive forces. These must be understood if new forms of cancer therapy are to be studied.

Now that more attention is being paid to the total organism in the search for the origin of cancer, some American research workers have gone a step further. They have investigated the connection between the development of cancer and the patient's psychological condition.[5] They claim that the course of the disease is very often influenced more by the patient's psychological condition than by the histology of the tumour.

A comprehensive medical science of the future must therefore, aim to understand Man as a physical, psychological and spiritual being.

Rudolf Steiner, the founder of *Anthroposophy*, has indicated a way, based on his spiritual scientific research, whereby research workers may achieve this aim.

THE ISCADOR THERAPY.

Rudolf Steiner's therapeutic indications are being developed by a large group of doctors and some remarkable results have already been recorded in several branches of medicine. Steiner suggested use of Mistletoe (Viscum Album) in the treatment of cancer. The treament with Mistletoe aims not merely to fight the development of the tumour itself, but also to support the organism in its struggle against the emancipating cell principle.

5. Blumberg, West and Ellis — "Psychosomatic Medicine."

Mistletoe* is found to contain properties of activating the Formative forces and assisting the organism in its defence against the Carcinoma.

Considerable research has been carried out by the followers of Steiner during the past 35 years to develop appropriate therapeutical doses of different types of Mistletoe.

The various Mistletoe preparations are manufactured under the trade name, *Iscador* by *Weleda* in different countries and in England by the British Weleda Company.

The preparations are available in different potencies (Strengths) in the form of ampoules and are injectable hypodermically. They are :

Iscador Quercus : (Mistletoe from Oak Tree)	Male patients, especially for tumours of the digestive and urogenital systems and for prophylaxis in these regions.
Iscador Mali : (Mistletoe from Apple Tree)	Female patients, especially for tumours of digestive and urogenital systems and breasts, and for prophylaxis in these regions.
Iscador Ulmi : (Mistletoe from Elm Tree)	Both sexes, for tumours of the lung and their prophylaxis.
Iscador Pini : (Mistletoe from Pine Tree)	Both sexes, for tumours of the skin, the mouth region and the breasts, and for general prophylaxis.
Iscador Abietis : (Mistletoe from Fur Tree)	Male patients, for tumours of the neck, naso-pharynx and for general prophylaxis.

Lately a compound preparation containing traces of a silver salt has been found advantageous. They are :

Iscador QcAg : (Quercus cum Argento)	for males.
Iscador McAg : (Mali cum Argento)	for females.

These preparations are used in all types and stages of cancer such as actual tumours, pre-cancerogenous states, post operative states, inoperable states and by way of prophylaxis.

The clinical experience so far gained with this therapy has, according to the data available, now brightened the outlook for cancer treatment.

Foremost amongst the research institutes where these clinical advances are made is the 'Society for Cancer Research', Arlesheim, Switzerland.

SOME PUBLISHED DATA.

The Anthroposophical theory approaches Homoeopathic philosophy in its genus. The British Homoeopathic Asso-

* Chemical analysis of Mistletoe showed that among others the main active substance it contains is viscotoxin, a protein containing 17 amino acids and a napthaline ring with glucoronic acid in the side chain.

† Details regarding general indications on use of Iscador, sites for injections in different types of cancer, dosages, frequency of injections etc. can be had from the manufacturers, at Littlehurst, Grinstead, Sussex.

ciation is closely associating itself with the clinical experiences gained by Dr. Twentyman and his colleagues with this therapy and the data collected by them at the Royal London Homoeopathic Hospital and outside.

The British Homoeopathic Journal in its issue No. 3 of July 1958 and No. 4 of October 1959, have published case histories of post-operative carcinoma of breast and cancer of bladder treated with Iscador, which when compared with Radiumhemmet statistics, show the advantage of Iscador treatment as an aid to the orthodox method, if not as an independent therapy.

Dr. A. Leroi, Dean of the Clinical and Therapeutical Institute, Arlesheim, has also published some series on recent cases successfully treated at the Institute with Iscador.

The following comparative data published by the British Homoeopathic Association* gives an indication of the potentiality of Iscador.

A Comparison between the post-operative progress of the 89 patients treated with Iscador, and the statistics of the Radiumhemmet, Stockholm (483 patients).

TABLE I.

MORTALITY/YEARS OF OBSERVATION

Deaths.

Period of observation	1 Yr.	2 Yrs.	3 Yrs.	4 Yrs.	5 Yrs.
Iscador Therapy	0 in 80 (0%)	3 in 67 (5%)	9 in 52 (17%)	8 in 40 (20%)	9 in 28 (32%)
Radiumhemmet Statistics	7%	22%	33%	39%	45%

Note : This comparison between patients who after the operation were treated with Iscador, and those not treated shows that upto 5th year the post-operative treatment reduces the mortality. Although this is true for each of the 5 years, the difference grows less from year to year.

Regarding the occurrence of metastases and recurrences, the situation is similar.

TABLE II.

METASTASES/RECURRENCES

Years of Observation.

Period of Observation	1 year	2 years	3 years	4years	5 years
Iscador Therapy	8 in 80 (10%)	16 in 67 (24%)	14 in 54 (27%)	11 in 40 (28%)	11 in 28 (43%)
Radiumhemmet statistics	14%	28%	38%	43%	47%

* Details of age-groups, records of patients and the types of Iscador used are available in The British Homoeopathic Journal, Issue No. 3, July '58.

Note : Here too, recurrences and metastases occur later and less often in patients treated with Iscador than in those not treated.

Comparison between patients operated and afterwards X-rayed, and those only operated. Both groups had Iscador after-treatment.

Post-operative X-ray therapy (80 patients)

	Group I and II	Metastases and/or Recurrences	Deaths.
X-ray	35	10 (29%)	8 (23%)
No X-ray	45	8 (18%)	4 (9%)

Note : The result is better for the patients who only had the operation, but for these small numbers the differences are too small for drawing any conclusion against radiation.

From the above figures one could expect that used post-operatively, the Iscador therapy would counteract the development of recurrences and metastases.

Valuable results have similarly been obtained from the use of Iscador in all phases and types of cancer. Amongst the benefits of Iscador therapy the following clinical observations are made :

(a) Improvement of general health.
(b) Increase of appetite and weight.
(c) Less insomina.
(d) Disappearance of fatigue and depression.
(e) Better elimination.
(f) Retardation of tumour growth. Occasionally tumour is reduced in size.
(g) Less frequent occurrence of metastases.

Revolutionary from the point of cellular pathology is the fact that malignant tumour should become reduced in size during the course of internal treatment with Mistletoe which is neither cytolytic nor cytostatic. Prof. Dogmagk (Vienna, 1957) sums up the present day situation by saying, "We must be satisfied with producing a temporary balance between the body and the abnormal cell growth." With Iscador treatment, this condition has been maintained for surprisingly long periods, and without any undesirable side effects.

Considerable clinical experience is still necessary to assess the potentiality of Iscador. However, the philosophical approach and the experience so far gained with Iscador therapy certainly deserve the profession's support and trial, especially of the homoeopathic fraternity.

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SOME POINTS FOR CONSIDERATION*

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

Almost every homoeopathic physician who looks back after some years of practice finds good cause for satisfaction. He has been able "to cure sometimes and to relieve often," more often than he might have done otherwise. Many of the patients had come to him after having gone the merry-go-round from the general physician to the specialist, and from one specialist to another, and after having in the end been either disillusioned by some kindly physician or become disillusioned themselves. Routine medical measures having failed, some had been advised to undergo surgery to remove the pathological product or even the offending (?offended) organ, others had been advised a change of air and yet others asked to forget about it, for nothing more tangible had seemed possible.

In spite of the striking advances in several fields, particularly in the treatment of acute conditions, modern therapy seems to fall back in the handling of subacute and chronic disorders. It would seem that the fundamental cause of disease is yet unrecognized by the followers of that system.

We may quote Dr. R. E. Bowers,[1] M.D., B.Sc. (Lond.), M.R.C.P., in his assessment of the situation. Writing in the *Lancet* under the heading "Disappointments in Dermatology," he says :

"But enough of this theorizing; practical men such as ourselves want to know what therapy is available. Disraeli defined a practical man as one who practises the blunders of his predecessors; and dermatological literature is full of blunders which we can detect in the light of modern knowledge. They nearly all have one factor in common—namely, overtreatment .... The contemporary scene gives little cause for complacency and the road we have travelled over the past few years is strewn with discarded remedies, some harmful, some harmless, and nearly all very expensive. Yet we continue to believe in miracles when rest and other inoffensive remedies are far more likely to be successful.

"In this realm many of our disappointments are the result of a mutual misunderstanding between ourselves and the drug firms. When introducing a new therapeutic substance to the profession in general, it is occasionally possible for the manufacturer to cite reports of fully convincing trials taken from the pages of a reputable journal; it is reasonable for such a drug to be brought to the practitioner's notice and little harm follows provided that the possible toxic effects are emphasized to him. But often the samples dispensed and the literature provided should imply no more than an invitation to practitioners to cooperate in a careful clinical trial; and to use new remedies from the makers on any other basis would do discredit to the outpatient department of an animal hospital. In dermatology it is the cause of many sensitization reactions and of much disappointment to all concerned."

Dr. John Forbes,[2] M.D. (London) F.R.C.P., also writes in a similar vein. He says :

"....Many of the false gods that we have worshipped in the past, such as Focal

* Reprinted from The British Homoeopathic Journal, January 1961.

Sepsis. Intestinal Autointoxication, and Vitamin Therapy, might never have achieved the popularity that they did if more doctors had been better trained in logic and in the appraisal of scientific data."

.... "Most of us were full of enthusiasm when we qualified, and tended to overinvestigate and overtreat our patients, until we came to appreciate the healing powers of the *vis medicatrix naturae* and the remarkable tendency of patients to get better whatever we did. Youthful enthusiasm is certainly not to be discouraged, and even when excessive is less harmful than sloth. It becomes dangerous, however, when it is not checked by experience and common sense, and degenerates into crankiness. Cranks are a menace; the scalpel-happy surgeon with a pet operation, the physician with a taste for amateur "research" which involves puncturing his patients' vital organs, the psychiatrist with a kink in his own psyche, the specialist who sees all disease in terms of his own narrow specialty—these do harm to their patients, if not by actual maltreatment then by wasting their time with useless therapy. Established cranks are deaf to logic and blind to statistics. We must all watch ourselves for the early symptoms and signs of misdirected enthusiasm, and take steps to treat them with large doses of sceptical common sense."

In the end these discarded patients come to the homoeopath with hope or without, and it is a pleasure to see them improve and become their normal self under homoeopathic medication. Homoeopathy indeed has won credit by relieving or curing even intractable cases of which hundreds of examples can be produced. So when such results occur, results even beyond our hopes and expectations, then we feel indeed gratified for having chosen to practise this system.

However, we must turn from recounting the benefits and successes of Homoeopathy towards our difficulties and failures for it is from these that we may learn more.

Every honest homoeopath will have to admit that he meets with defeat now and then, sometimes if not often; for in spite of the greatest care on his part and cooperation on the part of the patient, sometimes failure does result. Naturally, it is puzzling because we know Homoeopathy is capable of curing but it just fails to succeed in particular instances. We may rack our brains and try again but yet we may fail. The causes of such failure as well as several other aspects of Homoeopathy require dispassionate investigation. In this paper, we shall discuss one or two such points.

Clinical and Pathological Improvement

Certain experiences of ours may be described to illustrate variations between clinical and pathological improvement in some cases.

"1. We had a patient aged 22 years who had all the classical symptoms of an intracranial tumour. He had recurrent headaches, projectile vomiting, vertigo, diplopia, strabismus, tremors, exaggerated jerks and asthenia. Fundoscopy revealed papilloedema with minute haemorrhages in the retina in both eyes. He had already undergone all investigations which included X-ray studies of the skull and the tumour having been located, he had been advised to undergo surgical treatment. He had refused and had opted for homoeopathic treatment. We were most reluctant to take up the case, but decided to keep him under observation and treat him for a few days. He gave a very clear history that

three years back he had been involved in a minor train accident with consequent injury to the head. He had then been unconscious only for a minute, but since then he had lost interest in his studies and later had developed the whole symptom-complex.

"On the basis of the history and other symptoms present, we prescribed Nat. sulph. 200, three doses, two hourly. Imagine our surprise when within twenty-four hours he responded very well and in two or three days he felt perfectly well. All his symptoms disappeared, except the papilloedema and retinal haemorrhages which conditions were found absolutely unchanged. So we carefully watched the case.

"His symptoms relapsed three or four times at intervals of one or two months every time, but every time he was restored (to all appearances) to a completely normal state by a few doses of Nat. sulph. In between the relapses, none would suspect that there was anything wrong with his health. He used to travel a distance of 80 miles to and fro to attend the clinic every week. But the unchanged papilloedema and the fact that at every relapse the symptoms seemed more acute, suggested that appearances were deceptive, though the clinical improvement was almost magical.

"Ultimately after eight months the patient succumbed suddenly, after a short spell of unconsciousness with convulsions.

"2. We had a case of a lady aged 28 years with severe anaemia, who exhibited all the symptoms associated with such a condition such as dyspnoea, pallor, amenorrhoea, anorexia, etc. In addition, she had certain individualizing symptoms such as extreme dryness of the vagina (the husband complained that the vagina had become too narrow), amelioration by motion (while travelling, she felt very uncomfortable whenever the vehicle halted), etc. Her R.B.C. count was 1.2 millions and haemoglobin was 25%. We gave her Fer. met. which seemed well indicated. There was an immediate and gratifying improvement with the result that all the symptoms, both the general and the individualizing ones, decreased and almost disappeared. She felt completely well within a few days. However, the blood examination repeatedly showed status quo. We gave her Fer. met. in varying potencies and intervals but during the two month period of observation and treatment, the blood picture remained absolutely unchanged. (Subsequently she left the hospital and continued the Fer. met. but in addition took Folviron tablets which she had formerly taken without any effect. Now there was a rapid rise in the haemoglobin and within one month it reached 97%.)

"3: We have treated several cases of intestinal parasites, especially ascariasis, with homoeopathic drugs which appeared well indicated. We have found that in the majority of cases, all the symptoms generally attributed to the parasites, such as grinding of teeth, enuresis, boring into the nose, bulimia, etc., disappeared but no worms were expelled. Repeated stool examinations showed ova even after the patient was apparently normal. Later, if some allopathic anthelmintic was given, many worms were expelled."

It will be noticed that in all the three instances, there were clear cut pictures and the selected remedies appeared to have been the correct ones, as not only almost all the symptoms abated but the sense of well-being was also restored to the patient. In fact, the patients desired to know if it was necessary to continue the

treatment since they felt quite well. However, our own examination revealed (in the first case by ophthalmoscopy, in the second by haemoglobin estimation, and in the third by stool examination) that the improvement was only symptomatic and there had been no proportionate improvement in the pathological picture. But since the patients felt so well, we naturally expected that improvement in the pathology was certain to ensue. This expectation, however, was not fulfilled even after allowing sufficient time. In the first case the patient stopped the treatment and died, and in the second, the patient was restored to normal only after supplementation by other medicines.

Similarly, we have had other cases also, as for instance, of biliary calculi, wherein the patients presented a number of symptoms such as anorexia, vomiting, abdominal pain, agg. from fats, etc., all of which disappeared under the appropriate homoeopathic remedy and the patients felt very well. But the calculi disintegrated very slowly, after several months of treatment; sometimes they did not disintegrate at all. So also, we have seen cases of pneumonia get rid of their pain, temperatures, coughs, etc., and feel very well but the pneumonic consolidation, as revealed by X-rays, was found to clear up completely only two or three weeks after the patients had felt quite well. From these experiences we are forced to the conclusion that in every case, symptomatic inprovement may not be accompanied by simultaneous and corresponding improvement in the pathological picture.

Therefore it seems necessary to assess the improvement of such cases under two separate headings (1) Symptomatic and (2) Pathological (and radiological). It might be wrong to assume that symptomatic and pathological improvement are synonymous or simultaneous, to judge from the experiences quoted above. Very often the latter follows the former under appropriate homoeopathic treatment. But it would be an error to certify a patient as completely cured until they are normal under both headings, since it appears that our remedies have the power to relieve sufferings even when they are unable to influence the altered pathology. For instance, Dr. Franklin H. Cookinham,[3] writing about the homoeopathic treatment of cancer of the breast, says: "I think very frequently that our remedies will often relieve symptoms without affecting the pathologic process underlying such symptoms."

We must remember that pathological investigations have entered the field only comparatively recently and before they were introduced cases had been diagnosed and treated and the progress and cure assessed solely on the basis of their clinical appearances.

Now that we have a deeper knowledge of the subject, we must make efforts to verify all cases cured by us, applying stringent criteria.

PATHOLOGICAL SYMPTOMS:

The error in making pathological changes the basis of the homoeopathic prescription was pointed out by Hahnemann himself. Kent has also emphasized the point adequately and has warned against mistaking the pathology for the disease, and forgetting the much broader conception of disease. But a reading of Kent's writings may leave one with the impression that pathology is never to be considered in the selection of the remedy and that a pathological symptom is not to be touched even with a pair of tongs. Unfortunately, pathological symptoms do not deserve so

much discredit or condemnation. We have to remember that a pathological symptom is a definite evidence of the disease and pathological knowledge today is much more accurate than it was in the days of Hahnemann, and even Kent. It was left to Dr. Gibson Miller[4] to point out in his masterly thesis that the main consideration against pathology is that it is sometimes based on hypothesis.

He says :

"I stated at the beginning of this lecture that Hahnemann insisted that we must be guided in the choice of the remedy almost exclusively by the symptoms, to the practical exclusion of pathology; but I think there is a good deal of confusion with regard to this matter. So far as I can see, Hahnemann did not object to the use of pathological changes as guides for theoretical reasons, but for practical ones.

"It is true that to a limited extent it is practical to use pathology as our guide, and we all do so use it. Whenever we have to prescribe for eruptions or ulcers—which are, after all, pathological changes—we do not hesitate to be governed by anything that is peculiar or characteristic about them, such as their colour, shape, and position, because by means of these peculiarities we can differentiate. But, when we come to deal with gross pathological changes in the deeper organs we meet with two difficulties. In the first place, we are unable in the living patient to determine those minute differences—though doubtless they do exist—which, if discernible, would enable us to differentiate.

"And in the second place, very few of our remedies have had their provings pushed far enough to cause corresponding pathological changes. These, I take it, are the practical reasons that led Hahenmann to ignore pathology; and, though our knowledge of this subject has enormously advanced since his day, his reasons still hold good. But we cannot, even in the selection of the remedy — to say nothing of its absolute necessity in all questions of diagnosis and prognosis—ignore pathology, for without it we cannot understand the true course and progress of a disease. Only by means of it can we know the symptoms that are common to the disease, and hence those that are peculiar to the patient. We also thereby know, at certain stages of some diseases, no matter how similar the symptoms produced by certain remedies may appear to those of the patient, yet that, owing to the superficial character of their action, it is not possible for them to prove curative."

Dr. Elizabeth Wright[5] also writes "It behoves us, therefore, even the strictest Hahnemannians among us, to give the pathological symptom its due!"

Dr. Grimmer, taking part in a disucssion on a paper read by Dr. I. L. Farr,[6] says :

"We study the Organon and the writings of Hahnemann. We find that he stresses the totality of the symptoms. He did not mean just the totality of the mental symptoms alone; he included every symptom that he could get. Hahnemann went over his patients; he examined them. Everything that he could learn about his patients was recorded. That formed his picture. And so it is with the use of pathology. Dr. Kent says it has a place sometimes. As the doctor here just stated, sometimes there is nothing left for us. How many unconscious cases of apoplexy are we called to prescribe for, often very successfully, only on what we can see?"

So where definite pathology is known and is covered by a drug, there is no need

to reject it completely as having absolutely no value in the selection of our remedy. In the absence of other symptoms, or to differentiate between drugs of identical action, pathological data can be considered as for instance cases of mastoiditis often respond to Capsicum, cancers to Cadmium salts, splenomegaly to Ceanothus, uterine fibroids to Aur. mur. nat., warts to Thuja, and so on. So pathological symptoms should also be kept in view when prescribing.

Objective Component of the Simillimum

Where a patient has been observed and is able to express his sufferings clearly and accurately, we have little difficulty in selecting the correct remedy for him, for we have in our materia medica an abundance as well as an amazing variety of subjective symptoms. In fact, Dr. Linn Boyd[7] describes ours as a "hyper-subjective materia medica". But we do meet with several cases, wherein the subjective symptoms are either vague and indefinite or common and useless. Sometimes we come across patients who omit to disclose some essential features, considering them incidental and of no significance. In yet other cases there is a plain paucity of symptoms.

Such a lack of subjective observation and information on the part of our patient may be due to the present-day speed or stress of living, or due to variegated interests in life, met with in modern times. But whatever may be the reasons, the situation is there and has to be faced and solved. I may quote an instance from my experience :

"Once a middle-aged person, aged 36, consulted me for hypertension. It appears that he had had a desire to insure his life but when he had gone for routine medical examination, he was found to have very high blood pressure. Therefore his proposal had been rejected. Naturally, he wanted to take treatment for the condition. He had consulted some physicians and had been prescribed Rauwolfia Serpentina and other drugs. In spite of the medicines, one day he got partial paralysis of the face which, however, cleared up within a day. Since the blood pressure did not come down under those drugs, he opted for homoeopathic treatment.

In his case, but for the high blood pressure discovered by accident, I could uncover no other symptoms. I questioned him carefully and thoroughly but failed to elicit any symptoms except a stuffiness of the nose. His blood pressure reading then was 220/140. Not being able to select any remedy, I advised him to meet me again after four days. Then, when I questioned him again, I found that even the stuffiness of the nose had disappeared after the discontinuation of the Rauwolfia so that he now felt quite well. Not knowing what to prescribe, I consulted other homoeopaths. The aid of the Emanometer was also taken but none of the many homoeopathic remedies prescribed effected any difference in the blood pressure. So he again reverted to an allopathic consultation and the consultant prescribed for him the alkaloid of Veratrum viride. When he showed me the prescription, an idea struck me and I gave him Veratrum viride in potency which brought down the pressure to normal, resulting in an accidental success!"

That this problem has been met with even in early days is known from our literature. For instance, Dr. Farrington, taking part in the discussion on a paper by Dr. Guy Beckley Stearns, M.D., [8] read before the International Hahnemann Association in 1917, says :

"We should everlastingly damn the doctrine of diagnosis as a guide to the selection of a remedy. But as our president (Dr. Houghton) has said, we occasionally meet with cases where we get nothing but common symptoms—symptoms that indicate only the name of the disease, as for instance, sugar in the urine. What are we going to do in such cases? Prescribe nothing? It seems to me, as thinking men and women, we have a right to make use of any factor whatsoever, even diagnosis, if this is all we can get from careful examination.

"I once had a case of marasmus in a baby, with loose stools and a few other nondescript symptoms. It was several days before I could find the remedy. This is the way I got at it: The mother said something about two older children in the family visiting the grandmother and eating the salt that she had sprinkled between the slabs of a little board-walk in front of her house, to kill grass that grew there. On the supposition that this baby would have done the same thing if it had been old enough to walk, I gave Natrum muriaticum and made a perfect cure. Back of it all, we do right or wrong in so far as we give these various factors their relative importance."

In these circumstances, our methods may have to be a little modified. One of the solutions seems to be to study in detail the objective symptoms (including the pathological ones) so that when and where subjective symptoms are very few, the objective ones may compensate for their deficiency — so to say, to pick out and study the objective component of the simillimum.

Unfortunately, the study of these objective symptoms seems to have been devalued and discarded. Dr. Roberts[9] writes: "Objective symptoms play but a small part in the record, for they are of little value as curative symptoms." Many homoeopaths may disagree with this view for in children, in the insane and the mentally retarded, as well as in unconscious patients and malingerers, objective symptoms are valuable. For in these cases, while subjective sensations may not be available or unreliable when available, objective symptoms are clearly perceptible and definite and, therefore, more dependable. One such good objective symptom is better than three nondescript and unreliable subjective ones. To give only one example, the state of the pulse and temperature are reliable objective symptoms. A disproportion between the pulse and temperature is one of the most valuable indications for Pyrogen and this drug prescribed mainly on this indication has brought remarkable relief in numerous cases.

One of the great homoeopaths who had foreseen this difficulty was probably Dr. C. M. Boger, for in his book, the *Synoptic Key of the Materia Medica*, we find a multitude of objective (as also pathological) symptoms emphasized. With such a materia medica and repertory, where objective symptoms are given their true place, we would also be able to treat cases like leucoderma, warts, prematurely grey hair, alopecia, numerous skin and other disorders, etc., in all of which there appears to be no evidence of associated or corresponding general disturbance on which one could prescribe with confidence. Therefore, it seems we shall have to work out on these lines and also record numerous objective symptoms met with in practice.

Neglect of Diagnosis:

The process of homoepathic prescribing which includes keen observation and the intelligent interrogation of the patient, correct evaluation of the symptoms and the

careful selection of remedy and its potency, is so interesting and engrossing that it often monopolizes the complete attention and energies of the prescriber. As a result, the physician, who should be more than a mere prescriber, steadily and unconsciously tends to forsake the other aspects of his work, as for example, the diagnosis, management, diet etc. No doubt, the consideration of a case purely from the diagnostic angle may, at times, obscure the homoeopathic aspects, yet it sometimes helps the homoeopathic prescriber. Any way, it would be a great error to neglect the diagnosis of the case (which includes the diagnosis of the cause). Such indifference is likely to result in indifferent results.

I may quote some instances from my own experience I have already reported :[10]

"A child of three years was once brought to me with a very offensive, thick, yellowish–green discharge from one nostril. This discharge was of four days' duration. There were no constitutional symptoms. I, therefore, prescribed some drug that covered the local symptoms very well — I think it was Puls.

"The child was brought the next day, with no improvement seen. That day, being less inert than usual, I looked into the affected nostril and saw a white patch. When I picked this patch and brought it out with a small forceps, I found it to my surprise to be a strip of thin paper about 10″ × 2″ rolled into a small ball which the boy had no doubt inserted into the nose while at play.

"The foreign body having been removed, the discharge ceased without any medication .

"2. A girl of 12 years, the daughter of a doctor, came to me with a painful swelling of the left foot of one week's duration. Possibly she had had a fall while at play; she was not sure. Constitutionally she was Calc. carb. and all the symptoms of her foot were very nicely matched by Rhus tox. I prescribed the drug very confidently and awaited to receive the thanks and gratitude of the parent. However, he did not turn up. When two or three months later I met him by chance and inquired about his daughter, he told me with a cold look that since the pain became much worse the next day he promptly took an X-ray which revealed a green-stick fracture of the lower end of the fibula. When the foot was put in plaster, the pain disappeared and the lesion healed.

"3. My next case was one of recurrent headaches of some months' duration in a lady aged 28. The headaches were occipito-frontal, agg. by eye strain, etc. Some drug seemed to match the symptoms well— I forget if it was Sang. or Onos — but did nothing at all to her. Having tried my powders for a week with no results, she consulted someone else who suggested having the eyes tested. This revealed a gross error of refraction and was corrected with suitable glasses, whereupon the headaches vanished."

These cases taught me the lesson that sometimes it would be better to be less of a homoeopath and more of a physician.

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ACCIDENTAL PROVINGS OF "CARBO-ANIMALIS".

By Dr. Jugal Kishore, B.Sc., D.M.S., New Delhi.

My assistants C.P. and A.P. were triturating and converting *Carbo Animalis* 3× into 6×. (*Hapco*). While doing so they developed the following symptoms. This was on the evening of 20th October, 1959.

20-10-59 Evening (a) Mr. C. P. developed the following symptoms :

(1) Sneezing.

(2) Felt irritation in the nose and the sensation as if he was feeling a cold in the nose.

(3) Sensation of rawness and irritation in the throat. This feeling lasted till even the next morning.

21-10-59 He resumed the triturating and developed the following symptoms :—

(1) Pain in the temples; aching, heaviness, aggravated on bending the head down. Worse on shaking it up and down.

(2) Sensation as if there is cold in the nose with ineffectual desire to sneeze. The throat is not raw as yesterday evening.

20-10-59 Mr. A. P. : He triturated only for a few minutes and developed the following symptoms :—

(1) Irritation in the throat.

(2) Sensation of scraping in the throat. In the left nostril, he felt the similar sensation of scraping and there was a pain and tenderness on pressing the nose from outside. Heaviness in the forehead and temples.

(3) He feels, he would be relieved of his heaviness in the temples and in the forehead above the eyes if he could sneeze. There is ineffectual desire to sneeze.

(4) He feels heaviness and aching in the temples and just above the eyes in the forehead. This is better in the open air and worse in a closed room. Pain in the supraorbital region as if bruised. All the sensations persisted next day also. There is also a sensation of beginning coryza.

21-10-59 He did not do any trituration. In the evening he felt his appetite was increased. He took more than double his food and still asked for more. At night he felt warm inside and slept out in the open without any covering. (He usually sleeps indoors.) Heaviness of head was relieved in the cold open air; also relieved by cycling in the open air.

22-10-59 (1) Today also he feels heaviness in the nose. The rawness and scraping sensations still persisting. Both the throat and the nasal symptoms are better in the cold open air.

(2) In the evening he started triturating again. It was 6-30 p.m. Felt irritation in the throat and very frequent irritating, dry cough while triturating. Throat on examination showed redness and congestion; sensation in the throat as if burning like pepper. Aching bruised, feeling in the occiput.

(3) Sensation of heat in the head and wants to remain in the cold open air. As long as he is in cool breeze he feels better and the symptoms are abated.

(4) His appetite is much better (Previously he used to have rather poor appetite). He has noticed that urination is more frequent and there is passage of copious urine. At night while cycling on the way in the cool air he felt very much at ease as if there were no symptoms. At home, on reaching, he sat an hour in the room, felt great warmth or heat in the head. He felt relieved by washing his head with cold water. Had a cold bath. Felt better in the cold atmosphere. Slept at 9-30 P.M. but wanted somebody to fan him. He had hardly slept for 15 minutes when he started coughing again which lasted about 10 minutes and felt pain in the sides of the chest after coughing. He slept again and suddenly got up at 2 A.M. and felt rather hot all over and went out in the open and started coughing again which lasted about 10 minutes. Dry and irritating cough. The cough was hollow sounding. He went to sleep again and woke up at 4 A.M. He felt very hot and immediately took bath in the cold shower and went to sleep again. He started coughing on waking at 7 A.M. It was dry violent, loud sounding cough, which shook his whole body. After coughing he felt pain all over the body. The pain in the head is still persisting. The pain in the head is sore bruised, feeling; worse on talking.

(5) Feels slight vertigo on standing.

23-10-59 He ate better than usual. He had bruised pain in the temples and sides of the neck till he went to sleep at 12-30 noon. When he got up in the afternoon he felt relieved of all his pain and symptoms at 3 P.M. When he woke up he felt very sad and depressed and did not want anybody to talk to him. Wanted to be alone; felt quite depressed. This symptom lasted about half an hour.

BED-SIDE NOTES — A CARDIAC PATIENT.

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

The patient, sixty-one years old, presents himself with congestive heart failure; dropsy with oliguria; anorexia. No rheumatic history. Percussion reveals a considerable enlargement of the heart. Auscultation reveals feeble sounds and missed beats but no valvular damage. There is sufficient basal congestion in the lungs to justify the orthopnoea. Pulse is small but quite forcible with the systolic blood pressure 140 and diastolic 90. That is about the clinical picture.

Let us see the individual picture of this particular case of congestive failure. A hot patient who refuses to tolerate any stuffy place. Feels happy in open air and always better at sea-side. He cools his food, likes cold water, with no marked craving or aversion to either sweets, salt or milk. Sweats on the face while eating. As he was continuing to narrate his story, describing how his complaint had started after his wife's death 4 years ago, how his body had gone 'fragile' these days, he started crying. Besides I learnt that he is highly emotional and generally worries himself too much. He has sometimes urgent stool in the morning, but never any constipation. Wakes up easily from sleep from the slightest noise, but is refreshed even after a little nap and has marked fear of thieves.

He is irritable (shouts at others when angry) impatient, is in a hurry and wants others to hurry too when entrusting any job and must be in company. Generally chatty, likes sympathy and when confronted with any significant trouble he seeks sympathy and even weeps over it. Difficult situations upset him so much. He is sympathetic to others and anticipates events. Moderately fastidious; agg. by contradiction. On the whole a lovable man for all those who have anything to do with him though he is not so 'innocent' as to be deceived by others! Anyone can easily make him weep by asking about his difficulties.

Now, we consider the remedy that is likely to fit the case. Remedies suited to cases with cardiac involvement are Antim. tart., Arsenic, Aurum, Cactus, Carb. veg., Digitalis, Ipecac., Kali c., Kalmia, Lach., Lauro., Naja, Nat. mur., Puls., Spig., Sulph. and many others. He has been taking digoxin with no benefit and has none of the digitalis symptoms like slow pulse or palpitation from the least movement or nausea or any chalk-like pasty stools. Since our patient is a hot patient, positively chilly remedies like Ars., Aurum, Kali, c., Kalm., and Spigelia are kept aside. The case is a chronic one and there is no acute exacerbation to remind us of Ant. tart, Ars., Cactus., Carbo. veg., Ipecac, and Lauro., but the other remedies which we are to consider now (i.e.) the deep acting, long-acting remedies that suit the chronic state, cannot be neglected even if there were to be any acute manifestation. A deep acting remedy like Sulphur has been used for acute manifestations like convulsions when the attack is on, rapidly progressing pulmonary oedema, pleuritic pains, coronary attacks, or even headaches; the list is endless especially when we talk of Sulphur. Sulphur has sudden congestions, patient feeling too much of blood in the heart or in the chest as a whole, intense burning (Carb. veg.); etc. A common description, as obtained in Farrington's *Clinical Materia Medica*, is that the patient feels as if the heart were too large for the thoracic cavity. Sulphur

attacks come on in the middle of the night. Depending upon the severity of the acute manifestation even these deep acting, long acting remedies have to be repeated at short intervals, a thing which should not be contemplated in chronic cases. Coming back to our case, we will therefore limit our discussion to hot remedies like Lach., Naja, Nat. mur., Puls., and Sulphur. His loquacity reminds us of Lach, and probably the other ophidian Naja too, but Nat. mur., and Sulphur also have loquacity in the 3rd degree in Kent's *Repertory*. Lachesis patients are generally vivacious in their talk and behaviour which is very much unlike this patient. Lachesis has hot flushings, rush of blood to the head with coldness of the feet and a feeling of constriction about the heart. The sleeping into aggravation is generally a prominent sign-post. Episodes of hemoptysis or bleeding elsewhere are not uncomon.

Feels better in open air: Lach., Nat. mur, and Sulphur have it in second degree. Amelioration at sea-side is Nat. mur which has also the opposite. Medorrhinum is also suggested here and since he was weeping while telling symptoms Kali. c., Sep., Med., and Puls. are the ones that come to our mind. Kali. c. and Sep. get out because this patient is a hot patient.

Desire for cold food (ever since the onset of the complaint) is Puls. in the first degree, Nat. mur., in the third degree. Urgent stool in the morning reminds us of Sulph., but Nat. mur., also has that though Nat. mur., is more often associated with constipation. Nat. mur., is a great biphasic remedy. Some Nat. murs are sensitive to cold and some others to heat or it may be sensitivity to both heat and cold in the same person. Some are extremely worried and some others happy-go-lucky. We find both aversion to and craving for salt in Nat. mur. The effect of sea-side, as already said, is both ways. The periods in a woman may be delayed and protracted, or frequent and protracted or even scanty. Nat. mur., has many such vagaries and is aptly the similar remedy for fibrillation, one of the vagaries of the heart. Angina pectoris is another condition where Nat. mur., has been found very useful in my practice. The sodium or potassium or calcium salt helping the heart is nothing new to a physiologist.

Both the symptoms 'perspiration on the face while eating' and 'fear of thieves' are under Nat. mur., as well as Sulph. Lach., Nat. mur., and Pulsatilla are the three drugs which are highly emotional but there is another point of interest here. Since one of his sons quarrelled and left his home at the time of his wife's death, there is a combination of grief and emotional excitement; the latter of the two gives Puls. a higher place than even Nat. mur. Drugs for emotional excitement are Puls., Phos. ac., Nat. mur., Gels., Staphys., Coffea etc. Lachesis too has ailments from grief competing well with Nat. mur. Naja too is given a place, though small, in the repertory. Pulsatilla known for its shedding tears is none the better for having given vent to its emotions and is subject to ailments from grief! Pulsatilla is found in the second degree and Nat. mur., is naturally in the first. I said naturally because Nat. mur., 'bottles up' its worries and this might be responsible for some ailment. Our patient craves sympathy and this strong mental symptom will rule out Nat. mur., though it has been all along coming closely with Puls., and Sulph. A hot Nat. mur., resembles the Pulsatilla so much that we find it difficult to differentiate without thorough scrutiny. We happily get this confirmed in the column of collaterals in Dr. Sankaran's *Clinical Relationship of*

Homoeopathic Remedies. The above case is an instance to impress it indelibly.

Pulsatilla is a grand remedy for those who cry for sympathy. Let us recapitulate the common features between this patient and Puls., namely, open air amelioration, weeping while telling symptoms, cools his food, emotional and is a subject for ailments from grief. With Nat. mur., being jettisoned earlier, we find Pulsatilla (or is it Sulphur?) heading to the victory stand. We do not have favourites; we allow everyone to contest and he who wins all the events is the one who tops the event of individualisation. The superficial similarity between this patient and Lach., or Naja keeps them very much away from the winner. Probably if any nervous manifestations were to creep in Naja may find a place or if he begins to lose his refreshedness after a nap, we may entertain the ophidia.

Between Puls., and Sulph., his moderate fastidiousness will push the ragged philosopher a little behind. The open air amelioration is more marked in Puls., than in Sulph. Sulphur has the opposite also (i.e.) open air aggravation. In acute complaints Puls., also may have the opposite state but in chronic cases Puls., is overburdened with heat.

While Nat. mur., and Lil. tig., (so also Sulphur) are known for the hurried nature, Pulsatilla is not without it.

In conclusion, what looked like a Nat. mur., from the emotional element and from the onset of the complaint coinciding with the event of his wife's death, ended up with Puls., for the craving for sympathy and the weeping. Hence Puls. 10M was given and the report at the end of the fortnight was that he is feeling generally very much better. That is the beginning of improvement in any case. By the way, Nat. mur., sheds tears in solitude and has lachrymation on laughing. Therefore, the practice of the law of similars will be futile without a full study of the patient. The remedy selection is not like reaching the heights on an escalator. One, has to 'go up' the way on this stiff staircase of symptoms and once all the steps are done the 'totality' is in view. Missing a vital point will cause a miserable descent which could be as in an escalator! One has to be absolutely on guard.

SOME CASES OF CANCER TREATED WITH ISCADOR.

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

During the past few years I have had opportunities to treat numerous cases of cancer — cases which had undergone surgery and had relapsed, cases which had received irradiation and had relapsed and cases with secondaries. Mostly the patients had come after they had been declared as hopeless. I am sorry to confess that very rarely I have had real success in the sense that the patient had been cured. Even by prescribing carefully I have merely been able only to cut down the amount of suffering and perhaps prolong the life of the patient.

In this paper I propose to report only such cases as had received Iscador treatment, combined with or without the simul-

taneous oral administration of the indicated remedy in potency. The details of the Iscador treatment could be found elsewhere in a paper by Dr. N. P. Sukerkar in this issue of the *Journal*.

CASES

1. Mr. J. F. X. aged 69, male, suffering from a very hard swelling below the right ear, size of a big lemon, occupying the angle of the mandible, of 2 years and 8 months in duration was seen by me on 3-11-1958. The biopsy revealed epidermoid carcinomatous origin secondarily deposited in the lymph nodes. I gave him Cad. phos., 200th potency, for a few days. He seemed to improve. But Iscador was ordered for him and he was put on Iscador injection from 8-12-1958. Unfortunately his condition became worse and before four or five injections could be given, he succumbed to the disease.

2. Mr. M. H. M. aged 49, had a painless intermittent hematuria in October 1956 which lasted for eight weeks. It recurred in 1957. Routine investigations were then done and it was found that he had malignancy in the kidney and X-rays showed opacities in both lungs suggestive of metastatic lesions. He had a serious attack of hematuria again which could not be controlled in the cancer hospital and he was discharged. We gave him Phos. 1M which at once controlled the hematuria. Later on Iscador was ordered for him and he was given five injections but his condition deteriorated and he died.

3. Mr. S. J. aged 45, had a carcinoma at the base of the tongue for two years. He took deep X-ray treatment in 1957 and felt some relief but the tumour recurred in the same area. He also had profuse hemetemesis(?) He was declared incurable by the hospital authorities and he was asked not to come back. I put him on Cad. ars. and other drugs. His condition gradually improved so that by 10-10-1958 he seemed to be much better. He was then put on Iscador and by the time he finished sixteen injections, his condition was considerably better. He then stopped the treatment, as he felt that he was perfectly normal. He remained well for nearly one year but unfortunately he died in February 1960 due to some other cause.

4. Mrs. M. A. aged 64 years, was seen by me on 2-12-1958 with the following history and symptoms.

She had been having some abdominal pain and was examined by a physician who diagnosed it as a case of carcinoma of cervix of the uterus. She was given radium treatment six months back. But in the last two months she has developed hard swelling of the inguinal glands, size of a marble on the right side which is painless. She has slight pain on lower abdomen at times, extending down to the foot. Within one week she developed also enlargement of the inguinal gland on the left side. I put her on various drugs which included Merc., Calc. fl. Formica rufa., Lap. albus. etc. and also gave her a series of fourteen Iscador injections. The Iscador injections could not be continued as she left Bombay. However, though she did not show any special response during the Iscador treatment she has shown some improvement in general and she is still under my treatment upto this time i.e., 14-5-1961. Both the glands have completely subsided.

5. Dr. K. aged 58 years, saw me on 30-10-1960 with a big hard painless swelling size of a large lemon, below the angle of mandible on the left side. He had also a big cauliflower growth at the base of the tongue with pain in the tumour extending to the temples and to the ear, apple core sensation in the throat etc. I put him on some

homoeopathic medicines orally and he was also given a series of Iscador injections but before ten injections could be completed, he succumbed.

6. Mr. W.K.T. aged 56 years, had a cancer of the tongue. He was given X-ray exposures and it subsided. But subsequently there was a small glandular swelling in the neck region and so the glands in the neck were removed en masse, in 1959. However, in October, 1960 he got a swelling again below the right ear, very hard, affecting the periosteum of the mandible He was advised to take Cobalt rays which he refused. I put him on Cad. phos. orally and gave him Iscador injections but finding no improvement he stopped the injections and took Cobalt rays. This gave him temporary relief and then he returned and continued the injections. But, however, before fourteen injections could be completed, he expired.

7. Mr. N.T.S., aged 49, had a cancer at the base of the tongue and received Cobalt rays in March, 1960. There was a recurrence in July with a hard swelling in the neck with appearance like a bull neck. He was also put on Iscador injection but he developed a prominent oedema of the tongue which persisted. His condition became worse gradually and he died in March, 1961.

SUMMARY.

I have reported some cases of cancer treated by me with Iscador injections. I am sorry to confess that the results have been somewhat disappointing. However, it must be noted that almost all these cases had received routine orthodox treatment, had had relapses and metastases and had been declared incurable, as they were all in advanced stages.

ACKNOWLEDGEMENTS : I have to acknowledge with deep gratitude, the prompt, constant and kind guidance that I always received from the Cancer Research Laboratories, Arlesheim especially from Dr. Alexander Leroi and Dr. S. Sattler, to both of whom I feel personally indebted. I may even mention one instance when I sent them a cable seeking their advice at 12 noon on a particular day and I received their reply before 11 a.m. next day.

FROM OUR CASE BOOKS

CLINICAL NOTES

by Dr. ARTHUR P. PEREIRA, Bombay.

College boy of 18 suddenly developed high fever, complete collapse; no strength even to move his arm; lips getting black. No known cause. Had taken some cough mixture (patent) which was many months old. When several remedies failed, the blood was sent for examination. The Hospital reported "septic fever" condition. As it was Saturday they promised to report the result of the Widal test for typhoid on Monday.

Meanwhile a German S. V. D. priest who practised Radiasthesia with the help of a small brass pendulum was asked to help. He found that the circulatory system was affected. From a list of remedies

in the Repertory his pendulum indicated that *Strophanthus* 30 should be given to help the heart and *Echinacea* 200 next, every two hours.

Arguing that the septic condition was affecting the heart, I gave the Echinacea first, three doses. Four hours later, I phoned to Dr. P. Sankaran for advice and he suggested that I should give the drug every ten minutes as the patient's condition was highly toxic. After the sixth dose the patient was much better. His strength returned, the fever abated, the extreme sensitiveness over the abdomen vanished after four doses.

By Monday, the patient was well and eager to move about, though still weak. On Monday evening, the hospital report arrived : "Widal Test for typhoid strongly positive".

Ten years previously, this patient had had tonsil trouble after four days of feasting on syrup and ice. He was only 8 years old, but he gave detailed modalities and Bell. 30 gave quick relief. As there was diphtheria around and I was just a beginner, I called an allopath friend to examine the child's throat. He found him very drowsy and his tonsil purple. He said, "This child has septic tonsils; if he is not given an injection immediately, his condition will become very bad by dawn." Usually, this allopath is very good at diagnosis; but the child's parents had full faith in me. Bell. 30 had been given at 8 p.m. The fever was 99.6 at 8-30 p.m. when the boy was examined. No further dose was given. By morning 7 a.m. the boy was going round the house on his tricycle. The allopath who had warned the boy's father that homoeopathy is a good science but very slow in action, enquired of some of his patients about this boy, my nephew. But he never came to ask what had cured the boy by dawn when he should have been dead—as no further dose was given after the allopath left. I mention this case more to show how the allopath depends too much on objective symptoms which may contradict the subjective symptoms and can be very misleading, if the homoeopath is inclined to panic.

NUX VOMICA *

Dr. M. J. Havewala opening the discussion explained why he chose Nux vom. Nux vom. is a remedy for a variety of exciting causes found in modern city life e.g., irregularity in food, sleep, high living, excitement, etc. As the causation is very important in all diseases, Nux vom. is very useful. The highest irritability is found in Nux. vom. The mind is overactive but physically he is dull. There is hypersensitivity and also a reversal of normal actions.

Nux means nut and vomica means emetic. It produces and cures vomiting. It is also called Quaker buttons.

I may report the following as one of my cases :

A child was brought to me with the complaint that there was retention of urine if he strained whereas he would pass urine involuntarily in sleep. He had been catheterised and treated with allopathic medicine, but with poor results. Nux vom. 1M,

* Discussion held at Govt. Homoeopathic Hospital Clinical Society, March, 1961.

3 or 4 doses were given half hourly and by next day he was normal.

Dr. Pai : Nux vom. is a poisonous drug. It has great chillness as a symptom.

I once saw a child with pneumonia in winter, face flushed, agg. least exposure. Nux vom. helped. I have found Nux vom. useful in undiagnosed fevers with no definite history. It is also a remedy in some cases of asthma.

Dysentery : A child was passing blood and mucus on 4th day, with offensive stools and prostration. Ars. failed. But as the child was crying before stool, Nux vom. 1M, repeatedly given helped. For dentition troubles Nux vom. may be useful. A patient sleepless after 3 a.m., with impotency, Nux vom. helped. In cases of biliary and renal colic without good symptoms, I have given Nux vom.

Dr. John Pereira : For patients drugged with medicines, I have found Nux vom. useful.

Dr. Amin : I shall deal with only one symptom. I shall cite a case. A lady, 28 years old, had pain in back, around the 4th and 5th dorsal verbetrae; all types of examinations had been done. It was suspected as tuberculosis of bone or as Osteoarthritis. Pain was agg. sitting bent forward, amel. lying on back, and amel. motion (of affected part). She was better in cool open air. Pain was burning in nature. On repertorising no drug was clearly seen. Further questioning brought out the fact that she had two stools daily preceded by slight discomfort. Previous history of dysentery; thirstless. I gave Puls. 200 on 22-8-1959. For four days she felt better. Then I gave her Puls. 1M. Felt better again and then felt worse again. Then I gave Nux vom. 200. Felt improvement. again and then felt worse again. Puls. failed to help. Then I gave Nux vom. 200. Felt improvement. The same medicine repeated cured her.

Dr. Shaikh : In Nux vom., some symptoms are amel. by cold e.g., piles; asthma is better in open air. But he does not want to uncover in any stage of fever. Weeps with music. In epilepsy, patients are conscious during the siezure.

Dr. Karamchandani : Nux vom. is a remedy for brain fag also.

Dr. Nadkarni : Nux vom. is known as Kajra in Bombay.

Dr. Pai : Convulsions with consciousness, is found in tetanus and not in epilepsy..

Mostly asthmatic patients feel hot and I do not know if Ars. and Nux. vom. can be given.

Dr. Wadia : (presiding). All of you are aware of the symptoms of Nux vom. Nux vom. seeds contain copper and, therefore, it explains the occurrence of colic and cramps especially in gastrocnemius and soleus muscles, especially in women before menses. It is a drug for modern evils, for those who eat, drink and live well. The patient is fastidious. Nux vom. has strong sex desire but less power.

Dr. Sankaran : mentioned how often Nux vom. is found useful in practice. One of his first experiences was a case of a patient who developed a pain in the chest. This gentleman had consulted a homoeopath as well as an allopathic doctor. The homoeopath had given him some medicine without relief and the allopathic doctor had proclaimed it as a case of pleurisy. The patient got much worried and came running, accompanied by his homoeopathic physician. When I tried to find out the modality of the pain, whether it was

worse by breathing, worse by coughing etc., the patient became very impatient and irritated and snapped at me "Why don't you do something instead of asking all these silly questions?" Not knowing what do, I gave him two doses of Nux vom. to be taken every one hour. But within 5 minutes of the first dose, the pain subsided.

Another unique case of Nux. vom. I have already reported is that of an Engineer in a textile mill. He was sent to U.K. for higher studies and there he developed some gastric disorder which was diagnosed as gastritis. Much treatment was given without any effect. From there he proceeded to U.S.A. and there got admitted in the famous Mayo Clinic where numerous investigations were done. Over two dozen X-rays were taken and ultimately it was again labelled as gastritis. Various prescriptions produced no results. He came back to Bombay and consulted me. He gave some beautiful symptoms such as that the pain in the stomach was worse after eating, amel. lying down, relieved even by very short nap, was relieved by perspiration and by passing urine. Nux vom. worked out on these symptoms and it gave him remarkable relief. I think he required two or three doses in four months and was subsequently completely well.

I remember the case very well because he thanked me profusely but omitted to pay my fees.

Another peculiar case was that of an old man about 65-70 years old, who suddenly developed attacks of shivering without any temperature. He used to shake and shiver for about half-an-hour in spite of covering himself very warmly. We could not make any diagnosis as there were no other symptoms but Nux vom. relieved him.

They say Nux vom. is an antidote for several remedies but I wonder what remedy antidotes Nux vom. in practice.

Dr. Karamchandani : Sulphur and Nux vom. antidote each other.

Dr. Wadia : I thank you all.

NEWS AND NOTES

Homoeopathic Bill for Rajasthan

It is reliably learnt that a Draft Bill for the recognition of Homoeopathy has been already approved by the Rajasthan Cabinet and that a Bill will be brought before the next session of the Rajasthan State Assembly.

BOOK REVIEW :

Penicillium Notatum In Homoeopathy, by G. Subba Raju, published by the Author, from Bhimavaram, W. G. District, Andhra Pradesh; pp. 86.

Price not mentioned.

The book is mainly a record of the provings and clinical experiences of the author with reference to the drug Penicillium Notatum. The author has taken great pains to prove this well known drug and has also undertaken great labour to present the records of the provings. At a time when the homoeopathic profession is mainly content to draw upon and uti-

lize the work of the previous generations and when practically no one seems to take any trouble to contribute to the treasury of our Materia Medica through provings, the author is to be congratulated for the painstaking way in which he has done the work. From the records of the provings and the clinical experiences of the drug it will appear that the Penicillium Notatum will be a very useful addition to our Materia Medica.

Coming to the actual publication we may offer a few suggestions for its improvement.

In a book of this sort the actual symptomatology alone needs to be given along with the clinical experiences and all other extraneous matter, such as resolutions passed, certificates given and also the discussion of the germ theory etc., can be safely excluded. Further, in the presentation of the symptoms also the author in taking great trouble to present all details has unfortunately brought in a certain degree of confusion to the average reader. In presenting the symptoms it would be better to follow the presentation of new drugs given in the *British Homoeopathic Journal*. In describing the clinical cases the author does not point out in each case what symptom of the patient guided him to the particular drug viz. Penicillium Notatum. After reading the various cases one is likely to carry the impression that the author merely experimented by giving Penicillium Notatum to all types of the cases and has reported the successful ones.

The book will have considerably more value if the provings had been conducted under the guidance of some International authority like 'The International Provers' League' or the 'British Homoeopathic Association'. This would have enabled an independent report on the provings. The book also requires much editing to present the substance in concise and clearer form. There is also scope for improvement in the printing and get-up.

Besides one point is worth mentioning. Dr. W. R. McCrae had stated once, and probably there is great truth in the statement, that of all the drugs available those found in natural states may prove the most valuable additions to our armoury. The synthetic drugs, which from time to time appear on the allopathic horizon, dazzle the eyes for some time and then disappear, need not be given any extra weightage regarding their claims to be proved. Although, Penicillin Notatum may not fall in this group, this point is worth remembering.

Nothing that has been said above should detract from the value of the work done by Dr. Subba Raju.

Homocopathic Aid In Emergencies, Medical & Surgical) by S. K. Kamthan, published by M. Kamthan Homoeopathic Clinic, Mainpuri (U.P.) pp. 43,

Price Rs. 2.50.

This book is compiled by S. K Kamthan, son of Dr. P. S. Kamthan who has brought out some nice booklets. A practical booklet on homoeopathic aid in emergencies is most essential at this stage. But unfortunately the booklet under review does not fulfil this need properly and fully. For instance, in this booklet treatment of numerous conditions have been included which are not emergencies in the real sense e.g., Coryza, Cough, Conjunctivitis, Diarrhoea, Dysentry, Pneumonia, Labor, Rheumatism etc., whereas several emergency conditions which we often meet with in practice have been left out such as Coma, Convulsions, Sunstroke etc.

Under the various headings also, we feel some more drugs could have been included e.g., under Cholera one finds Camphor and Cuprum missing, drugs which one would think of at once.

Another defect would be that no authorities are given for the various statements. It would be better that in all homoeopathic books either references or authorities should be given.

Besides in this booklet there is also extraneous matter such as preventives and prophylactics. It would be better for every book to confine itself strictly to its own subject.

My Experience with 50 Millesimal Scale Potencies, by Dr. Ramanlal P. Patel, published by author, A. H. Medical College, Sachivothamapuram, Kottayam, pp. 76;
Price Rs. 3/-.

This booklet deals with the experience of the author with 50 Millesimal Scale Potencies. It describes some of his experiences and is illustrated with case reports. It is the product of the Research Dept. of A. H. Medical College. The conclusions of the author are given at the end of the booklet.

Before the merits of such a work can be reviewed, it is necessary to consider some general points concerning research.

Research in the field of biology is a most difficult task requiring the utmost care, patience, circumspection and objectivity. Particularly in the field of medicine we are much handicapped because the human being is susceptible to such a variety of influences, which are not all controllable or measurable, that it is very difficult to conduct an experiment and come to categorical conclusions. The requirements of an experiment as stated by the famous Claude Bernard are that in an experiment we shall have to prove that under such and such conditions, such and such results occur and that under any other set of conditions such and such results do not occur. To apply this in the field of medicine and particularly in the field of homoeopathy involves a tremendous responsibility, for in homoeopathy we deal with infinitesimal and immaterial entities. Therefore, the need for controlled experiments has arisen.

When cortisone was first introduced it was acclaimed jubilantly as a magic medicine for it restored to health hopeless cases so that thoroughly crippled men and women were able to dance in the hospital ward. The proof of efficacy of medicine seemed evident in front of our very eyes and could not be doubted. But sometime later controlled experiments were conducted by the double blind method viz. one set of patients were given cortisone and another set merely aspirin, neither the patients nor the doctors knowing which patients received the cortisone and which the aspirin. When the results were tallied it was found that the percentage of relief with aspirin was more than with cortisone. This experiment opened the eyes of physicians to the tremendous need for objectivity.

Objectivity is something that is more easily conceived than acquired. For we are practically slaves to our original conceptions, our favourite theories and prejudices, our convictions and beliefs. These invariably intrude themselves into our work and all that we do or see is unconsciously coloured by our concepts. Cases have been known to improve by merely being admitted in a hospital, for they have been removed from their orginal environment and put up under new conditions.

Cases have been known to improve merely because of the personality of the physician, for the personality of the physician enters to a very large extent in the treatment of the patient. All such factors will have to be given their due weight.

Considering the tremendous care, patience and observation necessary to draw valid conclusions even from a single case we are puzzled how valid conclusions have been drawn so quickly from the results of 30,000 prescriptions made by the author. The volume of cases and prescriptions is very impressive and will no doubt gladden the heart of a statistician but the researcher would prefer to have a few cases observed with all their antecedents and concomitants. A dozen such cases might help us to draw more valid conclusions than a thousand other cases. An impartial critic going through the booklet may come only to the conclusion that homoeopathic potencies in the Millesimal potency scale act very well. There is no scope for comparing them with the action of centesimal potency, for the author has not given any experiments side by side. Further if case A did not respond very well to centesimal scale while case B responded very well to a Millesimal scale potency this will lead us to no conclusion, for the response in each case would depend upon the nature of that particular case, the nature of that disease, the nature of that patient, the nature of that drug, the correctness of the drug and various other circumstances. The only way to draw correct conclusions seems to be to put the same patient on a particular centesimal potency for some time and after securing a reasonable idea of his response, to put him on a Millesimal scale potency and to see if there is any marked difference between the responses to the two. If a number of such cases can be treated in this way and if every time, the response to one potency seems to be markedly different from the response to the other, then we may come to a reasonable conclusion that one of these two potencies seems to be better than the other. We are assuming in all these cases that the drug selected has been perfectly correct which itself is a very big assumption to make. But instead of considering such experiments, the author not only frowns upon them but hotly disapproves those who would even attempt them.

From the cases given by the author we are unable to come to any conclusions, for most of these cases have been treated by more than one drug. Further details would have been welcome, for instance the author omits mention of pulse and respiration even in cases of fever. Even the indications for the drugs might have been clearer. For example, in case No. 2, a case of Jaundice, the author says that Aconite was prescribed because of the sudden onset of the symptoms. Many homoeopaths may consider this indication insufficient.

That the author has tremendous zeal, enthusiasm, and devotion for the cause of homoeopathy and that he has great admiration for Hahnemann is transparent throughout the book but these excellent qualities cannot substitute for thoroughness and care in experiments. The fact that these very characteristics may rob one of all objectivity, is a possibility. When we set out to do an experiment as suggested by Hahnemann we shall have to set out with an unbiassed mind so that we are not prejudiced by the opinions of any one including Hahnemann himself. We shall have to conduct the experiments impartially and publish our results whether they are for or against. But this objectivity seems to be lacking in the author. For on page 20, the author criticizes very harshly

certain homoeopaths whose experiments or observations do not coincide with those of the author. This spirit of intolerance is not worthy in any person in the field of research. Neither truth nor homoeopathy is the monopoly of a single individual and every one has a right to express the truth and work for the advancement of the science in the way he feels best.

Dr. Patel has a tremendous scope for research, for he has a very good institution in his hands and has a band of qualified and enthusiastic homoeopaths with him. Further he is fully devoted to the cause of homoeopathy and we are sure that he will contribute enormously to the growth of science both by his devotion and his progressive ideas, provided he develops more objectivity, circumspection and tolerance.

A CHRONIC CASE OF LEUCORRHEA

Dr. M. N. Paranjpe, B.Sc. D.F. Hom. (London), Poona.

Patient—Mrs. G. age 31.

Fat, short with dark complexion.

This patient complained of leucorrhea of 17 years' duration. She had had different treatments over this long period but nobody would assure her of a cure of her malady. Her menses started at the age of 14 and she has been suffering from leucorrhea since then. The leucorrhea is yellowish, sticky and itching. Worse before menses and aggravated by exertions, with pain in the back and abdomen. Menses is very irregular. She complains of pain in joints after exertions and heaviness and swelling of limbs after long walks. Headache in the occiput worse sitting, talking, and bathing. Occasional shooting pain in chest. Her memory is bad. There is formication of limbs during rest and frequency of urine during daytime. Constant desire to sleep, with dreams of water and difficulties. She is chilly and yet aggravated by sun heat. She is easily angered and is of the emotional type.

Working out this case on Dr. Sankaran's card repertory with the following symptoms—(1) Anger (2) exertions aggr. (3) formication (4) Menses before aggr. (5) Memory affected, brought out the drugs Sulphur and Calc. Carb. On the make up of the patient as well as the suffering Calc. Carb was chosen.

2-1-61 Calc. Carb. 10 M. 1 dose Placebo 30 days. No result.

1-2-61 Calc. C. 6th. T.D.S. for 15 days no improvement.

16-2-61 Carbo Veg. 30—3 doses for want of reaction.

There is 10% improvement. Not being satisfied with the result the case was repertorised again selecting the following symptom cards—(1) Itching (2) Shooting pain (3) Anger (4) Formication (5) Heat of sun aggr. (6) Sitting aggr. (7) Urinary organs (8) M. P. before aggr. These symptoms brought out Sul and Sepia. Sepia was chosen after reference to the materia medica. It is also related to Carbo Veg. the last remedy administered.

1-3-61 Sepia 1 M. 2 doses. Placebo 30 days—good improvement.

2-4-61 Placebo for 30 days as the patient reported 60% improvement.

2-5-61 Placebo for 15 days.

With the above treatment the patient was completely cured of her leucorrhea and all other concomitant symptoms and now enjoys complete health.

OBITUARIES :

Dr. DOUGLAS M. BORLAND

We regret to record the sad demise of Dr. Douglas M. Borland on November 29, 1960, at the age of 75.

Dr. D. M. Borland joined the medical staff of the London Homoeopathic Hospital in 1930 and continued almost until his death. He was one of the first to go to the United States from the U.K., to study under Dr. Kent and bring back to England the ideas of Dr. Kent.

He had an extraordinary knowledge of the symptoms of the drugs and their nuances. His booklet *Children's Types* is a masterpiece on the subject. He has also written an excellent book on the treatment of Pneumonia and several papers including those on Influenza and Digestive drugs.

Dr. HAROLD FERGIE WOODS

We regret to report the death of Dr. H. Fergie Woods.

Dr. Harold Fergie Woods who died on 14th January, 1961 was also a well known figure in the homoeopathic field. In 1908 he had the opportunity to go to U.S.A., accompanied by Sir John Weir and study under Dr. Kent. He had worked in the Royal London Homoeopathic Hospital from 1909 onwards. Due to his failing eysight he had to retire from his work. His books *Materia Medica* and *Repertory* and *Homoeopathy in the Nursery* are well known. He was an eminent teacher and a respected senior consultant.

ACKNOWLEDGEMENT.

The following journals were received :

1. The Homoeopathic World (Eng.), London.
2. The Homoeopathic Bulletin, (Eng.), Calcutta.
3. The Pakistan Journal of Homoeopathy (Eng. and Bengali), Dacca.
4. The Torch of Homoeopathy (Eng.), Rajasthan.
5. The Indian Journal of Homoeopathy (Eng.), Bombay.
6. Homoeopathic Magazine, (Eng. and Urdu), Lahore.
7. The Hindusthan Medical Magazine, (Eng. and Hindi), Bihar.
8. The Homoeopathic Sandesh, (Eng. and Hindi), Delhi.
9. The Madras Homoeopathic Journal, (Eng.), Madras.
10. Saludy Vida (Spanish), Barcelona.
11. Homoeopathy (Tamil), Kumbakonam.
12. Athurashram Homoeopathic Medical College Magazine (Eng.), Kerala.
13. Klassisghe Homoeopathie (German), Ulm/Donau.
14. Homoeo Darishan (Hindi and Eng.), Rajasthan.
15. Homoeo-Doot, (Marathi and Eng.), Nasik.
16. The Indian Homoeopathic Gazette (Eng.), Chowghat.
17. The Pakistan Journal of Homoeopathy (Eng.), Dacca.
18. Samuel Hahnemann (Eng. and Malayalam), Quilon.
19. The Homoeopathic Magazine (Eng.), Lahore.
20. Homoeopatia (Spanish), Rio De Janerio.
21. The Australian Naturopath (Eng.).
22. The Homoeo Biochemist, (Eng.), Bombay.

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