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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 ATTRIBUTES OF A PHYSICIAN

Dr. B. K. Sarkar, whose illuminating lectures we had the good fortune to attend some time back, dropped a hint in one of his lectures and and mentioned that the object of the homoeopathic education should be not merely to train up and produce good prescribers but also to produce good physicians. It would be worth our while to ponder over this distinetion.

First we have to recognise that a physician is more than a mere prescriber. A physician not only prescribes but makes sure that the patient becomes well and remains well at all levels viz. physically, mentally, emotionally and spiritually. This is a very responsible task; a fact we realise more and more as we go on practising. The medical profession is considered a noble profession because it deals with life which is a most valuable and irreplaceable entity on the earth. Therefore the duty automatically evolves on us that we develop the greatest sense of responsibility and that we subordinate all other thoughts and emotions in the pursuit of relief of suffering. Such a sacrifice is accepted and recognised by the public which calls this the noble profession. Any lack of care or indifference is inexcusable in this profession.

The second thing that is expected in a physician is confidence. The patient is ill and requires help and support. When he comes to us with faith, we have to increase this faith by our behaviour and attitude. Hope and faith are most powerful forces in the world and we should do nothing to destroy these. Any words carelessly uttered in the presence of the patient can do utmost harm. In the words of Osler, the words of the physician uttered in the presence of the patient are like copper coins given to a child. The coins may be of very little worth to the man who gives, but to the child who receives they seem to have immense value. Just as the child turns the coin round and round and gazes at it over and over again, so the patient and his relatives repeatedly ponder over the words of the physician, trying to read into them new meanings and interpretations.

The third quality required is sincerity. Every patient who comes to us shall be like a dear little child to us and we shall have to bestow upon him the same tremendous attention and care that we may bestow upon our own dearest ones. If at any time the physician feels he is not able to help the patient, he has to be frank enough to admit this and guide the patient towards a better treatment. This naturally involves a recognition by the physician of his limitations in practice. The sincerity of the physician is something that cannot be measured by the patient. There is no instrument or mechanism by which the patient can discover whether the physician is sincere or not. And yet strange to say, the patient recognizes it sooner or later.

As already mentioned, the medical profession deals with irreplaceable entities and therefore no amount of labour should be spared in this task of saving life and restoring and maintaining health. Hahnemann has clearly stated that no amount of effort is too great in this line. Therefore, the physician should always be a medical student and should always endeavour to read and keep in touch with the literature; and wherever possible he should be upto date with the advances in basic medical knowledge. He should exchange his thoughts freely by reading papers, discussing and contributing to medical journals.

The question of fees is necessarily discussed at last because in the medical profession only secondary importance can be given to monetary considerations. The ability of a patient to pay or not to pay, should not decide the treatment. Provided the physician is sincere in his work sooner or later he is bound to be appreciated by his patients and such appreciation will also take a material form. Further our work in this profession cannot at all be assessed in material terms. The returns in material form are but a fraction of what we may receive in various other forms and the gratitude of the patients and their goodwill will form the major, invisible but invaluable part of this return, a compensation which will provide us infinite satisfaction.

EDITORIAL NOTICES

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

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

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

APPENDICITIS AND APPENDICULAR COLIC*

by Dr. V. V. Athalye, A.V.P., Satara.

Pains located in right iliac fossa including the appendicular one have been cured by Plumb. met., in many of my cases. Every pain in this location is not necessarily one of the nature of appendicitis. It may be a referred pain originating sometimes in the case of women in the right ovary or fallopian tube, or in right kidney or even in right lung in the early stage of pneumonia especially in children or it may be due to intestinal obstruction. The physician should never omit a careful examination of the lung in cases where pain is situated in the iliac region. In well marked cases of appendicitis the symptoms are quite typical such as pain, tenderness, fever, rapid pulse, vomiting, constipation, abdominal rigidity and perhaps swelling. The physician must be able to decide whether the pain is or is not due to appendicitis. For if he diagnoses the pain to be one related to appendicitis, he meets with a most serious responsibility. In such cases, if surgical intervention is a necessity in his opinion, its execution must be advised without any loss of time. If his judgment is faulty, that is, if he is unable to diagnose correctly a case of appendicitis, the patient is exposed to the risk of death. The physician must always be able to consider such matters intelligently and to render appropriate advice to his patient quite in time.

Many of the cases that were cured by me with Plumb. met., had tenderness at McBurney's point. The drug is well known for tenderness or painfulness of the ileo-coecal region; and the vermiform appendix (it need not be told) springs from the postero-medial wall of the coecum.

I shall refer to a few cases treated with Plumb. met.

A boy of 10 who had been given Santonin by his father for worms that were supposed to be the cause of his intestinal pain passed no worms and the pain persisted. The pain was in the right iliac fossa. It was cutting and contractive and was better with hard pressure. Plumb. met., was given for a fortnight on alternate days. It was found sufficient to cure the boy completely.

Another boy of 17 had had intestinal pain with tenderness at McBurney's point, recurring after every 2 or 3 months. The pain was every time accompanied by vomiting of blackish substance and by great weakness. Pulse was sometimes found accelerated. The boy had a feeling of constriction in the abdomen. Plumb. met., cured him in due course of time.

A young woman who suffered from the intestinal pain had swelling in the ileo-coecal region, constipation with hard lumpy stools and lame feeling in legs. She was given Plumb. met., for a week in medium potency and then only one dose of the same drug in high potency. The pain never recurred afterwards.

Another woman, quite young, had the pain with tenderness at McBurney's point. She did not give out any other symptoms that could be covered by any drug. Yet Plumb. met., administered for a week put

* Extracted from the forthcoming book *"Forty-four years of Homoeopathic Practice"* by the author.

a stop to her troubles. Two more cases of the same type were cured by the drug.

An elderly woman had the pain with black hard stools and a feeling in the abdomen as if it was pulled in by a string towards the spine. She was better for a week with Plumb. met., in medium potency. But there was soon a recurrence and the same drug in high potency stopped any further recurrence.

In one case of chronic appendicitis, Plumb. met., though it was indicated by the symptoms, could not alone achieve a complete cure in any potency. But Rhus tox. came to my aid as guided by a new experience narrated by the patient, namely, that the pain, the severity of which had been much reduced by Plumb. met., was found ameliorated while walking and ascending when he had gone to a hill station for a change of climate. This modality is covered both by Plumb. met., and Rhus tox. But as the former was not acting further, I tried the latter which very quickly made an end of the pain. Rhus tox is also a recognised remedy for typhlitis and appendicitis. Now I shall turn to other drugs.

A lady, aged 21, had severe pain in the right iliac fossa with sour eructations, spasmodic contraction, aggravation between 4 P.M. and 8 P.M. and amelioration by drawing up the legs. She was satisfactorily cured by Lyc. given first in medium and then in high potency.

A young man of 28 had been suffering from attacks of chronic appendicitis. He vomited food and drink, had gaseous distension of the abdomen, constipation, urging to stool and spasmodic pain with or without meals. He was much benefited by Nux. vom. in medium and high potencies administered in my usual way.

One case of acute appendicitis was cured with Bry. where the pain was stinging, burning and aggravated by motion and standing and the patient vomited food immediately after eating.

Another case of acute appendicitis was benefited by Bell. where the painful region could not bear the least touch, not even that of the bed-cover; the patient could have some relief only if he lay motionless on back, and he had daily temperature which was very high with extremely hot abdomen. The drug was given daily for one week and then on alternate days for the next two weeks. It brought about a complete cure.

I had to advise one patient to undergo an operation for acute appendicitis when in spite of the use of a carefully selected remedy the patient's condition became more and more unsafe as indicated by the symptoms and by the increase in the number of leucocytes found in the blood-examination.

Drugs that deserve to be studied for the treatment of intestinal pains including that due to appendicitis are Acon., Ars., Bapt., Bell., Bry., Coloc., Crotal., Dios., Ipec., Lach., Lyc., Mag.phos., Merc.viv., Merc. cor,. Nux vom., Opium, Plumb.met., Puls., Rhus tox., Sil., Sulph. and Ver.vir.

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SOME HINTS ON CASE TAKING

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The first and most important step in homoeopathic practice is the taking of the case and much of the success of the practitioner depends upon the accuracy and thoroughness with which the case has been taken. It is said that a well taken case is half cured and this statement is indeed too true. Though apparently case taking is a simple and easy procedure, in practice, however, it requires all the intelligence, alertness and care on the part of the physician.

The object of the homoeopathic case taking is of course to record faithfully the picture of suffering of each individual patient. Almost every master from Hahnemann downwards has given us lucid directions for taking the case and it is indeed difficult to add anything new on the subject. And yet every physician and in fact every generation approaches each problem in his or its own way and has some modifications or improvements to suggest. The following hints are, therefore, offered in this spirit, and are intended more to re-emphasise certain well known aspects for the benefit of beginners.

The very first precaution to observe in taking the case is to start with a blank paper and a blank mind. The blank mindedness which is easier conceived than achieved should continue throughout the period of case taking. It is possible that the first few symptoms of a patient may suggest to the mind of the physician a particular drug but he should not allow himself to be biased and should think of drugs only after the whole case has been taken; otherwise objectivity in taking the case, which is so essential, disappears.

As the case taking progresses it would be wise on the physician's part to allow the patient to express his sufferings without any interruption. His should be an attitude of 'watchful expectancy and masterly inactivity'. All that should be asked in the beginning is 'What is troubling you' or some such question and the patient should be allowed to detail in his own words the description of his sufferings. If he is too garrulous and his statements are quite irrelevant, then he should be tactfully brought back to the main points. Information provided by the patient voluntarily and spontaneously is of maximum value. To the extent a physician cuts down questioning and gets a picture of the case without much questioning, he will get more valuable information. Therefore, merely prompting the patient on and on the maximum information should be thus gathered, encouraging him to describe his troubles in his own words, till he runs dry so to say. Care should be taken never to interrupt the patient since as a result of such interruption of the line of thought, what the patient was about to say might remain unsaid. All questions should be asked and doubts clarified only at the end without disturbing the patient's trend.

During the process of the questioning, the physician should pose only such questions which are not leading in nature, viz. those that do not suggest any answer. Questions may suggest only the sort of answer required. In case the patient does not follow a question and finds it too vague, a more specific and slightly leading question can be put but a number of alternatives should be placed before patient. For

example, we may ask "What kind of pain do you suffer from ? Is it burning, pressing, pricking, shooting, stitching, tearing, etc.?"

After the case recording is completed it would be advisable to verify the more important symptoms again by putting the same questions but in different ways to see whether the patient repeats and sticks to his original answers.

The case taking may take sometimes two or three or even more sittings to be completed. Very often the patient in the first sitting merely comes to know what sort of symptoms we expect from him and it may be only by the second or third interview that he may observe and offer voluntary information about those symptoms which he had formerly ignored and omitted to observe or describe. Here there is often need for greatest patience. Sometimes, I have spent the full hour of consultation looking at the various reports and X-rays and listening to the various treatments the patients had taken, without eliciting even a single symptom of homoeopathic significance.

In taking the symptoms, we attempt not to record merely a lifeless list of symptoms but to draw a picture of the suffering of a living individual and to try and understand the whole circumstances that has given rise to these symptoms. In other words we try to get at the background of the patient's symptoms and in so doing we go through his fears and doubts, disappointments and emotional feelings and also his social, economic, domestic and other circumstances so that we get a better understanding of the patients' difficulties as a whole. Further we should also actually try to define and delineate each symptom. When a patient says that he has an aggravation at a particular time we should try and visualise what the patient must be doing at that particular hour and how far the aggravation has to do with the circumstances then. For instance, if a patient says he is worse at night we want to know whether he is actually worse at night, worse lying down or worse by heat of bed etc. If he is worse in the afternoon we want to know whether he is worse in the afternoon or worse while sitting in the office or worse after lunch, etc. Thus in dealing with his symptoms we try to find out as many circumstances as possible which modify that symptom. For this purpose the physician must use his intelligence and not merely consult charts. To the extent each symptom becomes complete with its location, sensations, modalities, causation, duration, extension etc., the case becomes clearer and easier.

In recording the case, it is advisable to note down all the relevant information as the patient describes his sufferings, preferably in his own words. The patient may be requested to detail the symptoms a little slowly in order to keep pace with him. After noting down quickly, each symptom can be enquired into leisurely after the patient has exhausted whatever he has to say.

Even the interrogation of the patient can be carried out more like a conversation or discussion than as a question and answer business.

I have always found it easier to start with the present complaints and then to trace their origin or cause and then after dealing with each symptom to fill up details of other things like appetite, urine, stool, etc., then complete the previous history, family history and past treatment. Then I examine the patient and I always find it easier to bring out his mental symptoms, during or after the physical exami-

nation, since by this time we have developed a rapport. Even otherwise, by the time we have completed half the case, the patient becomes more relaxed and co-operative and is ready to tell us all his inner feelings, doubts, fears etc. Whenever he repeats any symptoms, I underline those since they become confirmed. If he places greater emphasis on a particular modality, I write << or >> to indicate the degree of aggravation or relief. When a symptom which is recorded proves on later enquiry to be doubtful I enclose it in brackets.

I use a number of abbreviations to keep pace with the patient during his narration. For example, I write F.L.H.55 to indicate, father living, healthy and aged 55. 2B, 2S, L:H means 2 brothers, 2 sisters living and healthy. Each physician can use his own symbols or abbreviations.

Our case taking becomes so personal and intimate and covers so much of the sufferings of the patient about which other doctors have not enquired or to which they have not listened that the patient is already much influenced and many of them actually feel better by the time the case taking is completed; for in relating many of their symptoms including their hidden fears and doubts they have felt better by a process of psychological ventilation. It is a good measure of our success in case taking when the patient says that he already has felt better by the end of the interview.

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FOR THE LESS INFORMED

Dr. A. R. A. Acharya, Bangalore.
Formerly Editor, Karnatak Homoeopathic Journal.

A general survey of Homoeopathy and statistics of Homoeopathic practitioners in our country was made by the Homoeopathic Enquiry Committee more than ten years ago. According to its report there were then *three hundred thousand Homoeopaths spread all over India. Since then the number of practitioners has increased; standards also have been improved, because a number of colleges and hospitals have been started and many coaching centres have started working. Homoeopathic Journals, old and new, have spread the true knowledge of the science, especially the practical and clinical side of this system of medicine. Let us say that there are at present more than three hundred thousand homoeopaths in our country. 90% of them have had no institutional training or even a high standard of general education. In spite of these substandard levels, it is to be admitted that homoeopaths all over India are rendering yeoman service to the suffering humanity, thanks to the blessing of homoeopathy.

The writer is one of the many thousands in the category of the unqualified. For the last 25 years I am studying and also practising this fascinating healing art. It has been my good fortune to have come across stalwarts like Drs. T. S. Iyer (Mayavaram), Savoor, (Madras), N. M. Choudhry (Calcutta), N. M. Jaisooriya (Hyderabad), V. V. Athalye (Satara), H. K. S. Rao (Bangalore), S. R. Wadia and P. Sankaran of Bombay. Such contacts and long discussions with them have helped

* This number includes full-time and part-time, trained and untrained practitioners.

me in understanding the spirit of homoeopathy. Besides the interesting and instructive talks with friends in the field, constant study of text books on materia medica, therapeutics, science and philosophy and repertories (including card repertory) has emboldened me to write and tell my brethren the thrilling experiences of mine in tackling sickness of man.

To start with let me state the pre-requisites of a real homoeopath. As there is nothing new under the sun, I do not claim to mention here anything original. One should read and admire the life history of Dr. Hahnemann, the founder of homoeopathy. Homoeopathy takes you to law of similars, single remedy, similar remedy minimum dose and rules for repetition of dose. Clear understanding of potentization or dynamization of drugs will enable one to grasp the philosophy of homoeopathy. Drug proving on healthy people gave us the homoeopathic materia medica. Remedy action and directions of cure are next points to know. The most intelligent but painstaking job for us is the case-taking. It is actually a detective's work. The capacity of the doctor lies in his evaluation of symptoms, or summing up of the essence of symptoms, called the Totality of Symptoms, a definite disease-picture, so that with this photo on hand he can find out the similar pictures or the drug-pictures by comparing similar remedies. Symptoms are styled as characteristics, generals, peculiars, concomitants, particulars or common symptoms. Clear knowledge of these terms is necessary. Each symptom has a location, sensation and modality. It is the modality or the conditions of aggravation or amelioration of the suffering, felt and expressed by the patient that gives the clue to fix the individuality of the patient and also of the remedy. The individuality of the drug is well observed in the highest potency and in the highest plane of the prover. This is clearly the mental plane. Hence well-marked mind symptoms are of highest rank. So after selecting the remedy, if mentals are equally marked both in the materia medica and in the patient our choice is for and in favour of high potency. If the patient receiving a dose of remedy in a suitable potency reacts according to the direction of cure i.e., from above downwards, from more important organs to less important organs or in the reverse order of the onset of symptoms, then we can say it is the similimum and the case is curable provided the life-principle or the bio-energy is capable of adjusting its deviations and establishing the harmony or health in the economy.

In remedies we have long acting, medium or short acting remedies. All these depend on the nature of the drug and the constitution of the patient. It is the man that reacts and not the remedy that acts on him. His individuality is asserted in everything.

Sources of remedies are as follows:

Vegetable origin, animal products, poisons, minerals, disease-products (nosodes) and bowel-nosodes. Also imponderables like electricity, magnetism, X-ray, have been proved and potentised as homoeopathic remedies. There are nearly 2000 remedies. Grouping under various headings is necessary. After working and studying the nature of various acute and chronic diseases, Hahnemann has propounded the theory of chronic diseases. According to him there are three miasms: viz. Psora, Sycosis and Syphilis. Remedies are grouped under these miasms. Tuberculosis and vaccinosis and drug diseases are included and remedies suggested. One

can also find a few children's remedies, women's remedies and men's remedies. (Old age and menopause have their special drugs). For an easy working base there are seasonal remedies, (Time factor, Moon phases etc.), epidemic remedies, constitutional remedies and preventive remedies.

Remedies have their affinities to sides of the body or special organs. Remedies have their complementaries, antidotes and inimicals. In other words, we study the relation of remedies by comparison. Always symptoms and their modalities must be our guide. As causation is the root, a prescription can be based on well-defined causation, such as a fall, fear, disappointment, overindulgence etc. This takes us to the previous history, heredity, environment, occupation and to the harmful effects of wrong treatments for a case in question.

I will not enter into the less known fields of Biological urges, Physiological functions and Pathological results. Man is an individual. He will exhibit his individuality in his physical feature, mental make up and behaviour. Thus he has a personality. Adaptability to environment and adjustability to circumstances are man's natural tendencies to get along with the struggle of life. He cannot be less individualistic when he falls ill due to lack of resistance as we now talk of, or due to the deranged vital force or life principle as Hahnemann would put it. Special feature of homoeopathic therapeutics is one of individualisation. To get at this all aspects of sickness are observed. Man as a whole or as an unit of complex parts is studied and identified. Sometimes his longings or loathings might indicate his remedy in homoeopathy. Even his dreams might throw light on the case. So there is nothing trivial or unimportant about the symptoms in a case.

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HOMOEOPATHY AND MODERN MEDICINE

Dr. K. T. Zachariah, Palai.

"There is so much good in the worst of us.
There is so much bad in the best of us.
That it ill becomes any of us.
To speak ill of the rest of us."

Modern medicine is catering to the medical and surgical needs of the vast majority of the patients of the world. Most of the work done in the field of public health and hygiene is being controlled by the system of modern medicine. In referring to health or disease, it is always in terms of modern medicine that we speak and think. All the civilized Governments of the world think, confer and act only in terms of modern medicine in questions of public health. Viewed in the light of the privileges enjoyed by modern medicine, it is no wonder that it has been able to show wonderful progress in the last few years. It is said that the progress made in the last twenty-five years is even more than that in the preceding twenty-five centuries. This may be true. And if we are truly of a scientific turn of mind, prejudgment and prejudice shall not stand in our way to investigate if there is anything good in

modern medicine. It would be foolish to think that the wonderful progress and wide popularity enjoyed by modern medicine is solely due to the patronage it enjoys at the hands of the Governments of the world. Unless there is some tangible good in it, it would not have stood the test of time.

The story of homoeopathy is different. From the very beginning it had only opposition and repression to face. The Apothecaries who controlled the Medical Industries of the time mobilised all their influence and power to nip in the bud the new system of medicine. Viewed in the light of the scientific principles and philosophy of life then accepted, the members of the medical profession could not appreciate the soundness of and the logic behind the teaching of Dr. Hahnemann. Hahnemann was born ahead of his time, it is no wonder that it took nearly two centuries for the scientists to withdraw at least partially the accusing finger they had pointed towards the teaching of Hahnemann. In the face of opposition from every corner wielding some power or influence, Hahnemann worked his way steady and determined like a martyr to the cause he so convincingly believed. And homoeopathy has now gained world recognition and is mostly patronised by the educated and the intelligentsia. The popularity and progress that homoeopathy has gained all the world over even without due patronage from the Government, is really wonderful. And if the members of the systems of modern medicine are really of a scientific turn of mind, prejudgment and prejudice shall not stand in their way to investigate if there is anything good in homoeopathy. Unless there is some tangible good in it, homoeopathy would not have stood the test of time against such powerful opposition and repression from the system of medicine in power.

In the interest of medical science and the suffering humanity, it is high time that the so-called champions of the various systems of medicine withdraw the accusing fingers they have pointed towards one another. The homoeopath who criticises allopathy, basing his knowledge about that system only on the criticisms advanced by Dr. Hahnemann and his contemporaries without caring to study and appreciate the great advances and reformations they have made on the basis of scientific discoveries and inventions thereafter, is playing the part of a fool. The allopath also is in the fool's paradise, if he still bases his opinion on ignorance and prejudice and retains his old opinion that homoeopathy is unscientific. Neither over-estimation nor under-estimation is of any practical value in the realm of science where we have to deal with hard facts that must stand any test applied, including that great test of time.

It is often heard even from people in very high and responsible positions that Homoeopathy deserves recognition because of its cheapness. This is very poor reason. Cheapness alone should not be the reason why a system of medicine should be recognised. It is high time for the Allopaths, especially those in responsible position directing the destinies of the health of the country to put away the glasses of prejudice and try to understand the language of homoeopathy. It is also high time that the homoeopaths withdraw from the field of blind accusation. The merit of a system is to be established by proving its capacities, and effectiveness; not by accusing and discrediting other systems blindly. Time is ripe that both discuss the merits and demerits of each system and see if there is anything acceptable to the one in the other system. If that is possible, it will be a bold step in the interests of both systems of medicine and more es-

pecially in the best interests of the suffering humanity.

Who will take the initiative? Homoeopathy is proud of so many Allopathic converts as its advocates. It is they who are best suited to take the initiative, for they know the climate in both "the States." And it shall be the duty of the Central Ministry of Health to patronise such a venture.

A Medical Bulletin, with a board of Editors consisting of Allopaths and Homoeopaths of eminence may be suggested as a first step towards securing acceptance of the principle of co-existence for mutual advantage. With due consideration for various aspects of the question, I wish to suggest that Bombay or Calcutta should come forward to act in this line.

Organising hospitals and Nursing Homes where homoeopathic and allopathic treatment are available under the control of team of doctors of both systems may be a good idea. This can be successful only if doctors of a strictly scientific turn of mind having no prejudice for any system of medicine and having only the alleviation of suffering as their sole motive and aim, take up the task. It will be in the interest of the general public if some of the doctors in every State come forward with open heart to work in this line.

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WHY TME INDICATED REMEDY FALLS *

Dr. M. C. Batra, B.A. (Hons.), LL.B., D.M.S., D.F.Hom. (Lond.)
Principal, Bombay Homoeopathic Medical College, Bombay.

I am grateful to you for giving me this opportunity to meet you all and to speak to you on a subject which is more thought-provoking than learned — "Why the indicated remedy fails". On the face of it, the subject seems to be a challenge to the accepted beliefs that the Law of Similia is infallible. We all share that belief but there are occasions which we will presently enumerate and discuss when, in spite of our best efforts, we are frustrated with the results from the indicated medicine. Actually, some of the so-called failures of the Law of Similia are not failures of the Law, but the failures of those that are concerned with its application. I have therefore, classified these failures into two groups namely pseudo-failures and the true failures of the Law.

Let us first take up the causes of pseudo-failures. They may relate to the prescriber or the patient or some other extraneous factors or causes.

The physician may out of his negligence or carelessness not take up the case properly, not developing the peculiar and individual nature of his patient and in that case the choice of medicine dependent upon such faulty case taking, even after repertorial analysis, would be equally faulty. It is because of such instances that the proverb "that a case well taken is half cured" came to be popular. Secondly, besides being negligent the physician may be impatient and be satisfied by a key note or two without proper regard to the totality of symptoms. Prescribing on key notes after all is a gamble specially in the face of other peculiar constitutional symptoms which may contradict the prescription. Obviously in such cases, the fault lies with prescriber and not with the law.

* Talk given at the Govt. Homoeopathic Hospital Clinical Society on 10-12-1962.

And how often the patient is to be blamed for the defective results! He may hide and conceal some of the vital factors of his life and health leaving the physician in the dark or he may innocently be ignorant of such important facts. In either case, the results are bound to be disappointing. Then there is also a possibility of his exaggerating his complaints which may comletely misguide the physician. Lastly, there may be the language barrier. He may not be able to explain all that the physician is interrogating him for. It would be therefore unfair to blame the law for the failures that will naturally follow.

Lastly any amount of massive and powerful medication may result in the complete obliteration and modification of the original and natural symptoms of the disease.

It will be more so when the patient has been so accustomed to the medication that it is not possible for him to do without it even for a day or an hour. In all such cases when a patient has been accustomed to some kind of palliative treatment with toxic or habit forming drugs, it is very difficult to wean him away from such artificial aids. In the case of a diabetic taking insulin for a long time and for many years it is impossible for the curative homoeopathic medicine to take roots in him so that he would be permitted to give up his so-called beneficial dose abruptly. In all such cases, although the continuation of such non-homoeopathic doses and medicines interfere with the action of the Homoeopathic medicine, they have to be tolerated for some time as a necessary evil, and their dose has got to be reduced gradually instead of abruptly. The chances of similia's success are then poor. In any case they are bound to be slow. Akin to these are instances in which the original symptoms have got to be brought back much to the chagrin of the patient who is horrified at the prospect of getting back a complaint which he had been able to get rid off after so much suffering and loss of time and money. He will not let you unlock his case or let you bring back the old suppressed complaints. It may be the non-co-operation of the patient or the impatience of the physician instinctively in him or caused by the non-co-operation of the patient, that the case once started on the right lines, gets mismanaged by premature and improper medication. With a little co-operation of the patient and his willingness to suffer and with a little more judicious choice of the second medicine, your efforts would result in the ultimate relief and cure of the patient. But very often the patient either does not co-operate to bear the suffering involved or the physician in his haste to give him so-called relief prematurely interferes with the case instead of awaiting the complete return of his original symptoms. In all such cases, similia has not been put to the test. The similia medicine has not been allowed to work. In fact, along with the miasms the heroic drugging with non-homoeopathic medicines has been acknowledged by Master himself to be the biggest obstacle in the way of cure.

Before closing down this long list of factors responsible for failures which may wrongly be attributed to the Law, we must not forget the vast and unknown store of medicines yet to be proved. One of these may be the simillimum for the unfortunate case, you have on your hand. We have also to take into account the possibility of the difference between the alkaloid constituents in the strength of the drugs as was originally proved and as is now being supplied to you by your Phar-

macists. The name is the same but the symptomatic properties of each would vary according to the soil, climate etc. of each sample of medicine. Incidentally, therefore, it would be wise to ponder over the need for reproving the old drugs from time to time and verifying their description given in the materia medica.

So much about pseudo-failures. Now we shall take into consideration, the causes where the similia lets us down for no fault of either of us or our patient. That happened to Hahnemann himself, has happened to his followers in the past and will happen to them in future. When the Similia failed in the master's hand, he propounded the theory of chronic diseases and introduced the classification of anti-miasmatic and the non-miasmatic remedies, and thereafter the aphorisms cropped in namely "when the seemingly indicated medicine failed to act, think of a anti-miasmetic medicine or a nosode etc." Nosodes by the way are instances of new drugs that have come to be introduced later on in our Materia Medica. We have already referred to this unknown and unproven medicine.

Thus we see, that the Law may fail either due to over-medication or due to Miasms which may put obstructions about which we were warned by Hahnemann himself. Similia may also fail when the disease is far beyond recuperation or is mechanically impossible to be get rid of. However, no hard and fast rule can be set between what is possible and what is not possible for homoeopathy to achieve. Although, homoeopathic medicines have done the impossible many a time, yet the element of impossibility must be borne in mind.

Last of all, the patient may be indulging in prohibited articles of food which may damage his health. For example, a diabetes patient may be having excessive carbo-hydrates, or a patient may not be able to take the food he is required to take. There may still be something else for example, as when the patient starts the treatment in adverse weather. Most patients like to do that. The effect can be damaging to the patient. In any case, the effect of similia will be neutralized or inhibited. Lastly, there may be some mental factors having disturbing effect on the patient. A melancholic and over sensitive patient may get a stinker from his office or may be unhappy about the conduct of his wife or a daughter-in-law, may be sulking under the rigid control of a domineering mother-in-law. In all these instances, which can be multiplied, the feeling of well-being which is incidental to the effect and action of similia will not be forthcoming and proportionate to the damage done by the extraneous circumstances and environment, the similia will be less effective. These are the instances of the failure of similia even when truly and correctly applied. Thank you.

Discussion

Dr. John Pereira : For modern antibiotics, the same antibiotics in potency are found to neutralise the ill-effects. So I do not think that new medicines will have to be discovered.

Dr. Batra : The antidote may not always be the same medicine.

Dr. Subhash Shah : Dr. Batra has outlined beautifully most of the salient points. I think that the articles of diet which aggravate the drug (effect) may be avoided e.g. Onions in Thuj., Oysters in Lyco. and so on.

Dr. Batra : Dr. Shah is correct. I was only mentioning that the traditional taboos are not accepted by me.

Dr. Pai : How much well selected is a remedy? I do not know what is the definition. There is some confusion. There is no standardization. I had once a case of typical Calcarea but the prescription failed and on retaking the case I found many symptoms given by her were wrong. When a patient is under allopathic treatment, even then they may give in the symptoms, a mixture of the disease and drug symptoms Sul., Op., Carb. v. may help in cases with no symptoms. In acute conditions, the symptoms are more clear cut and there is less difficulty. About the diet, I perfectly agree with Dr. Batra. What is habitual to a patient may not affect him. The diet may depend upon the disease. The prescription may also fail if the potency is wrong even though the drug is well selected.

Dr. Batra : There is no test for a well selected remedy except by seeing whether it acts. There may be hypersensitive patients. Emotional disturbances such as unfavourable circumstances in office or home may interfere. Purely surgical cases may also fail to improve.

Dr. Havewala : Dr. Batra's lecture was very nice. Instead of saying 'indicated remedy' he should have said 'seemingly indicated remedy'. I would like to know if crude medicine like Insulin can be used alongside homoeopathic drugs. Another important point is that the drugs administered previously might have developed their own certain symptoms.

Dr. Sankaran : I have to thank Dr. Batra for a very nice paper. I am glad to find that he is very progressive and logical in his views. The discussion has also been very enlightening and I wish to add my own contribution to this.

As regards coffee I have repeatedly stressed at every opportunity that in my experience, coffee does not necessarily antidote the effect of the homoeopathic medicine. I have already mentioned once about a case that I treated and which was an eye-opener. The lady suffering from deep cracks in the palms and soles of 22 years' duration, worse every winter, once consulted me and I prescribed for her Psorinum. As it is mentioned in Boerick's *Materia Medica* that Psorinum patient does not improve if she takes coffee, I told her that she must avoid coffee entirely. She promised to do it though for a South Indian it is very difficult to avoid coffee. In the course of a month or two, she was completely cured. After waiting a sufficiently long period and finding no relapses, I congratulated her on her will-power in abstaining from coffee, for she was known to have been addicted to 4 or 5 cups of coffee a day, to which she replied to me that she had never abstained from coffee even during the treatment and the fact that she was cured shows beyond doubt what little I knew about my own system of medicine! From that time I allowed all my patients to take coffee and to my surprise there was no change in the results of my treatment.

As regards the administration of other medicines, I think, drugs which are purely palliative can be adminisetred but not those which are suppressive. For example, a patient who comes with a headache which does not improve on homoeopathic prescription can be allowed to take some sedative but a case of Malaria should not be allowed to take Quinine for Quinine is known to be suppressive except where it is the simillimum. Here again I may

quote a case that I have already reported.

Once I was called to treat a lady suffering from Osteoarthritis of the lumbar spine. She was mother of the Medical Officer in a Govt. Hospital. In order to relieve her agonising pains, the doctor had to give her injections of Pethidin and he discovered after some time to his consternation that she could not carry on without the Pethidin so that not only she now suffered from the original disease but also became an addict to Pethidin. So when I was called upon to treat her, the doctor told me that certainly he would follow my instructions but if his mother suffered for want of Pethidin he would have to give it to her. She had all the symptoms of Sulph. When I gave her Sulphur, within a short time her pains became considerably less and the doctor was able to withdraw the Pethidin without any withdrawal effects. So that in this particular case, the homoeopathic medicine acted inspite of the Pethidin being given side-by-side. I may quote another case also. Recently I saw a young diabetic patient with a high blood sugar curve. He was regularly taking Insulin for over 20 years. When he approached a homoeopath, the homoeopath insisted that Insulin should be discontinued forthwith before starting the homoeopathic medicines, but the result was that the patient went into diabetic coma and had to be revived with great difficulty.

There was also a discussion about pharmacies. I want to mention that while those who have established the pharmacies may be sincere and genuine and above reproach, many of the smaller employees who handle the medicines do not have any idea of their responsibility and are known to be most careless and sometimes unscrupulous. Since we have no test to find out the genuineness of our medicines, we are at the mercy of our chemists. I can give many instances but I think that is not necessary. Concerning Dr. Havewala's remarks, I personally think that the distinction between the indicated remedy and the seemingly indicated remedy is more an academic than a practical one. Every remedy *seems* to be indicated. There is no positive proof that it is *the* indicated remedy.

Now I come to a very important point. Owing to several reasons our drug selection may be faulty. We must therefore have a standard method of drug selection or atleast a method of confirmation whether the selection has been correct. I believe that there are several possible ways which can be developed for such confirmation or test. For example, the Lipoid Flocculation test, Pfieffer's copper crystallisation test, the pulse test, the Emanometer etc. can all be developed. Of course the development of these tests will require a body of intelligent and hard working homoeopaths and scientists besides some financial support. Our college has homoeopaths on its staff who are intelligent and enthusiastic and I therefore appeal to the Principal to form at least a nucleus of a research body from amongst these as well as from other interested and able homoeopaths from outside.

Dr. Wadia (summing up) : I thank Dr. Batra for a very educative talk. I think in practice the side effects of antibiotics can be antidoted by Sulph. in potency. In fact I think Sulph. antidotes the effects of several allopathic drugs just as for the ill-effects of sera and vaccines, Thuja is useful. Thank you all.

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PRACTICAL UTILITY OF CHRONIC MIASMS*

Dr. SUBHASH SHAH, D.M.S., D.F. Hom. (Lond.), Bombay.

Before discussing the utility of chronic miasms, we must have a look at the background. Hahnemann found that even after applying the law of similars, he did not sometimes find cures. Many conditions recurred again and again. So he studied the history of thousands of cases, and also referred to the medical literature of all the languages he knew (He could understand 18 languages.) He found that at the origin or root of the present symptoms, there had been some condition which had been mismanaged or improperly treated. He classified these thousands of cases in 3 great groups.

Miasms can be acute or chronic. Acute miasms disappear even without treatment. The chronic tends to become worse and worse ending only in death. Excluding those diseases that arise from bad living conditions and due to drugging, he classified the rest into 3 great miasms. The patients revealed that either they themselves or their parents had suffered from the psoric condition. The original lesion was an eruption accompanied by voluptuous itching. This eruption had disappeared either by itself or by some local treatment, giving rise to some internal disorder. The resulting manifestation, he called Psora. He found that Psora had prevailed even 15 centuries back. In the 15th century, during the crusades, the invaders had brought back the psoric infection to Europe, from Asia. Leprosy was the most widespread disease then. Because lepers were completely isolated outside the villages, Leprosy did not spread as fast as now.

The other original disease was the Figwart disease with the sweet-smelling discharge. The third was the syphilitic Chancre.

Infection takes place at once. Before the external manifestation occurs, the patient is thoroughly infected and so there is no use treating the local manifestation, alone.

Under each of these conditions, Hahnemann gave a list of diseases.

For the primary manifestation of Psora, one or two doses of Sulph. may suffice.

For the primary manifestation of Syphilis, one or two doses of Merc. may suffice.

For the primary manifestation of Sycosis, Thuja or Nit. acid is enough. Hahnemann permitted the external application of Thuja for the warts.

In combined miasms, first give Anti-psoric then Anti-Sycotic and last the Anti-syphilitic remedy.

All the symptoms of the three miasms are given in Allen's, Robert's, and other books.

Many people including Hering have questioned that as long as we cover the symptom totality properly with the simila, what is the necessity of knowing the theory of chronic disease. Kent has replied that to arrive at the proper similar, you must know the miasmatic background. Otherwise you may cover the superficial symptoms only and give palliative relief. We must also know the depth and range of the remedies. For example, in asthma and also other relapsing condition, each individual

* Discussion at the Clinical Society of Govt. Homoeopathic Hospital, Bombay, on 14-11-1962.

attack is only a fragment of the whole and unless the whole picture is put together in all its pieces, the patients will not be cured. Otherwise, we may merely palliate. Further when treating a child, if you can diagnose the miasms involved, you may even foresee what type of diseases he may suffer from in future. We can thus prevent several organic diseases.

I have also found this theory very valuable, when I am unable to decide the correct drug from among a number of possible drugs; a knowledge of chronic miasms helps greatly.

Also in cases with paucity of symptoms, the miasmatic background may solve the situation.

Even in purely acute miasms, e.g., Smallpox, Typhoid etc which are merely acute explosions of chronic miasms, the apparent remedy may not help. For e.g. I may refer to a case of burns in a child treated by my friend Dr. Sarabhai Kapadia. We treated with several remedies such as Canth., Ars., etc. but only when Syph. was given, it was cured.

In one place Dr. Boger says that when people come to you with an undeveloped picture, we have to infer what is not apparent. We may not see every thing of a unit in the clinical unit (diseases). We have have to infer what is hidden or undeveloped.

Discussion

Dr. Mirchandani: Can every remedy be a miasmatic remedy?

Dr. Shah: No. Theoretically many remedies may be indicated but it must be practically correlated to the disease picture.

A member: How did the first patient contact Syphilis?

Dr. Shah: To know that, we shall have to go to the birth of the organisms.

Dr. Pai: As the speaker pointed out, today's is a controversial subject. Recently we had a feast of lectures by Dr. B. K. Sarkar, but even then we found it difficult to understand what is a miasm. It is only a theory and not well proved. A miasm can be called a birth-stigma.

I feel miasms are only congenital or inherited conditions which affect the body.

Coming to the theory, we can recognise by the symptoms what miasms are at the background. Conversely we select the remedy by the symptoms; the reaction of the individual through the modalities may also reflect the nature of the miasms. But without any knowledge of miasms, we may still prescribe successfully. When a well-selected remedy fails, we give a nosode or Sul. How can an ill-selected nosode not covering the symptom-totality ameliorate when a well-selected indicated remedy fails to act? This is a difficult matter to explain. A knowledge of miasms, in my opinion, has a limited use. How the miasmatic nosode acts when not indicated is a problem.

Dr. Sankaran: The theory of chronic diseases has been discussed by practically every generation and still we are not very clear in our mind. Some great homoeopaths have criticised it, for e.g. in the International Homoeopathic Congress of 1896, it was mentioned that when Dr. Dudgeon, who had translated so well the fifth edition of the *Organon* was requested to translate the book *Chronic Diseases* of Hahnemann he declined to do so

because he was not convinced of the usefulness of the theory. Whereas other great physicians have emphasised that the greatest discovery of Hahnemann, even greater than the simile principle, is the idea of chronic diseases. Even most recently, Dr. John Paterson had in a long paper confirmed the ideas of Hahnemann with most practical and pathological proof. For instance, he had observed that mutation of the normal harmless bacillus coli in the bowels into pathogenetic variety follows *after* the person falls ill and develops symptoms. This shows that the change of the bacillus from a harmless to a harmful type, *follows* the disease and so it may not be the cause of the disease.

I personally think that homoeopathy can be practised without any idea of the chronic diseases theory with good results as is being done by a majority of homoeopaths, but if it is practised in a background of the theory, much better results can be obtained.

Dr. Kapadia: If you look broadly, into our materia medica, for example, into Sulph., all the symptoms of Sulph., were not found in one prover. It is a collection of symptoms found in various people and the materia medica is a generalisation. Different people may produce one or two or more symptoms alone. The generalisation of the idea of chronic diseases is a similar process. Individual diseases were collected from various people and then generalisations were made. Hahnemann practised with symptom-complexes but was disappointed. But he had noted down the symptom year by year and at the end noticed that there were some general trends. For example, in the same family, the different people may suffer from different symptoms, e.g., Asthma, Diarrhoea, Skin diseases etc., but they are all found to become worse by dampness. So the greatest generalisation was done by Hahnemann. We can also take hereditary tendencies. Allopathic doctors say that tuberculosis is not a hereditary disease but we know well from our experience that children of tubercular parents show a definite tubercular dyscrasia or constitution. I shall now quote a case from my experience. A child was brought to me with extensive burns in one hand which was suppurating and the child had remittent temperature. When Cant. was given the offensive discharge stopped but child started rolling the head and grinding its teeth and and was worse 4 to 8 p.m. I prescribed Hell. The child felt better but discharge again started. Temp. was less. I again gave Cant. Again Hell. symptoms came up. I investigated and found that the mother had erosion of cervix and suffered from leucorrhoea. I gave Syph. 1M (which also covered the aggravation 4 to 8 p.m.) In 24 to 36 hours there was total relief. The peculiarity in this case was that the discharge from the ulcers was of the same smell as the leucorrhoea. which the mother was suffering from.

I have used antimiasmatic remedies in a number of cases with good results, where the present symptoms may be sometimes very flimsy and the drugs indicated by present symptoms may not act well.

For example, Asthma, where they were often palliated by drugs like Merc.iod. rub., Arsenic, Ip. etc., but the patient is not cured.

By the way, Barber's itch is considered to be a primary manifestation of Sycosis.

With the theory of chronic disease, we are studying the diseases of the human race on a very broad basis. The idea of giving Sulphur when indicated remedy does not act, is based on general knowledge. We must have a proper miasmatic evaluation of all drugs, e.g. we find that for Sycosis only a few drugs are recorded.

Ars. fails in Asthma because it is not an antisycotic.

We must have a systematic understanding of the cases and the causes of failure and then select drugs again on a miasmatic basis. I have prescribed Syph. in teething troubles and found much better results. Or you may prescribe a remedy which is found indicated in other members of the same family.

I have great respect for the theory of chronic miasms because we are going outside the symptom-totality and are antedating the illness.

Miasm is some influence like virus, Bacillus, etc. whose effects are capable of multiplying and progressing without limitation as against a drug whose action is limited and receding.

This view is borne out by Burnett who never talked of symptom-totality but prescribed much on miasmatic basis. Take the case of a patient who is vaccinated often; unless you antidote that systematically, you are not going to succeed. Unless we treat on this basis either on chronological order or on symptoms, we shall not succeed.

The theory of chronic disease gives us a solid rock on which the practice of homoeopathy can be based.

Dr. Pai: Dr. Burnett was using more mother tinctures and low potencies. How can we follow him? Secondly, how can we select a proper antimiastic remedy other than through the symptom-totality? Unlike the miasmatic theory of homoeopathy, the Vath-pith Kaph theory of Ayurved is so closely related to practice in that system that one cannot prescribe without the knowledge of those principles.

Dr. Sarabhai: I have never suggested the exclusion of symptom-totality. In fact it should be included. For example, the case of burns, I gave Syph. because of it covered the time modality also. I also feel that in routine cases, routine remedies may be used. For example, in burns, Canth., Ars., Lach. are found quite enough by me.

Dr. Havewala: I should like to put forward my experiences. The law of similars never fails. Similar includes similarity in range and depths also. The theory of chronic diseases is also included.

Dr. Shah: In prescribing on symptom-totality also, we have to select the symptoms of the prominent miasms. In cases of paucity of symptoms also, we can prescribe the proper miasmatic nosode.

Dr. Kapadia: I am reminded of another case, a case of burns. In such cases if I do not find improvement within 24 to 48 hours, I think there is a deeper background. This patient had a leucorrhoea and menstrual stains which were unwashable. She improved after a dose of Medo.

I remember also another case of burns which improved by Nat.m. because she had great craving for salt.

Dr. Z. Moolji: Does the constitutional remedy and miasmatic remedy vary ?

Dr. Shah: The miasmatic background and symptoms must decide the constitutional remedy.

Dr. Sankaran : (summing up) We have had a most interesting discussion. I am glad Dr. Sarabhai Kapadia got provoked and vigorously contributed to the discussion. Incidentally as regards Asthma, Dr. Kent mentions that Ars. may only palliate and may not cure asthma as it is not an anti-sycotic. He also says that without a dose of Nat. Sul., no case of asthma will be cured. I may also mention a peculiar case cured by Syphilinum. A child was once brought to me for non-stop crying of 17 days' duration. Except for the few minutes while the child was feeding and for a few hours when the child went to sleep out of sheer exhaustion, the child went on crying, in fact screaming. No possible reason could be found. I tried Chamo., Mag. carb., Cina., and other remedies and failed but with one dose of Syph.1M, the crying ceased within an hour.* I thank you all.

* Clarke quotes a case in his Dictionary of *Practical Materia Medica* under Syphilinum "Swan says he gave crying infants when they developed the propensity immediately after birth and did not cease, one dose of Syph. CM and it was difficult to make them cry after that".

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HOMOEOPATHY IN INDIA *

Dr. K. G. Saxena, B.M.B.S., Delhi.
Hon. Physician to the President of India.

It is really a great pleasure for us to receive a foreign visitor and a Homoeopath from a foreign and very distant land in our country. As Dr. Harish Chand said, we had on another occasion the pleasure of receiving Dr. Pierre Schmidt of Geneva a few years ago. It is very interesting to learn from the distinguished doctor his experiences and the situation of Homoeopathy in his country. He will be interested to know that in our country also some progress is being made as far as homoeopathic system of Medicine is concerned. The latest situation I would like to tell him is, that out of 16 States in India, Homoeopathy is recognized by 13 States where Homoeopathic Boards are functioning and a very large number of homoeopathic practitioners have been registered. The Central Government has constituted a Central Advisory Committee which is advising the Government on all homoeopathic matters, particularly the financing of homoeopathic institutions and hospitals. During the Second Five-Year Plan the Government spent more than 15 lakhs of rupees on research and upgrading of Homoeopathic Institutions. During the Third Five-Year Plan period, which has started from April, 1961, the Government propose

* Speech given at reception to Dr. Jacobo Gringauz of Argentina.

to spend about Rs. 3 crores on homoeopathy.

You will be interested to learn that regular homoeopathic colleges have been established in Bombay, in Lucknow, in Gudivada, in Kerala and of course five institutions in the State of Bengal. In Delhi also the Central Government proposes to start a Central Research Institute with an attached Hospital of 100 beds. The Central Government also has a keen desire to start a Postgraduate Institute somewhere in India. As I have told you, we have been spared a lot of funds for homoeopathy. Especially during the Third Five-Year Plan period, we will be able to make much more progress in homoeopathy than has been done before. It may also be of interest to you that the Planning Commission has got two homoeopathic doctors on its Health Panel, and the special achievement of these two doctors has been that they have been able to persuade the Government to utilize the services of homoeopathic practitioners in their village schemes. In the primary health centres and in the secondary health centres the Government proposes to utilize the services of homoeopaths during the Third Plan period. It may also be of interest to you that our President has a very soft corner for homoeopathy. It was on his initiative that the Government of India appointed a homoeopath in 1950, when our Republic was formed. Since then a homoeopath is serving the President and his family and a large number of Cabinet Ministers. This is more or less a recognition of homoeopathy by the head of the State. Of course as my friend has said, homoeopathy has not yet been recognized by the Government, but I can assure you that the time is very near when the Central Council of Homoeopathic medicine and Central Directorate of Homoeopathic medicine will be constituted by the Central Government and that will be what the homoeopaths of India are aspiring for, for the last many years. Now on behalf of more than three lakhs of homoeopathic practitioners of this country, we welcome you and hope that a friendship will ensue between our two countries as well as in our homoeopathic fraternity that is enlarging every year.

HOMOEOPATHY IN ARGENTINA *

by Dr. Jacobo Gringauz, M.P.
Personal Physician to H.E. the President of Argentina.

Ladies and Gentlemen,

This is my most difficult task. I never had to make a speech in English. I never did it and I suppose you will execuse me all the faults in my English.

It is truly amazing to find in so far distant a country such friendship and such comprehension among Homoeopaths. I have been at the hospital and have seen what you are doing and I told the doctors there that we are speaking the same language. That means that Homoeopathy has developed comprehension about the

* Speech given on the occasion of a reception given to the Author in Delhi.

necessity of working not on a basis of face but on a scientifical basis. We should take measures to make all things that are peculiar to our discipline comprehensive or understandable to all physicians, who will approach us, if we are able to find a common language with them. To find a common language does not mean in any way to take steps backward in Homoeopathy, but to free our minds of some prejudices, to free our minds from some established rules, which are not the real laws but mere rules to work. I think that we need to establish our Homoeopathy on a clinical basis. It is no longer possible to work as before ignoring totally the importance of diagnosis and saying we treat cases with no diagnosis and making from that absence of diagnosis a key or a significiant characteristic of Homoeopathy. With no diagnosis we cannot spread Homoeopathy, we cannot approach other physicians and we will not leave anything behind us.

In our country, I am making in a private clinic an experiment since 10 years which I will relate to you. All the pateients that come in the clinic have to go through three departments. The first is the questioning, which is made by a homoeopathic physician according to our pecularities of questioning. Afterwards he has to go to the Diagnosis Department where another Physician, who is specially trained in semiology and in diagnosis, asks further questions but for the sake of diagnosis only and makes a thorough somatic examination of the patient. The third step is through the dietological section in order to know how is his regime, what he is (his occupation and living conditions) and what are his eating habits. The diagnosis department makes all necessary examinations, X-Ray, electrocardiography and other necessary things to arrive at a diagnosis. The first physician who has made the Homoeopathic questioning will pick up all the characteristic symptoms of the patient and afterwards he will also take into consideration some characteristic signs of the patient found through the somatic examination and we repretorise the case by means of the Kent's *Repertory*. After the patient has been examined in this way i.e. after having a diagnosis if possible and after getting directions about diet then I see the patient. I question him further and give him the prescription. Moreover the patient takes along a little booklet containing a resume of his history, diagnosis, directions about diet, and all the X-Ray findings and the laboratory findings and the prescription that he should get dispensed and the way he must take the remedy. That means that the booklet has a common language for all physicians. The only difference is that on the first page he will find the name of a Homoeopathic remedy, which may be he does not know of if he is an allopath. I see the patient on all his subsequent visits. That means that team work does not interfere in any way with the personal relationship between the physician and the patient. When in the evolution of that case a new situation appears and it becomes necessary to review or to confirm the diagnosis I send him for another examination to the Diagnosis Section. That means that that team work aims at obtaining a history, a record for the physician who will follow that patient, as is necessary in other systems of medicine. All our physicians are full-time workers in our Institute. That means that they have no private practice at all. My experience after so many years of such way of working is that there is no other possibility of spreading Homoeopathy among physicians if it is not by such a way. Therefore, I stress that in the Hos-

pital you have now at New Delhi, you have the opportunity and possibility to make such an experiment. This is in relation to my clinic.

In Argentine, Homoeopathy is not officially recognized. We have our Homoeopathic Association constituted only of qualified physicians. That Association has been in existence for the last 20 years. We are conducting Postgraduate Courses of two years. In that Postgraduate Course they learn about clinical semiology in relation to Homoeopathic Materia Medica and the lectures are made in some cases with patients, who are questioned in front of the trainee physicians (clinical training).

The Pharmacy — the Homoeopathic Pharmacy is widespread and we have very good ones. In our Capital, Buenos Aires, which is a very widespread city with four million inhabitants, we have atleast one hundred of those pharmacies. Kentian Homoeopathists are not in large number as all over the world. May be we are thirty. We have all kinds of homoeopathists as in all other countries. But homoeopathy is well recognized by the people. In general our patients are well-to-do persons. Poor patients are being treated by homoeopathy in some private clinics which have a large clientele and are popular (out-patient type of practice).

I do not know if I have answered all your questions. But I am sweating because of the difficulty of speaking in English. So you must allow me to finish and tell you how grateful I am for your reception. I will never forget it.

Au revoir.

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FROM OUR CASE RECORDS

CLINICAL NOTES

Dr. S. Kapadia, B.Sc., D.M.S., Bombay.
Hon. Lecturer, Bombay Homoeopathic Medical College.

1. I once treated a case of fever. The patient had had continuous fever of several days' duration and I was called upon to see him. The parents were anxious to know the cause of the fever. I suspected it to be a case of typhoid but in order not to frighten them I told them that the fever was probably due to worms. This fell into the ears of one of their friends, an allopathic physician, who thereupon strongly disputed the statement that the fever could be caused by worms. However, I went on treating the boy homoeopathically and in two or three days, to everybody's surprise, including mine, he passed a number of worms and then the fever subsided confirming unexpectedly the statement that I had made without basis!

2. Somebody fell down on a child and by chance hit the child's head with his elbow; as a result the child had severe convulsions. I gave the child first Arnica and then Nat. Sulph., followed by Hypericum. Then all the head-injury remedies were given one by one but the child instead of improving became worse and had more convulsions and later on developed unilateral paralysis also, so that one side of the body was convulsed and the other paralysed. I took

this as a bad sign and then prescribed Zinc. met. for the child. After this remedy the paralysed side also became again convulsed and gradually the child improved and became normal.

3. I was once called upon to treat a child with fever. The child had a desire to cover itself and was intensely restless physically, moving the head to and fro. I gave the child Rhus tox and asked the parents whether the child had taken anything cold or sour. Thereupon the parents recollected and admitted that in the morning the child had taken 4 big pieces of Avla (sour gooseberries). The child improved and became well.

4. This was a case treated by a friend of mine. The young man had a sinus in the right leg which went on for 8 months. The doctors had taken X-rays of the leg. They did not find any lesion in the bone but they suspected that it was tubercular Osteomyelitis. My friend who was treating the case suspected that something must have happened to that leg to produce such a long-lasting sinus and asked him specifically whether he had ever had any injury on that leg. The patient then recollected and replied that he had indeed been kicked by a horse on that leg 18 years earlier. Thereupon my friend prescribed Bellis.p. which cured the condition entirely.

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A CASE OF CONIUM

Dr. P. Sankaran, L.I.M., F.C.E.H., D.F.Hom.(Lon.)
Hon. Physician, Govt. Homoeopathic Hospital, Bombay.

Mrs. M.K. aged 28 years turned up with the following disorder on 10th May 1959.

She gets a cold swelling of the Rt. forearm before every M.P. during the last two years. The swelling is painful and she describes the pains as cold pains.

Formerly for 5 years *she used to have painful nodular swelling of both breasts before every menstrual period.*

This is now replaced by the present disorder. If she gets swelling in the forearm, she does not get the swelling of the breasts. She now *desires more salt.* Fears being alone, yet dislikes company. Must *drink water in order to swallow solid food. Vertigo on rising from sitting. Is afraid of robbers.*

Prev. history: She gives a *history of a mild injury of the breasts* some years back, just prior to the onset of the disorders.

Family history: Is married for 10 years, but has no children. Parents are living and healthy.

Physical Examination: No tenderness or redness in the swelling. Wt. = 120 lbs., B.P. 130/80. Otherwise N.A.D.

All the symptoms marked above in italics were found under the drug Conium. She was therefore given on 10-5-50

Con: 1M, 3 doses in one day.

Next month she reported that she had no swelling of the breast before the menses. The third month it recurred again but one more repetition of Conium: 1M, set things right and she has been quite well now for over two and a half years, neither the swelling of the forearm nor that of the breast having recurred.

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A CASE OF SPONDILOLISTHESIS

Dr. M. N. Paranjpe, B.Sc., D.F. Hom. (Lond.),
Member, Court of Examiners in Homoeopathy, Bombay.

The patient was a college girl aged 16 with some pain in the right leg which made her weep after exertion. The pain had started 4 months ago. She was X-rayed at a wellknown hospital and the surgeon gave diagnosis of "Spondilolisthesis (i.e. a deformity of the spinal column produced by the gliding forward of the lumber vertebrae in such a manner that they overhang and obstruct the inlet of the pelvis; especially the separation of the last lumbar vertebra and its slipping forward on the sacrum).

Since all types of treatment had been of no avail in alleviating the pain, she had been advised by her brother, a doctor, to consult an orthopaedic surgeon in Bombay. But before sending her to Bombay, her uncle decided to try Homoeopathy.

On examination I elicited the following symptoms from her :

Sore pain in the right calf ascending to the pelvic region and coccyx with formication of the affected limb. The pain was definitely aggravated by exertion; warmth relieved the pain as also rubbing and lying on back.

The patient was fair, short, chilly and slightly obese, with a history of rickets and whooping cough in childhood, M.P. late 30-37 days with pain in abdomen.

The following symptoms were taken for repertorisation.

(1) Pain, ascending.
(2) Exertion, aggravates.
(3) Lying on back, ameliorates.
(4) Rubbing, ameliorates.
(5) Formication.
(6) Chilly.

These symptom-cards brought out Calc. carb. as the remedy which looked a well suited drug for the ailment as well as the patient. So I gave her :

In a little over 2 months of treatment, the patient was completely free of all pains and she has remained for the last one year with no recurrence.

"How does the relief fit in with the diagnosis?" this question posed to her doctor brother elicited no reply.

on 7-10-'60		Calc. c. 200 1 dose. Placebo for 15 days.
on 25-10-'60 ..	The report was that the pains were slightly better and bearable. So she received.	Calc. c. 200 1 dose. Morgan pure 6 TDS.
By 15-11-'60 ..	There was further improvement, slight relapse.	Calc. c. 1000 1 dose. Morgan pure 6 TDS.

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DR. SAMUEL SWAN

Dr. Samuel Swan so widely known for the numerous nosodes which he introduced into homoeopathy from time to time, was born at Medford, Mass, U.S.A., on July 4, 1815. The first half of his life was spent in active business pursuits, which he was finally compelled to relinquish on account of ill health. He then went South in the company of his devoted wife, and there met Dr. Uhlrick through whom he became interested in Medicine, and under whose direction he studied it. He then returned to the North, entered as a student in the Homoeopathic Medical College, of Pennsylvania, at Philadelphia, (later merged into the Hahnemann Medical College) and graduated in 1866. His diploma bore the signatures of such distinguished men as Adolph Lippe, Constantine Hering, and Henry N. Guernsey. He settled in New York, and went into the active practice of medicine, which he continued until incapacitated by the illness of the last few months. The first five years of his medical career were spent almost entirely in gratuitous practice. He was a kind man, and none who appealed to him for aid ever went away unsatisfied.

The writer of this sketch himself owed Dr. Swan a large debt of gratitude for valuable professional services rendered to his mother under the following circumstances :

The patient had been suffering for years the most excruciating agony from headache. The pain was so violent as to cause loud screaming and a desire to run wildly from one room to another. No remedies prescribed seemed to have any effect, and there seemed to be no hope of procuring relief.

In June of 1876, Dr. Adolph Lippe gave a dinner party, at which were assembled Dr. Edward Bayard, Dr. Henry N. Guernsey, Dr. Constantine Lippe, Dr. Samuel Swan, two or three others whose names it is impossible now to recall, and the writer. This case of violent heaache was incidentally mentioned to Dr. Swan in the course of a conversation in which experiences had been mutually recounted.

He became much interested and offered to prescribe. A detailed statement of the symptomatology was furnished him, and after two or three remedies had been given, with but indifferent success, Lacfelinum was administered. The screaming ceased and the headache slowly disappeared. The disease energy was driven to the surface with the production of an extremely annoying eruption upon the legs of a decidely erysipelatous character, which has continued from that time. The relief from the intense agony of the headache, however, was as complete as it was remarkable."

In January, 1878, he joined Dr. Thomas Skinner, then of Liverpool, and now of London, Dr. Adolph Lippe, of Philadelphia, and Dr. Berridge, of London, in the publication of a new journal devoted to pure homoeopathy. It was called *The Organon*, and was issued quarterly. It at once took a prominent position in medical journalism, and promised to be a great success. It ceased after three years of publication, however, and pure homoeopathy was without a representative. It was then that Dr. Lippe, deploring the loss of the journal, determined to start another journal in its place. *The Homoeopathic Physician* was thus established, and

was successor of the *The Organon*. Dr. Swan became much interested in this latest venture, and was a frequent contributor to its pages.

Dr. Swan did not confine himself to pure homoeopathy, and he soon became widely known for his endorsement of isopathy. This was considered to be an invasion, and a nullification of the doctrine of the law of similars, and it brought upon him a storm of denunciations and criticisms, in which this journal sometimes participated. It would be out of place here to rekindle the fires of that controversy, but without affirming or denying the injurious effect upon homoeopathy that it is claimed to have caused, the one practical result has been the bringing to professional notice of a large number of new and singular remedies. Among these may be mentioned the various "milks" which were, with one exception, introduced by Dr. Swan. That one exception was Laccaninum, which was originated by Dr. Reissig; by him communicated to Dr. Bayard, who, in turn, transmitted the information to Dr. Swan.

Dr. Swan introduced Tuberculinum to medicine years before the same remedy was discovered by Professor Koch, of Berlin, who made such a tremendous sensation with it in the ranks of the dominant school. He also introduced Syphilinum, Medorrhinum, and other remedies of like character, now known under the general name of nosodes.

The profession were not opposed to the use of these nosodes, but the demand was frequently made that they be proved like the "polycrests." To this Dr. Swan answered that these remedies had already produced provings which could be found in the phenomena and symptoms of the disease of which they were the products. This answer did not satisfy the strictly logical Hahnemannians, and thus a gulf was formed between them and him, which continually widened.

Whatever might be the academical pros and cons, the homoeopathic profession will vouchsafe for the enormous help these remedies have provided in actual practice, often stepping in to save situations when the practitioners were at their wit's end. In fact it is difficult to imagine how homoeopaths would have managed without these wonderful remedies.

Dr. Swan died on the 18th of October 1893, bringing to a close a long and useful career.

— Based on an article printed in *Homoeopathic World*, January 1, 1894.

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ABSTRACTS AND EXTRACTS

*THE FOUNDER OF THE HOMOEOPATHIC TREATMENT OF DISEASE**

Samuel Hahnemann was one of the great revolutionaries of the nineteenth century. It was he who, towards 1835, began a revolution in medical science, which still lasts. I am not discussing the system; I am simply stating the fact. An accident, for which I could not be sufficiently grateful, brought me in contact with him at the moment when his reputation was fast changing into fame. I contri-

* A pen-picture of Hahnemann by his contemporary and friend, Earnest Legouve. Reprinted from *Health and Homoeopathy*, Aug.-Sep., 1940.

ted, perhaps something to this and the story of the intimate friendship that sprang up between us may aid the reader in gaining an idea of that extraordinary and superior human being.

My little daughter, then about four years old, lay dying. Our family physician, who was attached to the Hotel Dieu, Dr. R., had told one of our friends in the morning that her condition was hopeless. Her mother and I were watching, perhaps for the last time, by her bedside. Schoelcher and Goubaux were with us, and in the room was also a young man in evening dress, who three hours before was a stranger to us. His name was Amaury Duval, one of the most promising pupils of M. Ingres. We had wished to preserve at least a visible remembrance of the dear little creature we were already bewailing as lost, and Amaury, at the urgent request of Schoelcher, had left a reception, in order to paint that sad portrait. When the dear and charming fellow (who was only twenty-nine then) entered the room, deeply moved by our despair, neither we nor he suspected that a few hours later he should render us the greatest service anyone could render us and that we should be indebted to him for more than the image of our daughter, namely — for her life.

He took up his position at the foot of the cot; the light of a lamp which had been placed on a high piece of furniture fell on the face of the child. Her eyes were already closed, the dishevelled hair was falling on her temples, the small face and hands were almost as white as the pillow on which her head reclined; but childhood itself is invested with such charms, that her approaching death seemed to shed an additional grace on her features. Amaury spent the greater part of the night in making his sketch, the poor fellow furtively wiping his eyes now and then, lest his tears should drop on the paper. Towards morning his drawing was finished, and influenced by his own emotion, he had simply drawn a masterpiece. He was just going, accompanied by our affectionate and heartful thanks, when all of a sudden he stopped, "Look here" he said, "seeing that your doctor has declared the case to be hopeless, why not call to your aid that new system of medicine which is beginning to make so much noise in Paris; why not send for Hahnemann?" "He is right" exclaimed Goubaux, "Hahnemann is my neighbour, he lives in the Rue de Milan, opposite my place. I do not know him but that will make no difference. I am going to him and will bring him back with me." When Goubaux got to Hahemann's there were at least twenty people in the waiting room. The servant explains that he must wait for his turn. "Don't talk about waiting," shouts Goubaux. "My friend's daughter is dying; the doctor must go back with me immediately." "But, monsieur — " protests the servant. "Yes, I understand, I understand" says Goubaux. "I came in last. What does that matter? The last shall be the first, says the gospel." Then turning to those around him, he added, "Is it not so, mesdames? Am I not right in supposing that you will give me your turn?" and without waiting for an answer, he makes srtaight for the doctor's consulting room. "Doctor," says he to Hahnemann, "I know I am acting in defiance of all regulations and conventionality, but you must put aside everything and come with me. I want to take you to a little girl of four, who will surely die if you do not go to her; you cannot let her die, can you?" and his irresistible fascination produces its usual effect; an hour afterwards, Hahnemann

and his wife enter the sick room, accompanied by Goubaux.

In spite of all my trouble and grief, in spite of my brain racking with pain for want of sleep, I could not help comparing the man who entered the room to one of the characters from the weird tales of Hoffman. Short, but well-knit, and walking with firm step, wrapt in a fur coat from nape to heel, and leaning on a thick cane with golden knob, he walked at once to the bedside. He was close upon eighty, then with an admirable head of long and silky hair combed backwards, and carefully arranged into a roll round the neck; eyes of a dark blue in the centre, with an almost white ring round the pupil; a proud, commanding mouth, with protruding lower lip and aquiline nose. After having cast a first look at the child, he asked for particulars of her illness without taking his eyes off her for an instant. Then his cheeks flushed, the veins in his forehead stood out like whipcord, and in an angry voice exclaimed "Fling all those drugs out of the window: every vial and bottle that's there. Take the cot from the this room, change the sheets and pillows, and give her as much water as she will drink. They have lighted a furnace in the poor child's body. We must first of all extinguish the fire. After that we'll see." We timidly objected that this change of temperature and linen might prove very dangerous to her. "What will prove fatal to her," was the answer, "is this atmosphere and the drugs; Carry her into the drawing room, I'll come back tonight; and above all give her water, as much water as possible." He came back that night; he came back next morning and began to give her medicines of his own. He expressed no opinion as to the final issue, but merely said each time. "We have gained another day." On the tenth day the danger grew all at once imminent. The child's knees had almost become rigid with the chill of death. At eight o'clock at night he made his appearance and remained for a quarter of an hour. Apparently he was in a state of intense anxiety, and having consulted with his wife, who always accompanied him, he handed us some medicine, saying "Give her this, and be careful te note whether between now and one o'clock her pulse becomes stronger." At eleven o'clock I was holding my daughter's arm, when I fancied I felt a slight modification in the pulsation. I called my wife, I called Goubaux and Schoelcher. Let the reader picture to himself the four of us, looking at his watch, counting the beats of the pulse, not daring to affirm anything, fearing to rejoice until a few minutes elapsed when we absolutely flung ourselves into one anothers's arms; the pulse had gone up." Towards midnight Chretien Urhan entered the room. After looking at the child he drew to my side saying with an air of profound conviction, "My dear M. Legouve, your daughter is safe." "She is a trifle better," I answered, scarcely knowing what I said, "but as for her being out of danger, let alone on the way to recovery" ....."I tell you she is safe," he insisted; then bending over the cot by which I was sitting alone, he kissed her on the forehead, and went away. A week later the patient was, in fact, on the road to recovery. This cure assumed the importance of an event in Paris, I might almost say that it created a scandal; I was not altogether unknown, and people freely used the words "miracle" and "resurrection". The whole of the medical faculty showed itself intensely annoyed and poor Dr. R was taken to task by all his colleagues. Very animated discussions took

place both in society and at the Faculty. One physician was not ashamed to say aloud in M. de Jouy's drawing room, "I am very sorry this little girl did not die." The majority of the doctors confined themselves to repeating the parrot's cry: "Its not the quack who has cured her, but nature; he simply benefited by the allopathic treatment left to him by his predecessors." To all of which objections I simply made the same answer I still make. What does it matter to me whether he was the cause or the means of saving her? What does it matter to me whether she was saved at his hands or between his hands? Was she as good as dead when he entered my house? Was she cured when he left it? I wish to know no more than that, in order to be everlastingly grateful to him. Though I may prove faithless to his doctrine, I will not be faithless to his memory, and to me he will always remain one of the most potential men I ever met. The very way in which he conceived his doctrine is in itself a portrait. Was it calculation, self-interest, desire for fame that led to the conception, did he arrive at it by purely scientific research? Not at all. The system sprang from his heart. A physician of the highest rank numbering among his patients the most powerful and wealthy in Germany, he claimed one day the co-operation of one of his colleagues for his youngest child. The case was very serious, and the most drastic treatment resorted to. All at once, after a terrible night of suffering on the part of the little one, Hahnemann, beside himself with pity and grief, exclaimed "No, it is not possible that God should have created those dear and innocent beings for us to inflict such tortures upon. No, a thousand times, No; I will not be the executioner of my children;" and aided by his profound knowledge of chemistry begotten from long study, he rushed as it were in quest of new remedies, and built up a complete medical system, of which his fatherly affection was virtually the foundation.° Such was the man, and as he was then, he had always been. The powerful structure of his face, his square jaws, the almost incessant quiver of his nostrils, the constant twitching of the mouth, the corners of which had dropped from age, everything attested conviction, passion power. His language was as original as his character and figure. One day I asked him why he always prescribed water even to people in good health? "What is the use of crutches to people who have got sound legs, and wine, is after all no better than crutches." It is also from his lips that I heard that strange sentence which, taken in its absolute sense, is apt to puzzle one, but which, if properly understood, goes to the very foundation of medical science. "There are no diseases, there are people who are ill." His religious faith was as intense as his medical faith. I had two striking proofs of this. One spring day, on entering his room, I said, "Oh monsieur, what a beautiful day." "They are all beautiful days," he replied in his calm and grave voice. Like Marc Aurelius, he lived in the bosom of a harmonious universe. When my daughter was quite recovered, I showed him the charming drawing of Amaury Duval. He looked for a long while, and with intense emotion, at the picture of the dear little creature he had snatched as it were from the jaws of death, as the little creature such as he had seen for the first time when she was on the brink of the grave; then he asked me to give him a pen, and he wrote at the bottom,

"God has blessed her and saved her."
'Samuel Hahnemann.'

He simply looked upon himself as a minister who countersigns the orders of his master.

Dr. Jacobo Gringauz.

Dr. Jacobo Gringauz, Personal Physician to his Excellency the President of Argentina had come over to India along with the President. The opportunity was taken by the homoeopaths of Delhi to give him a reception at Delhi on 6th December 1961.

The reply of Dr. Gringauz to the welcome address is printed elsewhere in this issue.

First Homoeopathic Convocation in Bombay.

The first homoeopathic convocation of Maharashtra State was held on the 10th February 1962 under the auspices of the Maharashtra State Homoeopathic Board and Biochemic Systems of Medicines. Shri Homi J. H. Taleyarkhan, Minister of Health, Maharashtra State presided and gave the convocation speech. Mrs. Taleyarkhan gave away the Diplomas. Four candidates received the F.C.E.H. diplomas, 11 received the L.C.E.H. Diploma and over 25 D.H.B. Diplomas. Dr. S. R. Wadia, President of the Board thanked the Minister and the guests.

First L.C.E.H. Batch.

We are glad to announce that out of 23 students in the first batch which has appeared for the final L.C.E.H. Examination in December last, 11 students have passed out.

This is the realization of great dream of the homoeopaths of Maharashtra State. We welcome these new entrants into the profession and wish them all success.

Dr. K. R. Sethna for U.K.

We are glad to announce that Dr. K. R. Sethna, M.B., B.S., member of the Editorial Board of the *Journal of Homoeopathic Medicine,* has left for U.K. to attend the Postgradute course at the Royal London Homoeopathic Hospital.

We wish him all success.

Delhi Homoeopathic Board.

We are happy to learn that Dr. Diwan Harish Chand and Dr. Jugal Kishore, members of the Advisory Board of Editors of this Journal have been elected as members of the Delhi Homoeopathic Board.

We offer them our felicitations.

Dr. Ramanlal P. Patel.

Dr. Ramanlal P. Patel who has been an Advisory Editor since the inception of this Journal is retiring after three years of service. He is extremely preoccupied with the organization of the Homoeopathic College of the Athurashram Homoeopathic Medical College at Kottayam of which he is the Prinicipal and also with the building up of the Government Homoeopathic Hospital attached to the College. We, therefore, do not wish to burden him further.

We are grateful to him for all services rendered.

Dr. R. K. Mukherji.

With the publication of this issue Dr. R. K. Mukherji, M.A., L.H.M.S., one of the Advisory Editors of the Journal and who has been useful to us in translating French papers has retired for reasons of health.

We wish him a speedy recovery from his illness.

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BOOK REVIEW.

The Pocket Repertory compiled by Dr. P. Sankaran, and published by The Homoeopathic Medical Publishers, 13-A, Station Road, Santa Cruz (West), Bombay 54; pp. 66 + xvi. Price Rs. 3.50 (3rd edition).

Also the *Card Repertory* (3rd edition) Price Rs. 50/-

It is indeed a time consuming task to find the correct homoeopathic remedy, even in an acute case presenting a few outstanding symptoms. The task is still more difficult in finding a curative remedy in chronic cases which generally present a mass of symptoms. This difficulty and the unavoidable slowness of spotting the similimum has been greatly solved by the Card Repertory compiled and published by Dr. P. Sankaran. This task must have cost Dr. Sankaran a tremendous expenditure of time and energy and it is being improved upon at each succeeding edition. The cross-references are very useful for the quick interpretation of a rubric in the language of the repertory and the time spent on a careful study of these will never be wasted.

Going through the rubrics one finds that the rubric 'Descending, Agg.' is not included. Under the rubric 'Neurasthenia', Thuja can be included. It might improve the utility of this repertory to add the rubric 'Dysentery' though it is more of clinical value; or a cross reference may be given for the symptom. The rubric 'Coryza' may be added or cross reference given. Moon phases can be separated as new moon and full moon with advantage.

The small very useful book is made available to the profession at a moderate price and can be used with vast advantage by those who cannot afford the card repertory.

—M.N.P.

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Obituary

Dr. D. N. Chatterjee, M.D.C.H.

The sudden demise of Dr. D. N. Chatterjee on November 29, 1961 at the age of 58, has cast a gloom in the homoeopathic world.

Dr. D. N. Chatterjee was born in 1903 in Vikrampore now in East Pakistan.

He joined the Bengal Allen Homoeopathic Medical College, where he came into contact with two Homoeopathic savants, late, Dr. N. M. Choudhury and late Dr. D. N. De. Soon after graduation he helped Dr. D. N. De to found the Dun-

hum College and joined the institution as a Professor. In 1927, he founded the Bengal Homeo Stores. In 1928, he started the publication of his wellknown Homoeopathic Journal *"Homoeopathic Bulletin"* While sticking to the basic principles of homoeopathy, he was always alive to the discoveries of modern science, and he spared no pains to inspire the new generation of homoeopaths with a spirit of research for re-orienting homeopathy in terms of new discoveries, but without detracting from the fundamental philosophy.

Dr. Chatterjee has written a number of books amongst which may be mentioned *Family Physician, Drugs of India, Biochemistry, Treatment of Female Diseases, Materia Medica* (Bengali). He introduced many Indian drugs into the homoeopathic Materia Medica, notable among which are Terminalia Arjuna, Aswagandha, Colear Aromaticus, Cynadon Dactylon etc.

In 1932 he worked with late Dr. J. N. Majumdar, inaugurating first All-India Homoeopathic Conference which was held in Calcutta under the Presidentship of Dr. Younan with himself as the chairman of the Pharmacopoiea section. In his speech he stressed the need of an Indian homoeopathic pharmacopoiea. He was one of the founders of the State Homoeopathic Faculty of West Bengal. He was sometime the Vice-President of the Indian Homoeopathic Medical Association and International Hahnemannian Society of India. At the time of his death he was a member of the Executive Committee of the State Homoeopathic Faculty, and the Principal of D. N. De Homoeopathic Medical College and Hospital (formerly Dunham College).

In 1957 he presided over the All-India Homoeopathic Medical Conference held at Amritsar, in 1958, over the Andhra Pradesh Homocopathic Medical Conference held at Rajamundry, and in 1950 over All-India Homoeopathic Medical Conference held at Hyderabad.

Besides all these activities, he took active interest in many humanitarian works. His contributions of free medicine to many charitable dispensaries started by various Missions evoked the admiration of such Institutions as the Ram-Krishna Mission, the Bharat Sevasram etc. The Jitendra Memorial Homoeo Charitable Dispensary for free treatment of the poor people was practically maintained by him during these thirty years of its existence. He was a member of the Executive Committee of several educational institutions.

Every inch a sportsman, he faced the battles of life with a smiling face, inspiring all around him with hope and confidence. Love, and sympathy came naturally to him and it is not surprising that his patients found in him not only a doctor but also a friend, guide and philosopher. He was a good talker, talking freely on many lively subjects, particularly the problems of modern life. Laughing and joking at this moment and turning grave and serious at the next, he, indeed presented a very fascinating figure. He was the very model of a gentleman with dignified manners and charming disposition that attracted others like a magnet.

During the last few years of his life he developed some of the rare qualities of a mother, administering solace and comfort not only to the sick and the distressed but also to those who came to him in hundreds for solution of many difficult problems of life in confidence. He often used to say that he had no hatred against anybody, but he could not help being angry, particularly with those who were nearest and dearest to him. Another

feature which recently attracted the attention of his close associates was his soft corner for the poor dumb animals. He often spoke of his domestic animals in very touching terms. All these virtues show the real man in Dr. Chatterjee, and it is no wonder that none who came in touch with him, can resist his or her tears at his sad demise. May his soul rest in peace!

Tributes

Dr. D. N. Chaterjee was a most charming gentleman with most enlightened and broad views on Homoeopathy and in a few minutes of talk he would turn people into his admirers. I had the opportunity to come into close contact with him during the 60th birthday celebration of Dr. N. M. Jaisoorya at Hyderabad and I came away with greatest respect and affection for Dr. Chatterjee. It is a great pity that just when he was endeavouring to bring order out of chaos in the affairs of Homoeopathy in West Bengal, he was so cruelly snatched away.

—P. S.

In the sudden death of Dr. D. N. Chatterjee, Homoeopathy has lost a great fighter in its cause at a very critical time when his presence was most needed.

Dr. Chatterjee, in his quiet, unassuming way has moulded Homoeopathic thought over a number of years. Through the *Homoeopathic Bulletin,* he introduced and popularised many Indian drugs and enriched our materia medica.

May His Soul Rest In Peace.

—Dr. S. P. Koppikar, Madras.

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ACKNOWLEDGEMENT

The following journals were received :

The Homœopathic World (Eng.), London.
The Homœopathic Bulletin (Eng.), Calcutta.
The Pakistan Journal of Homœopathy (Eng. & Bengali), Dacca.
The Torch of Homœopathy (Eng. & Hindi), Jaipur.
The Indian Journal of Homœopathy (Eng.), Bombay.
Homœopathic Magazine (Eng. & Urdu), Lahore.
The Hindustan Medical Magazine (Eng. & Hindi), Bihar.
The Homœopathic Sandesh (Eng. & Hindi), Delhi.
The Madras Homœopathic Journal (Eng.), Madras.
Saludy Vida (Spanish), Barcelona.
Homœopathy (Tamil), Kumbakonam.
Homœopathy (Eng.), Kumbakonam.
Athurashram Homœopathic Medical College Magazine (Eng.), Kottayam.
Khassisghe Homœopathic (German), Ulm/Donau.
Homœo Darishan (Hindi & Eng.), Rajasthan.
Homœo-Doot, (Marathi & Eng.), Nasik.
The Indian Homœopathic Gazette (Eng.) Chowghat.
The Pakistan Journal of Homœopathy (Eng.), Dacca.
Samuel Hahnemann (Eng. & Malayalam), Quilin.
The Homœopathic Magazine (Eng.), Lahore.
Homœopatia (Spanish), Rio De Janeiro.
The Australian Naturopath (Eng.).
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