# JOURNAL OF HOMOEOPATHIC MEDICINE

Published Quarterly

*Aude Sapere*

Vol. 4 APRIL—JUNE 1962 No. 2

Subscription due 10/4/62



Single Copy Re. 1·50 Annual Subscription Rs. 5

JOURNAL OF HOMOEOPATHIC MEDICINE

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Phone No. 89183

# JOURNAL OF HOMOEOPATHIC MEDICINE


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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## HOMOEOPATHIC REGISTRATION

Hitherto we have consistently abstained from disscussing matters other than those of purely scientific importance. However, we now propose to discuss the subject of homoeopathic registration as it is a very important one and has a great deal to do with the progress of homoeopathy.

Most of the States in India have recognised homoeopathy as a standard system of medical treatment and have formulated rules for the control and growth of this system. They have also framed rules for the registration of homoeopathic practitioners and the formation of Boards of Homoeopathy. Since the vast majority of homoeopathic practitioners have been practising without any medical qualification, naturally therefore the rules framed have made sufficient provision to include such practitioners. Most of the States have provided that persons who are able to prove that they have been in continuous practice for 10-15 years are to be allowed registration in the first register. It is certainly necessary that all true and sincere practitioners of homoeopathy, irrespective of whether they are qualified or not, should be included in the first register of practitioners. Yet, the fact also cannot be ignored that many persons who have no other vocations are willing and eager to register themselves as homoeopathic practitioners. Many of these persons have neither the knowledge nor the interest in this system. But they merely wish to enter a profession which to their mind will provide an easy, attractive and remunerative livelihood. While on the one hand the Boards of Homoeopathy or registering bodies may be tempted to include the largest number of people who apply so that the corpus of homoeopaths may be considerably enlarged yet on deeper consideration it will be clear to the perceiving mind that this can very well defeat the very purpose of registration viz. the regulation and progress of homoeopathy. A mere enhancement of the number of practitioners by including those who are not sincere will have a most deleterious effect on the growth of our system. Such practitioners who get registration but do not have the necessary background in knowledge or the faith in the art will naturally practise in a most haphazard fashion. We know of several instances where so-called homoeopathic practitioners after registration are prescribing more allopathic medicines than the allopathic practitioners themselves, their knowledge of those medicines as well as of the homoeopathic ones being derived from the medical representatives or the catalogues of various medical firms. That such practice will have a disastrous effect on our profession requires no explanation. But to the thinking mind no surprise will be caused by the behaviour of such people, for when we include persons in the register who have no knowledge of or faith in homoeopathy, this situation is bound to arise.

It is true that the various registering bodies have to function within the framework of the Act and register those who provide sufficient proof of their practice as mentioned in the Act. Yet at the same time the registering authorities have a certain degree of latitude or discretion and if they strongly suspect that even though a person provides enough evidence on paper, he is not a true practitioner of homoeopathy, (for evidence on paper can be easily manufactured) then it becomes the responsibility of the registering bodies to reject such persons. A small body of sincere homoeopaths can do more good than a large body consisting of insincere gain-seekers. This has been demonstrated all over the world. Even in the war, a small disciplined army with courage and faith is more useful than a much bigger army of indisciplined mercenaries.

In certain States provision has been made or agitation for such provision is being made that even part-time practitioners should be registered and allowed to practise. To our minds the practice of medicine requires the complete and devoted attention and energies of the practitioners. In handling human life no other diversion or consideration should be allowed to enter. If the source of income of persons is elsewhere, it is but natural that they should pay only divided attention to the medical practice but this should be discouraged by all thinking persons and by law. Nowhere in the world is a medical practitioner allowed to have any other occupation. Whatever may be the enthusiasm of the practitioners this is obviously not in the interest of homoeopathy.

## EDITORIAL NOTICES

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

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

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

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

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

## PEMPHIGUS *

Dr. V. V. Athalye, A.V.P. Satara
Former Member, Court of Examiners in Homoeopathy, Bombay.

It is a skin disease with an eruption of bullae. When it is congenital it is called pemphigus neonatorum syphiliticus. The bullae or blebs are separate from each other and usually grouped in threes or fours. They are of varying sizes from a pea to a hen's egg. They are distended with fluid. The fluid is transparent at first but soon becomes milky. It is sometimes sanguinolent. Very often the blebs burst in a few days. They may develop in the course of a few hours and generally occur in successive crops. Sometimes they may be confluent but are generally distinct. They very much resemble the blebs which are caused by burns of flyblisters. Recurrence of the disease is frequent and cure is slow. In children the prognosis is rather unfavourable.

I shall describe here only one case of mine that brought a remarkable success to Homoeopathic therapeutics.

A boy of six years living at a town 20 miles distant from my place had big bullae on different parts of his body with a febrile reaction since a fortnight before he was shown to me. He had been very carefully and sympathetically treated by a local physician, a follower of modern medicine. When it was found that there was no improvement in a fortnight, the physician himself consulted me for homoeopathic treatment. The bullae, when bursting, used to give out watery fluid which became purulent afterwards, with a tendency to bleed if pressed.

On the first day when I examined the boy, he was found to have temperature 105° F., pulse 128 per minute and cardiac bruit that could be distinctly heard. He awakened with trembling at heart. The discharge from the bullae was acrid and the acridity was worse at night especially from warmth of the bed. He had profuse sweat which brought no relief to him. I advised the physician to give Nux vom. in high potency, one dose, to antidote the previous treatment and then Merc. viv. first in the medium and then in the high potency. The physician treated the boy accordingly for two months with some improvement. Then I was asked to re-examine him.

In the second examination I found that many old bullae had disappeared but new ones had cropped up. Some were small and some big. He was having rise of temperature every day. I advised the physician to administer now Sulph. in the high potency as an intercurrent remedy.

Three days after Sulph. in the high potency was given, I was informed that the rise of temperature was a bit checked that the bullae had almost subsided. A few new bullae made their appearance on the face but were of a very small size. I advised the physician to give one more dose of Sulph. and to watch further progress of the disease.

The report I received after a week was that the rise of temperature was a little less but that the condition was otherwise the same with addition of a few symptoms. And they were:—dread of least cold

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

air, desire for warm clothing and cover, despair of recovery and filthy smell of body as also of the bullae when they opened.

On the basis of these new symptoms I thought that Psor. would perhaps act better than any other drug and hasten the cure. So I advised the physician to administer the drug in high potency. Four days after Psor. was given I got a report that the fever was much checked, that the boy had better sleep, that the new bullae were only a few and that they broke off rapidly.

After four days one dose of Psor. in high potency was again given and three days after that I examined the boy for the third time. The improvement brought about by Psor. was wonderful. The bullae, the filthy smell, the temperature and the despair all vanished as if by magic and the whole atmosphere of the boy's house was pervaded by the feelings of surprise and gratitude.

For two weeks thereafter the boy was kept on placebo. The boy's constitution was one of Phos. and the cardiac bruit which I had detected in the first examination had been still there though in an abated condition. So Phos. was given to the boy in the medium potency for a fortnight and then in the high once a week for two months after which the treatment was stopped.

The boy is now 28 years old, a young healthy person.

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## PAIN

Dr. H. K. S. Rao, L.M.P., Bangalore.

Pain is nature's alarm signal — an S.O.S. — to indicate that an injury has been received or an illness (irritation, inflammation) is present in some part or organ of the body. Pain is not a disease in itself, but a very important and annoying symptom of most of the diseased conditions. It is for the relief of the pain that people mostly come to us and it is our secred duty to give them such relief as we can.

If one refers in the Kent's *Repertory* under the rubric 'Pain' in any of the regional sections, he will be surprised to see the number of pages it covers. In fact these 'Pain' sections form the bulk of the book. Even in the section on 'Generalities' covering about 81 pages, pain alone occupies 14 pages. It not only indicates the importance of 'pain' as a symptom, but also the "particulars of pain" one should gather for a proper assessment and selection of the remedy. Remedies selected on the basis of the "Law of Similars" on individualizing the case (by carefully noting all the elements that go to make up the "totality of the case") are bound to give not only quick relief, but also may go a long way in establishing a true cure. To resort to the indiscriminate use of anodynes and pain killers is to admit homoeopathic failure or that we do not know our job well.

A case of pain has to be studied on the following schemes (As in Kent's *Repertory*).

1. *Location*: That is (i) part or organ of the body where pain is felt (ii) the structures involved—bone, gland, muscle, nerve etc.
2. *Character of the pain*: Aching, benumbing, biting, bruised (sore),

burning, bursting, constricting, cutting, drawing, gnawing, jerking, paralytic, pinching, pressing, stitching, shooting, tearing, twisting etc.

3. *How the pain begins and ends*: (i) Appears gradually, (ii) and disappears gradually, (iii) or suddenly, (iv) appear suddenly (v) and disappear gradually or (vi) suddenly.

4. *Laterality and direction*: Right or left. Internally, externally. Ascending, descending, backward, forward, crosswise, diagnonal, up and down or wandering.

5. *Causation*: To be ascertained as far as possible, both immediate (exciting) and remote (fundamental) such as exposure to extremes of cold and or heat, dry cold winds, bathing, sudden chilling, mental shock, fright, anger, disappointment, injury or trauma, suppression of eruptions, secretions, discharges or emotions.

6. *Age & Sex*: Infants and children have their special afflictions and troubles (teething).

   Women — menstrual troubles; (before, during and after) — labour pains — climaxis.

7. *Concomitant symptoms*: Common symptoms associated with the pain that help to give it "peculiar" character.

8. *Noting the presence of any stigma of of old miasmatic history*: This really comes under the heading of causation. It is the fundamental cause of chronic diseases. Persistent pains and periodically recurring pains have a deep-seated miasm as the background. Unless this is corrected by administering one of the indicated chronic miasmatic remedies, the underlying mischief cannot be rectified. The French physicians call them as ground remedies. Dr. F. Beronville is of the opinion that sulphur covers up all psoric conditions of pain while Thuja is indicated in sycotic cases. Nat. sulph. and Thuja also come in hydrogenoid cases as ground remedies or correcting remedies. We may also add the nosodes like Medorrhinum, Psorinum, Syphilinum and Tuberculinum where indicated to complete cure. To describe all the possible painful conditions in the organism is to cover up the entire field of therapeutics and to indicate all the possible remedies required for their cure is to write a complete materia medica, because there is not a disease process wherein pain is not felt in some degree or other and there is not a remedy that has not produced some kind of pain or other in its pathogenesis. So only an attempt is made to get acquainted with the common remedies and with their chief sign-posts for rendering prescribing easy and to afford some quick relief in most of the discrete cases of pain where our help is sought mainly for that purpose.

## CHARACTERISTIC INDICATIONS OF THE LEADING REMEDIES

Nash has named "Aconite, Chamomilla and Coffea" as the three leading "Pain Remedies".

The *ACONITE* pains are intolerable and generally worse in the evening or night. Are always attended by the extreme restlessness, anxiety and fearfulness, characteristic of the remedy. The patient tosses

about in agony "cannot bear the pain nor bear to be touched nor to be uncovered". The pains of aconite come on suddenly and with violence: after an exposure to dry cold air or after sudden chilling when heated in severe summer. There may be associated high fever with burning thirst, hot dry skin and rapid bounding pulse.

*ARNICA MONT*: Very painful, bruised, soreness, all over. Crushing pain, bed feels hard. Fears being struck or approached; Bruised pains, injuries; bruises, shock, jarring, labour, over-exertion and sprains; after-pains; symmetrical pain, eruptions (ache) or painful small boils.

*HYPERICUM* : Is a remedy "par excellence" for wounded or injured nerves — from simple puncture from a pin to concussion of the spine and brain; Lacerated, injured or inflamed nerves; mashed fingers. Very painful sore parts, coccygodynia, intolerably violent, shooting, lancinating along nerves; Neuritis after injury Inflamed piles, dry rectum.

*LEDUM* : Purple, puffy and chilly, yet averse to external warmth. Ascending effects from feet; shifting tearing pains, rheumatic pains, shooting up, wounds, punctured from nails, stings etc. foul pus. Coldness of the parts limbs, aggravation warm covers; amel. cold application.

*ARSENICUM ALB*: Maddening pains; burning like fire, better by hot applications and hot food and drinks. Very restless, increasingly irritable, anguish and great weakness. Inveterate neuralgias, neuritis, multiple neuritis.

*BELLADONNA* : Sudden, *throbbing*, sharp cutting, shooting pains of maddening intensity, coming and going in repeated attacks. Agg. heat of sun (if heated), drafts, jarring, touch, pressure, motion; Amel. light covering, bending backward and rest in bed.

*BRYONIA* : Pains stitching, bursting, or sore pains; slowly advancing; averse to least motion. Agg. by least motion, raising up, stooping, coughing or deep breathing or exertion. Better by lying quietly, by pressure on painful side or part; affections of serous membranes of head, chest, joints and abdomen. Dryness of the internal parts; dryness everywhere; inflammations with exudations.

*CHAMOMILLA* has been called the "catnip of Homoeopathy" because it is particularly adopted to nervous affections especially of children. The leading keynote is its characteristic mental 'bad temper; frantic irritability; mad during pain'. Dr. H. Farrington has expressed its main indications in a tabloid form in the following seven lines.

1. The epitome of cantankerous irritability, peevishness and impatience.
2. Oversensitiveness to pain.
3. Pain with numbness of the affected part; thirst and hot sweat.
4. Chilliness and aversion to open air; yet tooth ache better from cold drink and cold food.
5. Ailments during dentition (the leading children's remedy during teething time) from coffee, narcotics, anger and chagrin.
6. Great dread of mind which aggravates many symptoms.
7. Relief from passive motion.

*COFFEA* : Pains are badly borne. It resembles the above two remedies but only lacks the bad temper of chamomilla and the fear of death of aconite. The pains are "insupportable, drive to despair; exasperation, tears, tossing about in agony; great sleeplessness. Excitable and overactive, oversensitive to noise, pain, pleasure etc. Weeps, laments and tosses about. Faints easily. Headache from mental

exertion, thinking, talking; one-sided, as if a nail is driven into the brain, as if the brain is torn or dashed to pieces; toothache > ice water; < as it gets warm. Nervous sleeplessness.

*MAG. PHOS* : It is the morphia of homoeopathy. It is characterized by sudden violent neuralgias; sudden paroxysms of pain; sharp shooting like lightning; colics and cramps; constrictions, spasms and convulsions. Aggravated by cold, cold air, draughts, touch, worse during night and by uncovering; Amel. by warmth, hot bathing, pressure, doubling up, rubbing. It covers every type of pain except burning.

The three leading traumatic remedies are Arnica, Hypericum and Ledum.

*BELLIS PERENNIS* : Related to Arnica; *Bruised soreness,* aching, squeezing or throbbing pains, deep trauma or septic wounds especially abdominal. Worse touch, cold baths, cold drinks; better by continued motion.

*CACTUS* : Constructive pains — of hollow muscular organs like heart, bladder, rectum, stomach, uterus. — as if in a vice. part feels clutched and released alternately by an iron hand.

*CAPSICUM*: Pains burning, smarting soreness, especially in mucous membranes, throat, mastoid. Worse by cold and drinking, but not better by warmth.

*CIMICIFUGA* : Violent pains; achings; shooting here and there, shock-like with cries and faints. Bruised sore aching of muscles. Agg. damp cold wind, draughts, menstruation. Amel. Warm wraps, pressure; neckache, throws the head back; menses irregular in time and amount; more flow more pain; slow labour with pains from side to side; cramps in skeletal muscles; in calves.

*COLOCYNTH*: Sudden atrocious crampings, griping, tearing, making him twist turn or cry out in pain with nausea or lightning like pains, cutting, pinching, cramping, gnawing or boring pain; then numbness. Constriction, waves of violent, cutting, gripping grasping, clutching or radiating abdominal colic double him up; > hard pressure. Agg. emotions, exertion, chagrin, anger, lying on painful side. Amel. Hard pressure, heat, gentle motion, after stool or flatus.

*CUPRUM* : Cramps and spasms of all kinds, extort cries; worse, suppression, hot weather, touch; better cold drinks (cough).

*DIOSCOREA* : A remedy for pains of all kind. Unbearably sharp, cutting twisting, griping or grinding pains; that dart about or radiate to distant parts, even to fingers and toes, in paroxysms, worse doubling up, lying; better stretching out or bending backward.

*EUPATORIUM PERFOLIATUM*: Violent, aching, bone breaking pains; bruised sore ache; back sore; throbbing head ache; sore, aching eye balls; painful cough hurts head, must hold chest; intense back ache as if broken; worse cold air, motion; better vomiting bile; lying on face (cough).

*GELSEMIUM* : Aching, tired, heavy, weak and sore, overpowering aching, heavy dull head ache > profuse urination; dysmenorrhoea; labour pains go up, backward or down thighs; rigid os. agg. Emotions, shock, ordeal, foggy, muggy weather (spring, humid) heat of summer; better profuse urination; sweating. Alcoholic stimulants relieve all complaints of Gels. patient.

*HEPAR SULPH* : Pains sore, sticking, like sharp splinters. Every hurt festers. Suppuration. Worse : cold dry air, draughts; least uncovering, least touch; better : heat,

warm wraps (and damp weather) Great sensitiveness to all impressions.

*KALI BICH* : Pain in small spots that can be covered by finger tip; jump about, wandering; blindness, then pain over the eye cold pressing on the root of the nose. Worse damp, 2-3 A.M.; better heat, motion.

*KALI CARB*: Sharp stitching, stabbing chest pains; backache, worse : cold air, drafts, exertion, lying on painful side, winter : 2-3 A.M.; better warmth, sitting with elbows on knees, open air.

*KALMIA* : Changing pains; shoot outward along nerves; or dull tearing, crushing, moving downward, then suddenly to heart; alternating with cardiac pains. Pains shoot down the arm (brachialgia) worse : motion, lying on left side; better : eating, continued motion.

*LACHESIS* : Congestive pains moving from left to right; Sepsis, gangrene, etc; excessive painfulness, of throat; ulcers, spots over body. Worse : going to sleep, during sleep or after sleep; morning; summer heat, hot drinks; empty swallowing; sensitive to touch, pressure of clothes. Better open air, free discharges, warm applications; cold drinks; hard pressure. Note pain in Tibia (may follow sore throat); Acute appendicitis, right side sciatica.

*LYCOPODIUM* : Sudden pains moving from right to left. Worse 4-8 P.M. or A.M., warm applications; better warm drinks, uncovering, cold application.

*LAC CAN* : Pains alternate sides. Oversensitive parts, cannot have fingers touch each other. Worse : touch, jar, during, menses. Better : open air. Remember this old remedy for throat affection, diphtheria or tonsils.

*PULSATILLA* : Wandering pains, worse heat; better : cold, open air, gentle motion, weeping, sympathy.

*RHUS TOX* : Rheumatic pains; Stitching, tearing pains; cannot rest in any position. Sore, bruised or stiff, flesh feels beaten or torn, loose from bones. Worse: wet, cold, chill or draught. Better : continued motion, rubbing, heat.

*RUTA*: Bruised sore aching; restlessness, rheumatism, gnawing, burning, eye strain, eye burns; Worse : eye strain, overexertion, sprains, cold, draughts, better : lying on back, warmth, motion. Pain and stiffness in wrists and hands.

*SEPIA* : Ailments associated with uterine troubles; bearing down pains, pains, and flashes of heat shoot upwards, loss of affection, sadness, weeping irritability Agg. Cold air, sexual excess; morning and evening, before menses Amel. violent motion, warmth cold drinks.

*SPIGELIA*: Pain in violent attacks, radiating, nerves, eyes, teeth, left sided. Worse : touch, motion, jar, periodically with the sun, Better : lying on right side with head high.

## PAIN – A SHORT REPERTORY

*LOCATION* : (Too many to be included here).

*TISSUE OR STRUCTURE* : Blood vessels – Acon; Arn; Bell; Carb. v.; Fl. ac; Glo; Ham; Hyos; Lach; Phos; Pul; Sec; Thuja; Vip.

Bones : Asaf; Aur; Calc; Calc. phos; Merc; Nit. ac; Phos; Pho. ac.; Pul; Sil; Sul;

Bursae (Ganglia) : Rut.

Glands : Bar. c.; Bell; Calc. c.; Carb. an; Clem; Con.; Lach; Lyc; Merc; Phos.; Phyt.; Pul.; Sil.; Sul.

Membranes : Arg. n; Ars.; Bell; Bry.; Caps.; Cham.; Dul.; Hep; Hyds.; Merc.; Nux.; Pul.; Stram.; Sul.

Serous : Acon.; Ap.; Bry.; Canth.; Kali. c.; Sul.

Muscles : Arn.; Ars.; Bell.; Bry.; Calc. c.; Caus.; Cimi.; Eup. per.; Mur. ac.; Rhus. t.; Ver. a.

Nerves : Acon.; Ars.; Bell.; Bry.; Cham.; Coff.; Colo.; Dros.; Gel.; Hyper.; Ign.; Iris.; Kali. c.; Lyc.; Mag. p.; Merc.; Nux. v.; Psor.; Rhus. t.; Sang.; Spig.; Sul.; Ver. a

*Mode of onset.* Increasing and decreasing gradually : Glo.; Nat. m.; Plat.; Sang.; Spig.; Stan.; Strop.; Syph.

Increasing and decreasing quickly : Arg. n.; Bell.; Berb.; Cimi.; Colo.; Dios.; Lyc.; Mag. p.; Sul.

*Sides (laterally) Right* : Ap.; Bell.; Bry.; Calc.; Chel.; Lyc.

Right to left : Ap.; Bell.; Chel.; Lyc.; Merc. i. f.; Sang.; Ver. a.

Left : Asaf.; Euphor.; Lach.; Lith.; Mez.; Rhus. t.; Sep.; Spig; Sul.; Thuj.

Left to right : Lach.; Rhus. t.; Stan.

Pain goes to side lain on : Bry.; Kali. c.; Pho. ac.; Pul.

Pain goes to side not lain on : Ign.; Kali bi.; Rhus. t.

*Direction* Ascending : Bell.; Glo.; Ign.; Lach.; Led.; Naja.; Phos.; Pul.; Sang.; Sep.; Sil.; Sul.

Backward : Bry.; Chel.; Kali. bi.; Nat. m.; Sep.; Sul.

Crosswise (across) : Bell.; Chel.; Chin.; Lact.; Sil.; Sul.; Ver. a.

Diagonal : Agar.; Alu.; Kal. m.; Mang.; Phos.; Rhus. t. Sul. ac.

Downward : Berb.; Kalm.

Forward : Gel.; Lac. c.; Sabi.; Sang.; Sep.; Spi.

Outward : Asaf.; Bell.; Bry.; Sep.; Val.

Radiating : Berb.; Colo.; Cup.; Dios.; Merc.

Up and down : Gel.; Glo.; Lyc.; Phos.; Pul. Sul.; Ver. a.

*Nature of pain* : Aching : Bapt.; Chin.; Cimi.; Eup. per.; Gel.; Phyt.

Boring : Arg. n.; Bell.; Colo.; Lach.; Merc.; Mez.; Pul.; Ran. b.; Spi.; Zn.

Burning : Aco.; Ars.; Canth.; Caus.; Merc.; Nat. m.; Nux.; Sil.; Sul.

Compressing : Anac.; Ant. t.; Cact.; Carb. v.; Colo.; Merc.; Nat. m.; Plat.

Constricting : Bell.; Cact.; Chin.; Ign.; Lach.; Nit. ac.; Plat.; Pul., Phyt.

Cramping : Bell.; Cact.; Calc. c.; Cham.; Colo.; Cup.; Dios.; Grap.; Ign.; Lyc.; Nit. ac.; Nux. v.; Plat.; Sul.; Ver. a.

Cutting: Bell.; Bry.; Calc.; Canth.; Colo.; Con.; Kal. c.; Nat. m.; Nux. v.; Sul.

Drawing : Bry.; Caust.; Rhus. t.

Gnawing : Grap.; Ign.; Lach.; Phos.; Plat.; Pul. Sil.; Sul.

Shooting : Aco.; Agar.; Bell.; Berb.; Cur.; Colo.; Dios.; Lyc.; Mag. p.; Sul.

Sore : (bruised) : Ap.; Arn.; Bap.; Bell.; Bry.; Carb. v.; Caust.; Chin.; Con.; Eup.p. ; Gel.; Lach.; Nit. ac.; Nux. v.; Pul.; Rhus. t.; Rut.; Sil.; Sul.

Stitching : Bry.; Kali. c.; Merc.; Nit. ac.; Rhus. t.; Sil.; Spi.; Sul.

Tearing : (very severe) : Acon.; Arn.; Bell.; Calc.; Carb. v.; Caust.; Chin.; Lyc.; Merc.; Nit. ac.; Plat.; Pul.; Rhod.; Rhus. t.

Throbbing (pulsating) : Bell.; Bry.; Calc. c.; Glo.; Phos.; Pul.; Sep.; Sul.

MODALITY

| | Aggravation | Amelioration |
|---|---|---|
| Periodically : | Ars.; Chin.; Eup. pf.; Nat.m.; Nux.v., | Bending: Calc.; Colo.; Mag.p.; Rhus.t.; Sep.; Sul. |
| At same hour : | Ced.; Chin.; Saba. | Change of position: Ign.; Rhus.t. |
| Alternate Day : | Chin.; Nat.m. | Hot application: Ars.; Hep.; Mag.p.; Rhus.t.; Sil. |
| Clothes, Pressure of : | Lach.; Lyc.; Nux.v.; Sil. | Lying: Bry.; Nux.v. |
| Lying : | Ars. Aur.; Caps.; Cham.; Con.; Dros.; Fer.; Hyos.; Lyc.; Plat.; Pul.; Rhus.t. | On abdomen: Bell.; Colo.; Med.; Phos.; Psor.; Sep. Motion: Ars.; Aur.; Caps.; Con.; Cyc.; Dulc; Euphor.; Fer.; Flu. ac.; Pul.; Rhod.; Rhus.t.; Saba.; Sep.; Val. |
| Pressure : | Agar.; Bar.c.; Carb.v.; Cina.; Hep.; Iod.; Lach.; Lyc.; Nux.v.; Sil. | Pressure: Bry.; Chin.; Colo.; Ign.; Mag.p.; Pul.; Rhus.t.; Stan. |

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Kent: Repertory.
Nash : Leaders in Homoeopathic Therapeutics.

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## DIFFICULTIES IN HOMOEOPATHIC PRACTICE *

Dr. K. P. Majumdar B.Sc., D.M.S., Bombay.
Lecturer, Bombay Homoeopathic Medical College.

When I was studying in the medical college, I did not realize that there would be so many difficulties in practice.

I propose to discuss them here to see if some of you can help me. I shall classify the difficulties into 3 broad categories :

(1) Difficulties from the patient's side,
(2) Those from the doctor's side,
(3) Those from the pharmacist's side.

*The Patient* : Patients can be grouped under two headings. Those who have some idea of how the homoeopath takes the case and the others who come from the allopathic doctors.

In the Calcutta hospital, I have seen even children giving symptoms of homoeopathic value. This is not so in Maharashtra because this science is new here. The majority of patients do not understand the necessity for the subtle and awkward questions we ask and, therefore, are unable to provide the answer so that it becomes difficult for us to prescribe.

The second point is that homoeopathic treatment may aggravate. For example, when, a case of suppressed skin disease

* Talk given at the Clinical meeting of the Govt. Homoeopathic Hospital, Bombay, 11-2-1962.

comes to us, and we inform him that his original eczema or his other old symptoms may return, then the patient dislikes this prospect. Sometimes even if he feels better, he stops coming.

The time factor also comes in our way. Patients want very speedy relief. So we may have to resort to palliation. If your Materia Medica is very good, then you can hit the remedy and cure but if the patient does not give symptoms, we can't help. Sometimes, he is not in a position to believe in the efficacy of the small doses as he is used to taking much bigger doses from allopathic doctors.

I had the pleasure of working under Dr. B. K. Sarkar, Dr. B. K. Bose, Dr. J. N. Sarkar etc., and I may give one instance of speedy relief.

I myself slipped and fell down and got a swelling in the arm. Arn., Rhus tox and all other routine injury remedies were tried but failed. There was severe pain. The surgeon had said that it was only a torn ligament. Dr. B. K. Bose, whom I consulted, prescribed Ham., 6X, one dose; by evening to my greatest surprise I felt better and by next day I was 50% better. In one more day I was completely well. Even the minimum dose gives maximum relief.

The fifth point is the question of external application. Patients desire and expect to have external application. Some innocuous ointment has to be given. Sometimes these ointments even help psychologically. Once a patient had the delusion that he had eaten a lizard and started losing weight. No treatment or advice helped. My uncle admitted him in the hospital and we brought before him a dead lizard and convinced him that he had passed it in his stool. He then improved and became completely well. This is the effect of suggestion.

Concerning the physician, Hahnemann has said that three main difficulties may arise. The young homoeopath may (a) think that the dose may be too small, (b) repeat the medicine too frequently, (c) may not know how to wait intelligently. Sometimes in a possible surgical case, we are not sure whether to wait or to send it to the surgeon. In a case of diphtheria or tetanus, we are afraid to treat for fear of failures and so we may send to the allopathic hospital.

Too much reliance on repertorisation may be a fault. Repertorising in acute cases may rob us of our knowledge of Materia Medica. In chronic cases selecting different rubrics may give us different remedies. Personally I would not like to repertorise. I may be wrong in repertorising. In Calcutta, repertorising is not much appreciated.

One college Principal at Calcutta who was highly qualified in allopathy, used to prescribe much on pathological symptoms. This is not quite good.

Concerning prophylaxis, definite data are not available. We have no statistical data. I do not know how and when to give the prophylactic remedy. We are, therefore, worried whether we should take up the responsibility of giving homoeopathic prophylactic remedies as against well tried allopathic methods.

*The Drugs* :—We have to totally depend upon the Pharmacists. If the remedy fails, we do not know whether it is the prescription that failed or the drug that was wrong.

Sometimes there is a characteristic picture of a drug. e.g. Nux vom., but Nux vom., may not help the case. Is it because there may be some other drug that

is similar to the Nux vom., so far not yet proved?

Such and numerous questions and problems await solution by frank discussion and research.

DISCUSSION

Dr. Pai : About homoeopathic aggravation there are such varied opinions that we cannot make out the truth. I have tried single doses and repeated doses and I feel that some cases come round quicker with repeated doses, especially skin cases. I have not found so much aggravation even when I have repeated the doses for months. Sometimes the aggravation may be due to disease and not due to medicine.

I have given Nat. mur. in headaches and even there have not found any aggravation, though the books warn us not to give Nat. mur in such a stage.

There is no harm in giving Placebo if the patient requires it. We can give coloured powders or in coloured packets also.

No one should depend upon repertorization. Repertories should be used as reference books only because we cannot remember all the symptoms of all drugs. About drugs from pharmacies, greedy pharmacists may supply any potency of any drug, even those not really available.

In course of time we may be able to analyse the energies of the homoeopathic potencies and label our potencies with the actual names of the energies. Regarding pathological prescriptions, there is nothing much wrong because we are also unconsciously thinking along these lines. For e.g. many doctors prescribe Bell. in high fever. I think pathological indications are very important. I feel that if we develop these indications more, it would be very helpful. Such research is more urgent.

My own difficulty is this : We must cure more acute cases and then only we can earn a name, for example, Typhoid, Pneumonia, Gastroenteritis. What are the remedies we have got ? Very often our cases recover naturally and not through our treatment.

We have been repeating what Hahnemann wrote but we do no research at all. We treat cases for years. The potency, repetition etc. are all not standardized.

Dr. Pereira : A case of appendicitis was treated by me sometime. He felt much better. One day he had a sudden attack of pain; he was operated and the appendix showed a healed lesion.

About repertorization, a patient, a football player had numbness of the arm, with a history of an injury; he was cured by Kali c. selected from the repertory. Dr. Grimmer has written a series of articles on prophylaxis.

Dr. Subhash Shah : Research mainly consists of bedside experimentation. Difficulties about acute cases have been experienced. Dr. McKillop of Royal London Homoeopathic Hospital cured a case of ruptured appendix with Peritonitis with Ver. a. Dr. P. Schmidt cured a similar case with Arnica.

Dr. J. N. Sarkar saw a case of Diphtheria, took a swab and sent it to the laboratory. He then gave Merc. Cyan. The patient was 50% better by the time the report came as positive.

We also get failures. In a case of congestive cardiac failure, the patient was given Phos. but he collapsed in half an hour. The benefit depends upon the similitude we get. The difficulty is to know whether the drug is the simillimum. At times we are sure of our selection and yet we may fail. In acute cases, it may cost lives.

Dr. Stearns has developed the pulse, pupil and percussion methods of drug selection. Such methods may help homoeopathy much.

If repertorization is done mechanically without knowing the spirit of the drugs, it may misguide but if you know it is not the end but the way, then it may be very useful. Dr. Kent has taken greatest care to prepare his repertory from most reliable symptoms.

Dr. Pai :I remember a case of acute appendicitis which was cured by Bell: 10M within 10 hours. This case was seen by Dr. Sankaran also. Similarly many other cases have been cured. I have seen several successful cases of Diphtheria, Encephalitis, typhoid etc.

Dr. Shaikh : What palliation can be done when the remedy is not clear ?

Regarding dummy ointments, sometimes the patients think the cure is due to the ointment.

Dr. Sankaran : I must thank Dr. Majumdar for giving rise to an interesting discussion. He is a very intelligent and progressive homeopath and the points raised by him require consideration. I shall contribute some of my own thoughts regarding these problems.

The homoeopathic aggravation is unfortunately a much misunderstood subject. The true homoeopathic aggravation is a very mild and almost imperceptible increase of the symptoms. But even in spite of this slightest aggravation, the patient as a whole feels better. He may say that all his symptoms are worse and yet he feels better. In other words, a sense of improvement or wellbeing is the first to appear as a reaction, though it is accompanied by a little mild aggravation of symptoms. An improvement thus starts in the mind and is a very healthy sign. But unfortunately most violent aggravations, arising from wrong remedies and wrong potencies and even the exacerbations of the disease are labelled as homoeopathic aggravation, with the result that the patients in general have come to dread the so-called homoeopathic aggravation. I must say that in my experience and in the experience of my many friends, such violent aggravations are extremely rare.

Secondly, Dr. Majumdar said that patients may dread reappearance of the old symptoms. Here again there is a misconception. Where the treatment has been correct and the improvement on proper lines, the new set of more troublesome symptoms are replaced by the old set of less troublesome symptoms. For example, the patient of Asthma with the history of skin disease may feel better in the Asthma and get back the skin conditions. Similarly a case of headache may improve with the reappearance of an old nasal discharge. In all these cases we will have to remember that the patient feels better with the reappearance of the old symptoms. If the patient does not feel better, reappearance of the old symptom is not

indicative of real progress. Therefore, really there is no need for any patient to dread the prospect of a reappearance of the old symptoms.

The third point in our favour is the fact that generally speaking almost all cases which come to us, the patient has tried and exhausted every possibility and comes to homoeopathy as a last resort. Therefore, he does not know where else to go after our treatment. Coming to the interrogation of the patient, I have found that the most experienced homoeopaths do not ask as many questions as we do. They fill up the gaps more by observations and imagination. I know some doctors who ask very few questions and yet are very successful in selecting the remedy.

As regards the smaller doses, again I beg to differ from Dr. Majumdar because once the patient comes to us he is prepared to give a trial for some time, a week or two, with or without the faith in the smaller doses. Only when we fail to give relief within this period he starts losing faith. As regards the low potency, I may mention a case of chronic headache treated with Nat. m. I prescribed Nat. m. 6th potency of the 50 millisimal scale. By mistake the patient was given only Nat. m. 6th potency and yet relief was so great that I was much surprised.

About the repetition of medicine, I must mention, that some physicians wait too long. I knew one illustrious doctor who used to wait upto one month even if the dose did not act. I think this is carrying the idea to the extreme. Dr. Subhash Shah has already mentioned about the limitations of the repertory. I may add that I would not like to be without a repertory even for one hour.

About the doses and repetition of prophylactic remedies etc., Dr. P. Schmidt has given directions in a paper read by him in the International Congress at London in 1936. Dr. Grimmer has also read several papers on the subject.

Unfortunately some of the pharmacies in our field do not realize the great responsibility that they are shouldering. While deceitful pharmacies may be few, careless dispensers are many. I may give you a very interesting experiment done by certain homoeopaths in the U.S. around the beginning of this century. They wrote down a list of remedies. Some of the remedies were genuine, some were completely fictitious in name. This list was sent to several pharmacies and many of them supplied, even the fictitious remedies! The question of dependability of symptoms is coming up and I must again refer to Dr. Pulford's valuable book in which he has graded the symptom in a most efficient manner.

I thank you all for the discussion.

## SELECTION & INTERPRETATION OF SYMPTOMS *

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

Homoeopathy is a most interesting and sometimes intriguing science. As we study the Materia Medica, our mind is impressed by the drug pictures given. Some times we have a thorough idea of the drug picture but when we practise we are faced by the fact that only a few cases come before us with all the characteristic symptoms of the drug. Many cases appear only with a few characteristic symptoms, sometimes with only one or two, and in these cases we have to select the drug by inferring from the available picture what is hidden. As we practise more and more, we realize more and more the value of selection and interpretation of symptoms. In this respect my experience has been very varied. I have had opportunity to consult several eminent homoeopaths for several cases and I have often been surprised or even puzzled at the way in which different prescribers have laid emphasis on different symptoms of the same case. Even though we are all agreed that we prescribe on the 'symptom-totality', this totality of symptoms seems to mean different things to different persons. In this totality, we naturally do not include in practice everything that is present. We omit certain details and lay emphasis on certain other details. In this omitting and putting emphasis, there seems to be differences in the approach of different homoeopaths. For instance, I may tell you that I have prescribed in many cases giving importance to certain symptoms and when I have taken these very same cases to a senior homoeopath, I have found that he has rejected those very symptoms which I had considered most important. To quote an example, when I find strong desires and aversions I give great importance to them whereas the senior homoeopath does not give so much value. I shall now quote some cases to illustrate my points :

(1) I once saw a case of a married young man aged 25 who was suffering from recurrent attacks of epididimo-orchitis. The peculiarity of this case was that as long as the man lived with his wife he had no attack at all. When he left his wife and came away to Bombay, a month or so later he would start getting attacks which would become more and more frequent. The attack itself would subside if he got a seminal emission. He consulted several doctors but they could advise him nothing beyond penicillin injections for the attacks. When he came to me I took the symptom "Ailments from suppression of sex desire" as the main symptom and on this basis I prescribed several drugs like Staph., Con. etc., all without producing any relief. Ultimately this patient went to another doctor who prescribed for him Lach. interpreting the symptom as "Discharge, Amel.' and cured this case. This case illustrates the results of a slight difference in the interpretation of symptoms.

(2) I may give you another case of a doctor aged 45 who used to suffer from certain symptoms like discharge of black blood from the nose etc., which required Lach. from time to time but when Con was given because he was remaining in a single-blessed state, there was great relief in general.

* Discussion held at the Clinical meeting of the Govt. Homoeopathic Hospital, Bombay, on 11-3-1962.

(3) Another case of skin disease was treated by me. She had all the symptoms of Sul. such as itching, worse by heat, worse by bathing etc. but Sulphur did not help. When the patient casually mentioned that she gets palpitation after bath I found the drug Amm. carb. to be her remedy which gave her tremendous relief, in all her symptoms. But for her mentioning this symptom, I would have missed the whole case.

(4) Another case with several symptoms of Lyco. did not improve under Lyco. But one day the patient mentioned the symptom that he gets a pain in the heart before, during and after urination. This symptom on reference to the Kent's *Repertory* (p. 850) pointed out to Lith. which gave lot of relief to all his symptoms.

(5) Recently, we had a case of convulsions in a child aged 2 years with screaming before attacks, grinding of teeth, paralysis of lower limb, squint and bluish discolouration of face during attack. We prescribed Cup. acet. with partial relief but the senior homoeopath when consulted changed to Aeth. because the patient could not hold up head. This drug gave great relief.

(6) Asthma in a boy since infancy. He was prescribed Nat. m. because as an infant he did not cry when he was born. This drug gave prolonged relief.

I am not trying to confuse but I merely want to say that whereas in many cases by orthodox prescription, I have failed, other homoeopaths have succeeded by unorthodox prescribing, and also vice-versa. So my object in speaking these words is merely to stimulate a frank discussion about the selection and interpretation of symptoms.

DISCUSSION

Dr. Pai : Today's subject is very important. Because of lack of understanding, we fail often. We can see what Hahnemann has said. He has said that we must always pick out the strange, uncommon, characteristic symptoms. Probably he meant the symptom peculiar in the disease. For example, in asthma almost every case is restless, worse at midnight, anxious etc., indicating Ars. but we fail with Ars. because these symptoms are common in the disease. As Dr. Weir said and Dr. Schmidt repeated we must take "the minimum symptoms of maximum importance". Take a patient with aversion to milk or agg. from milk, it becomes important. But in a child if aversion to milk or agg. from milk has appeared during the illness, then only it is important. I do not think congenital defects can be corrected by homoeopathy. Homoeopathic reports unfortunately deal only with successes.

I remember a case of Rheumatic fever, a very fat patient with anorexia, thirstlessness etc. I gave Puls. He felt better; at the end of a month he was quite well. But I cannot take credit because as you know, cases of rheumatic fever would have come round anyhow in 2 weeks. Very often nature cures and our prescription may not have helped.

A boy of 9 years, had attack of Tetanus. After he was cured, he became very rowdy, became irrational, wild, would unstrip and run round; would cry, spit and curse, and wanted to be carried. I gave Hyos. 30, 200 and 1M, with no improvement. But he was cured by Cham., based on the last symptom.

A child of 11 years with eczema all over body, worse by bathing, enjoyed bathing — Psor. cured.

A patient was craving for pickles. Hep. sul. cured the case.

In the case of Orchitis, the peculiar symptom was the amelioration by emissions which led to Lach.

I remember a case of a child of 21 months with convulsions. Because the child was rickety, Calc. c. 200 was given and it cured. Aethusa is more a remedy for encephalopathy than for Tetanus because the eyeballs are turned downwards.

When children do not cry after birth, it may be due to intrauterine trauma or asphyxia.

Dr. Havewala : We have an important subject for discussion. I know that success lies in getting at the proper symptoms and interpreting them correctly. I had a lady patient who did not want to cover her body. I gave her Murex because she did not want anything to touch the pudenda. She wanted her legs crossed even when lying down as she felt the contents would extrude.

In children, the objective symptoms have to be carefully interpreted. One who interprets correctly is more successful.

Dr. Sarabhai : Today's subject is very peculiar. The difficulty about Homoeopathy is that we are forced to individualise. This is the essence of homoeopathy. We have accepted that it is not possible to go to the root of the matter and we have to visualise the whole from what is visible. We have to take also the past. In the totality we have to see that there is no contraindication. Regular research is required into these things. Then only homoeopathy will grow.

For example, the shortest totality I have read of is that slow pulse with jaundice is the totality of Dig. Our knowledge depends upon several things.

I would give much importance to stages like Dentition, Puberty etc. I feel that we should go to the beginning of the case and we must standardise the practice, though this idea may be apparently against homoeopathy. We have to go behind the symptoms. This is also very risky and requires very much experience. In case of dentition, you may give Cham. and get good results. Grap. has aversion to sweet and salt. But there was a case of gastric ulcer cured by Grap. who always craved for sweets. We must study all cases cured and collect all the symptoms. Every case has to be studied in its own way and has to be interpreted in its own way. After talking a lot about the totality, still we would find that we are nowhere.

They say that Homeopathy is slow. The actual truth is that we are slow in selecting the correct remedy, once it is selected the action is quick.

It is a pity we do not study the symptoms from the original sources e.g., Materia Medica Pura. We thus miss many valuable symptoms.

It is not possible for us to come to any conclusion except that we have to individualise each patient.

I have seen Thu. giving much improvement in many cases but I have never come across the peculiar sweat of Thu. Dr. Burnett did not go too much by the symptoms but yet he was very successful. We may even gradually work out specific remedies for specific conditions, for example, in pneumonias, Bryo. is usually very successful.

In the first case quoted by Dr. Sankaran I would have also given Con. but since he was better on Lach., we must find out if he had relief from any other discharge. When we place too much emphasis on

Keynotes, we may fail. You cannot cure a case of Tub. with Bacill. if he has taken quinine. You have to antidote the quinine first.

When we give Psor. or Sul. to produce a reaction, we have got some basis because Psor. and Sul. have a wide range and symptoms. I do not agree with Dr. Kent that every patient will require only a single drug. This is contradicted by the need for Trio drugs e.g., Sul-Calc.-Lyco.

Even failure of our prescriptions should throw some light. In every case the causative factor must also be taken into consideration. Very rarely the patient's symptom picture is completely filled in by a drug.

Dr. Pai : In the first case this patient was clearly suffering from sexual suppression. Regarding Graph., desires and aversion are not final. Grap. has also burning in abdomen better lying down. By the way why do you say Ars. is not antisycotic?

Dr. Sarabhai : Just because some things are explainable we need not ignore them. A case of Diabetic gangrene was very slowly improving on various drugs. He had a great craving for sour things. On Phos. he improved immediately.

Dr. Pai : It may not depend on its unexplainable nature but its uncommon occurrence.

Dr. Sankaran (replying to the discussion) I thank all the members for the interesting discussion. But I am afraid that the point that I have been trying to stress has been practically missed by every one. If I may repeat or make it clear, I want to mention that we all agree to prescribe on the totality of symptoms. So far the actual totality is made up by certain peculiar and characteristic symptoms. Which symptoms are to be taken as peculiar and characteristic is of course explained in the books, but in actual practice we are very much guided by our experience. Therefore, the new prescriber or student becomes greatly confused and I feel that unless we lay down certain standard procedures, the student will not be helped very sufficiently. Of course, we can tell the student that you have to individualise every case but that does not take him very far.

To give you an example, we are three honoraries, and the batches of students posted in the hospital attend our out-door and indoor work. They ask me sometimes that how is that when the very same patient is seen by different honoraries, we tend to give emphasis to different symptoms in the same patient and thereby we tend to select different drugs for the same patient although we all swear by the totality of symptoms. It is with this view, to answer this problem that I had today initiated the discussion. I am afraid we have only gone round and come back to the same point. Therefore, I propose that we adjourn this discussion and meet and discuss this same subject after one or two years to see if we have become wiser in the meanwhile.

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## A MOST INTERESING CASE THAT I HAVE SEEN *

(I)

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

I must first explain the idea of this symposium. Many of us are treating many cases, some of them most interesting but homoeopathic practitioners being mostly lazy, such cases are not recorded with the result much of these experiences go simply unheard of. Therefore, I feel that from time to time we must organize such symposia so that each person can contribute a little from his experience which could be stimulating or thought provoking.

Now today's subject is 'A Most Interesting Case that I have seen'. What do we mean by 'A Most Interesting Case'? A case can be interesting from several points of view, from the point of view of diagnosis, from the point of view of symptoms, or from the point of view of the disease or the prescription. Therefore, it becomes very difficult to generalize and say that such and such case was the most interesting case that I have seen. Each case can have some interesting aspect.

Now I shall describe one case and I shall select an acute case. Because there is a notion that homoeopathy is fit only for chronic cases, less number of acute cases come to us. They go to some allopathic doctor and take some penicillin or some such drug and they come to the homoeopath only when they do not find relief or when they find only temporary relief.

In the beginning of my practice, I was practising in a suburb of Bombay. One day two or three persons came running to me and said 'Will you please come to our house as there is a serious case?' We engaged a taxi and reached a hut outside the city. It was a labourer's hut and inside I saw a man lying unconscious on the ground. The history was that over the last 48 hours he had been having vomiting and purging. He was vomiting 40-50 times a day with equal number of stools. As I was feeling the pulse trying to count it, I found it extremely fast and thready so that I could not feel it sometimes. The extremities were icy cold as also his nose and breath. I felt that he might die in a minute or two. It was in fact the most moribund case I have seen. I told the relatives of the patient that I was sorry this was too serious a case for me to handle and so I advised them to remove the patient at once to the Infectious Disease Hospital, for it was most probably a case of cholera. But they requested me to give some medicine which could be used at least till the patient was removed to the hospital. With no confidence or hope, I prepared one dose of Carbo veg. I told them to dissolve it in a glass of water and to give it to the patient one drop every second continuously. As soon as they reached the Infectious Disease Hospital gate, they were to stop giving this medicine and hand over the patient to the hospital authorities. I was practically certain that the patient would not survive till he reached the hospital. In fact, I felt that he might expire even before I left the hut.

This was in the morning. In the evening the relatives of the patient came to

* Symposium held at the Govt. Homoeopathic Hospital Clinical Society on 8-4-62.

me. I enquired of them how the patient was in the hospital. They replied that the patient was still in the house only, and had not been taken to the hospital. As you know, generally when we advise the poor patients to go to hospital, the more serious the case the more they avoid it since to their ignorant mind a patient who goes to the hospital will never return. So, as soon as I heard that he was not removed to hospital I was extremely upset and angrily scolded them. The relatives pleaded that I should at least listen to them before judging. Then they described that as I had instructed they put the medicine in a glass of water and started giving it drop by drop. In the meantime they telephoned for an ambulance. The ambulance reached them in half-an-hour. By that time the vomiting and stools had stopped. The ambulance driver told them that since the patient seemed slightly less serious, they could wait and see half an hour more. Accordingly they waited half an hour more. The man opened the eyes and asked for some water, drank it and retained it. The body regained some warmth. The ambulance driver then told them that he would go back but if the patient did not improve, they were to call him and he would come at once. But till evening there was no vomiting nor any stool. He took some liquid nourishment and retained that too. This was why he had not been shifted to the hospital.

In spite of all these details, I was still worried. Even now, I told them, if he gets any vomit or stool, he should be immediately shifted to the hospital. They were not to depend upon my powder too much. So saying I gave them one more dose of Carbo. veg. to be dissolved in water and given every 2 hours.

Next day they came and reported to me that the patient was quite well. When I heard this I was very much surprised. I expressed a wish to see the patient. But the relatives told me that I could not see the patient as being a poor man, he had gone back to work!

I cannot forget this case, wherein two powders of Carbo veg. dissolved in water apparently saved a man from death.

(II)

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

Before I report my case, I am afraid, I have to admit that as Dr. Sankaran has made a general remark, I have been lazy too.

An old man had come to meet his daughter because he had to go to Pakistan. It was 1949-50 – after my return from U.K. He had come only for a short stay. He had developed just one crack between the toes and leg had swollen up. The leg had become discoloured, blackish. He was running temperature also. But when I went there the man was sitting. I asked him, "Do you feel worse by hot or cold?" He said he liked a little warm water. There was slight burning. I asked "Do you keep any record of the temperature?" He said "No". I found there was aggravation at noon time, in chilliness. I could not get even one key symptom. So I questioned him again and again and I got three symptoms :

> Pain is like burning but not very much.

At noon agg. of temp. and the patient is slightly chilly.

Had been advised amputation, so since then he has become little more restless.

It looked like a well known remedy but it would not fit in. There was something of Ars. picture but not complete. That reminded me what my professor used to shout. "Remember Rhus tox when Ars. seems indicated but does not fit in." I had never heard about Rhus tox given in a case of gangrene. In any case I thought it is not a case worth taking up. They asked my opinion. I thought I would be losing my reputation by taking up this case (though I had no reputation then since I had just started practising). If I took up this case, I will have to take up the responsibility but if I succeeded the patient might be able to retain the whole leg. The patient said, 'I will retain the leg if I can, otherwise I prefer to die.'

I took out six doses of Rhus tox and asked him to take them. I asked them to inform me about the condition the next morning. The information never came. I was hesitating whether to visit the patient or not. However, I went there. The report was that the patient had slept well, the swelling had subsided. He said he was a little more comfortable. He wanted to continue the medicine. I gave S. L. Later on I had to give him, Sulphur 200, one dose and Rhus tox 200, one dose, before he was completely cured.

## III

Dr. C. C. Desai, M.B.B.S., D.M.S., M.F. Hom. (Lond.),
Hon. Physician, Govt. Homoeopathic Hospital, Bombay.

My case is interesting in one sense that it is a condition for which even in this advanced modern age, no drug has been found.

A boy of 15 had haemophilia. It is a family disease. The case did not come to my clinic nor the patient was at his residence. He was in a nursing home. The boy was lying in bed. There was a big bandage. The diameter of feet had become one more inch. I was told that when he was born, he was circumcised. All Muslims do this operation. The small boy had then bled for 3 days. This happened at the age of one year. One year later he fell down and had a bleeding from the nose which continued for 2 days. Calcium injections were given but the bleeding had continued for some days.

I saw the case on 30-12-1961. About two to three weeks earlier, he had some injury and had developed a bleeding wound. In the beginning an Allopathic doctor was attending on him. He incised the wound and took out the haematoma. He started bleeding continuously. So they had to dress daily. It became more and more and the wound became septic. Blood transfusion had to be given. They still widened the wound. When I went there on 30-12-1961 I could not see the wound because the wound was covered. So I asked the Sister how is the condition. The Sister told me it is a very terrific wound. Blood transfusion had been given and they were thinking of amputation on next evening. I was not sure if this case could be treated. We have certain drugs to stop this bleeding. I told them if I were to treat the case it will have to be shifted to home. They also agreed to take the case to home. So I started

treating on Saturday evening. I prescribed Phos. 10M, 8 doses, 4 times in a day. There were no characteristic symptoms. One point was that he had one sister who had tuberculosis.

On Monday (1-1-1962) I went to the patient's home. I started undressing the wound. I took out 20 to 30 feet of bandage. It was about 6-15 p.m. and I thought it will become 8 p.m. and still I will not be able to take out the full bandage. The next day another M.B.B.S. doctor came to help. Phos. 10M was continued. Wound was 10" long. Again continued Phos. 10M. Every alternate day dressing was done. I started then Arnica 1M, 4 doses and Phos. 10M, 2 doses. Within 7-8 days, he started feeling better. When we allow nature to cure it makes wonder. Within two-three weeks, the wound became very superficial.

I had to give him later, Caust., Silicea and Nit. ac. I gave some Calendula in potency and in the end Calendula ointment. Within one month practically the case cleared up. In the month of February he came walking to my clinic. The clotting time had been 11-12 minutes when I saw him first. It had once gone up to 22 minutes (normal is 8 minutes). After treatment, the clotting time has come down to 2 minutes, 68 seconds by 22-2-1962.

## IV

Dr. P. N. Pai, Bombay

We have heard one case of Cholera dying cured by Carbo veg., one case of Rhus tox and another case of Phos. A case can be interesting in many respects and in many aspects. A case is worth reporting for which a remedy has been logically selected, properly administered and properly managed and cured and where the case remained cured after two years. We must also admit that nature is the best physician because she cures three fourth of the diseases.

A patient of 28 years from Poona came for treatment. He was suffering from mental imbalance and he had some fear of cancer. He usually did not work much. Wife was healthy. After getting 2 children he became sick, became violent, beat his wife, did not talk to wife, would not talk to any one, did not like company, and became religious minded. In Poona doctors who were treating him could not diagnose the case. He was quite normal—physically. He was afraid to talk to any one — even to his own mother and sister. He said 'I have got two children, I have no money, I am depending upon my parents for everything and that is why I do not like my wife". On enquiry he admitted that he had abstained from sex for two years for fear of getting children. I advised him to follow a normal sex life and gave him some Placebo. This cured him.

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## RELATIONSHIP OF REMEDIES

Dr. S. P. Koppikar, B.H.M.S., Madras

Every drug in almost all our textbooks on Materia Medica has a paragraph devoted to it detailing its relationship with other drugs. In that paragraph, some drugs are mentioned as "antidotes", others as 'complementary' or "compatible" and some again as "incompatible" or "inimical". Clarke in his *Clinical Repertory* has tabulated these related drugs and has added other columns like "follows well", "followed well by" and also "natural relationships" to these tables.

It would be interesting and instructive to see how these lists have been prepared, and to investigate the basis for regarding a certain remedy as antidotal or complementary to a certain other remedy? Several questions also arise in regard to this matter. After administering a particular medicine, when a change of prescription becomes necessary, should we necessarily refer to these lists and then only select the appropriate drug that is supposed to follow it well? Should we invariably avoid the medicine listed as antidotal or beware against giving those listed as the inimical ones? Unless we ascertain and comprehend the basis for arriving at these relationships, we shall not be able to develop and add to these lists but we shall have to be satisfied with the existing ones prepared so carefully more than fifty years ago, making a mechanical selection from these lists which may encourage a tendency to routinism. The several blank columns of Clarke's Tables of Relationships have yet to be filled in The numerous drugs introduced by or in common use in other systems of medicine require to come into these lists, so that we may know at least their appropriate antidotes for us to use as "wall-breakers" when patients under these systems come to the homeopaths for treatment.

We shall first define a few terms used in denoting relationships: (1) Antidote: is defined in *Oxford Dictionary* as a medicine given to counteract a poison or a disease. In our literature we use "antidotes" to counteract, minimize or moderate the overaction or undesired effects of a drug either during a proving or during its therapeutic use. (2) Complement: that which continues or completes the work of the medicine already given, (3) Compatible: able to co-exist; that which can be used along with.

Naturally we expect that a complementary medicine will be also compatible.

(4) Incompatible or Inimical: is a medicine which will harm the patient or increase his sufferings, or spoil the case, if used immediately before or after the medicine under consideration.

We shall first take up the antidotal relationship for detailed consideration.

### ANTIDOTAL RELATIONSHIP

Perhaps the first relationship discovered and made use of by Hahnemann was the "antidotal" one, as antidotes to drugs were very urgently required while he was proving them. When a particular drug acted too violently to control its overaction was an important and urgent problem. Again, in the early years of his homoeopathic experiments before he had discovered, by necessity, his later system of diluting and potentising his medicines, fairly severe aggravations must have been common. Methods or drugs for the relief of these aggravations naturally had to be worked out, strictly on the basis of the Law of

Homoeopathy — "A weaker dynamic affection is permanently extinguished in the living organism by a stronger one if the latter, (while differing in kind) is very similar to it in its manifestations"[1]. In the *Organon* he divided diseases into natural and artificial (drug) diseases and dealt mostly with the cure of the former by the administration of drugs capable of inducing similar disease effects. If a natural disease could be removed by a similar artificial disease (drug or drug effects), there was no reason why one artificial disease, produced during the proving of a drug, could not be removed or moderated by another similar artificial disease (i.e. drug effects or drug). So, the troublesome symptoms produced by the drug were noted down carefully and a search was made from available provings for a similar remedy which was given to remove them.

Before proceeding further, it may be emphasized here that "Symptom Similarity" is the only basis for all the comparisons and all antidotal relationships of medicines. Still medicines are seldom completely similar to one another in all respects and in all regions of the body. There are some medicines, however, which though of different kind or origin (vegetable, mineral and so on) are very similar in their main spheres of action. Teste[2] who had a profound knowledge of the materia medica, arranged these similar medicines under 20 groups, e.g., Arnica group, Mercury group, Pulsatilla group and so on. In his *Text Book* he not only gives symptoms common to drugs in the group but also the subtle variations between them. Medicines in these groups, besides being complementary as suggested by Teste, are likely to have an antidotal relationship to one another.

Now, in our practice we are required sometimes to antidote our high potencies, administered for therapeutic purposes, when they cause severe aggravations. As a rule, we should allow these aggravations to pass off by themselves. But if a high potency, 1M and above, of a deep acting remedy results in a prolonged reaction with final decline of the patient[3] a suitable homoeopathic remedy preferably of the vegetable kingdom, and of the drainage type* should be administered as an antidote and repeated in the lower potencies until the patient is well recouped. Many a time such aggravations can be made milder by one or two doses of a low potency of the same medicine.

There are occasions when our medicines used in low potency repeatedly and for long periods, as advised in some books on "*Domestic Treatment*" give rise to troublesome ailments which persist and tend to hinder proper treatment. In such cases it has been found that they yield to the action of high and very high potencies of the same medicine. Stuart Close[4] has said "It is a fact that the high potency of a drug is sometimes the best antidote for the effects of the crude drug."

Nowadays our biggest problem is to undo the suppressions and damage that are caused by the very powerful drugs of the other schools. Especially when the hormones, antibiotics etc., are used in large

* Drainage : The French homoeopaths feel that when constitutional medicines or nosodes are given, the discomforts and aggravations caused are due to non-elimination of toxins released by the medicine during its curative action. They have suggested that even *before the administration* of the powerful high potency of these medicines, some special medicines which have the quality of helping the eliminating organs, should be administered. These remedies are designated "Drainage Remedies".

tolerated doses, either the body is unable to eliminate them completely so that they leave their stamp on the economy of the patient, or they deflect the vital force from its normal functioning, for life. In the *Organon*, Hanhemann has drawn a very gloomy picture of similar cases. After describing the dangers of drugging by medicines in use in those days in Section 74, he says in Section 75 "These inroads on man's health effected by the Allopathic (non-healing) art particularly in recent times are of all chronic diseases the most deplorable, the most incurable and I regret to add that it is apparently impossible to discover or to hit upon any remedy for their cure when they have reached considerable height." It is true that in Hahnemann's time drugs were administered in massive, toxic or even lethal doses, but present day drugging though different in nature is similar in effect. Now the drugs are infinitely more subtle and penetrating; they are injected directly into the blood; they are extremely complex chemical substances their number multiplying daily, the dose of each one of them just stopping short of the maximum tolerable dose. Should we not feel that the situation for these patients is more hopeless ?

But I think that the later experiences of the disciples of Hahnemann have placed new tools and methods in the hands of homoeopaths for combating this evil, so that there is some hope for the hopeless. I refer to the development and extension of the idea of "Isopathy", and the technique of potentising medicines to very high stages.

In *Organon*, Hahnemann has in a way ridiculed the idea of Isopathy (Section 56, footnote), which according to him was treatment by "Identical" disease product—including the largeness of the dose or infection. Actually, Isopathy should mean only the treatment of one disease by the identical disease product—the dose not coming into the definition. It looks absurd to treat a particular disease by the same disease product. But potentising alters the disease product in such a way that it acts like a homoeopathic remedy. Nosodes when used for the cure of the identical diseases in high potencies are given on this principle — Isopathy. And when we give, say, a very high potency of Mercury to cure or counteract the bad effects of mercury poisoning or overdosing, this again is on the same principle.

So, now we can say that there are two ways of antidoting these conditions open to us as a result of modern experience. One is to find a homoeopathic (similar) remedy indicated by the symptoms produced by the drugs. Usually in the medical journals and other literature supplied by the manufacturers the curative effects as well as the harmful symptoms produced by over-dosage or as side-effects are mentioned. These symptoms added to those produced in various patients should be collected carefully by homoeopaths and studied for this purpose. By the collective experience of a number of close observers in the homoeopathic profession coming together, standard antidotal homoeopathic remedies for most of the common drugs of other schools can be determined.

The other way of antidoting the deleterious effects of such drugs is through the administration of high potencies of the same drugs, in *infrequent* doses.* These

* It is high time the leading Homoeopathic pharmacies potentise the commonly used drugs like the Sulphas, Penicillin, Streptomycin, Cortisone and others right up to CM. I am sure there will be a good demand for these potencies, as every good homoeopath is likely to need them more and more in years to come.

antidotal doses can be interpolated during the course of treatment between the otherwise indicated remedies, especially in chronic cases. In this connection mention must be made of the experiments on the elimination of Sulphur by Dr. Bier,[6] and of Arsenic and Bismuth performed by Lise Wurmser.[7] Is it possible that this is the *modus operandi* in the antidotal treatment by Isopathic high potencies ?

Another problem of antidoting arises when the drug has been imbibed in very large doses (poisoning). In these cases the main idea of treatment is two-fold. Firstly we try to eliminate the poison from the system by stomach wash or purgative or we try to neutralize them by means of chemical antidotes and secondly we try to protect the patient from being overpowered by its toxic effects by means of equally powerful drugs with opposite (antipathic) action, e.g., stimulants for narcotics, sedatives for brain irritants etc. Hahnemann[8] advises — "Only in the most urgent cases, where danger to life and imminent death allow no time for the action of a homoeopathic remedy, . . . it is admissible and judicious . . . . to stimulate the irritability and sensibility (the physical life), with palliative, as for instance gentle electric shocks, strong coffee etc. To this category belong the various antidotes to sudden poisonings, alkalis for mineral acids, Hepar sulphuris for metal poisoning, coffee and camphor for opium etc." Standard books on pharmacopoeia of the 'allopathic system' usually devote a chapter to poisons and their antidotes. After the physio-chemical and antipathic measures have accomplished their purpose, the residual dynamic after-effects of acute poisonings have to be removed by antidotes homoeopathically selected.

Of all the drugs used as antidotes the most unique is Camphor. It is a short acting but powerful remedy. "It antidotes (homoeopathically) Cantharis., Cuprum, Lycopodium, Squilla, and the effects of so-called worm medicines, tobacco, bitter almonds, and other fruits containing prussic acid; likewise for the secondary affections remaining after poisoning with acids, salts, metals, poisonous mushrooms etc. In most other cases, the smelling of Camphor is not antidotal, but palliative, by producing the symptom "pain better while thinking of it"[9]. So, a prover who is suffering much from some pain or other can smell or take a drop or two of camphor. As Camphor acts quickly, he feels relieved, because whenever he thinks of his pains they are better. Actually the palliation is quite short lived, and the provings can go on without much hindrance. Hering has made a clear distinction between the antidotal and palliative action of Camphor. Later writers however have simply represented camphor as a universal antidote and patients are warned against it, even against burning it on festive occasions as is done in Hindu temples.

Another quality of Camphor, its very strong and penetrating odour especially in the tincture or crude state has perhaps led to this belief. It can penetrate through the best corks and spoil the medicines in bottles kept in the same boxes. Kent[10] says, "The Camphor bottle is a great mischief in the house, as Camphor antidotes most of our drugs. A Camphor bottle should not be kept near your potencies; put it away in the other end of the house." Camphor in higher potencies has no such action and can be kept along with other bottles of medicines. It is, however, worthwhile verifying the truth of this statement by exposing a few bottles of potentised medicines to the fumes of Camphor, to see whether their medicinal powers are des-

troyed or not. Will Radiaesthesia be able to find this out ?

Kent[11] says that the patient of Nux Vomica is oversensitive to medicine. Suppose a person is oversensitive to a drug, may be as a result of a previous poisoning with it, and every time it is administered, he suffers too much, a dose or two of Nux Vomica will remove the "oversensitiveness" and allow the medicine to act normally. Clarke,[12] says "When 'all medicines disagree' Nux will often cure the morbid sensitiveness and other troubles with it."

In conclusion, the various methods in the field of antidoting may be summarised as follows :

1. In the case of acute poisonings, mechanical, physico-chemical and antipathic measures should be employed to save life. The residual dynamic disturbances have to be removed by homoeopathic medicine.

2. In the case of overaction of drugs during their proving or therapeutic use, the best antidote is a homoeopathic (similar) medicine. It is better if this is of a different kind or origin, preferably from another (mineral, plant or animal) kingdom. Every successful antidote must be added to the tables of relationships and reported in homoeopathic journals.

3. It is seen by experience that the harmful effects of a drug in crude form or low potencies are sometimes antidoted by high potencies of the same drug. Similarly low potencies often modify the overaction of high potencies. This suggests a way of attempting to antidote the ill-effects of the new drugs of other schools of medicine.

*(To be continued)*

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*FROM OUR CASE BOOKS*

## METROPATHIA HAEMORRHAGICA


Dr. (Miss) S. M. Nerurkar, L.C.E.H., Bombay

House Physician, Govt. Homoeopathic Hospital, Bombay.


Mrs. Z, aged 40 years, was admitted in to the Government Homoeopathic Hospital on 20-1-1962 with a history of bleeding per vaginum of three months' duration. She was highly anaemic and examination of the blood revealed that the haemoglobin was only 4 gms. (32%) and R.B.C. count 1.8 million per cmm. Gynaecological examination revealed uterus of normal size, easily mobile cervix, patulous,

There was no palpable tumour and both fornices were clear. The mucous membrane was markedly pale, the blood was coming out through the os. The bleeding was continuous, sometimes gushing. She had also a craving for ice-cold drinks and had sleeplessness.

*Origin, Duration, Progress*: Bleeding PV started 3 months ago, otherwise she used to menstruate regularly but profusely except one year back when once her period had lasted one month. Flow bright red partly clotted, partly fluid and can be washed easily. Painless flow, not offensive. Worse by sitting in squatting position, worse during day, worse by walking. She also had intermittent attack of Stomatitis for the last 9 years, worse by eating spicy food.

*Family History*: Father and mother died many years ago, cause unknown, brother living healthy; husband living healthy; two daughters and one son, all healthy.

*Previous History*: Nothing contributory.

Bowels sometimes constipated, for two days she does not pass stool. Has a desire for cold air; sleeplessness upto 1 a.m. and again from 4 a.m.; feels sleepy but cannot sleep.

*Obstetric History*: 3 Full Term normal deliveries. Last delivery was 20 years ago, *On examination*: fairly built and poorly nourished, nails and conjunctiva pale, tongue: pale, smooth, fissured. Pulse: 120 PM, B. P.: 90/54, Resp.: 20 P.M. Temp.: normal.

A diagnosis of Metropathia Haemorrhogica was made and the case was repertorised (in Boger's *Synoptic Key*, p. 38), on the following symptoms viz:

Haemorrhages,
Sleeplessness, early (p. 103)
Thirst for cold drinks, (p. 73).

Only Phos. and Rhus tox came through.

We selected for her Phos. 200 of which three doses were given T.D.S. By the time the third dose was given, the bleeding had become slightly less but she developed burning of soles and limbs. Considering this as a medicinal aggravation, we gave her Phos. 30, to partly antidote. The bleeding became less, as also the burning and the pain. We continued Phos. 30, twice a day for 5 days, by which time she was 90% better. Then we changed over to S.L. and by 1-2-1962 the bleeding had completely stopped and she was quite normal, excepting for the resulting anaemia. She was kept under observation upto 11-2-1962 and then discharged. A slight bleeding again occurred on 18-2-1962 but one dose of Phos. 30 controlled that. Till the day of reporting (1-4-1962) the bleeding had not recurred.

*Acknowledgement*: I am grateful to Dr. P. Sankaran, Hon. Physician and Dr. S. R. Wadia, Senior Hon. Physician, for permission to report this case.

## SINUSITIS

Dr. S. A. Jamdar, L.C.E.H.
House Physician, Govt. Homoeopathic Hospital, Bombay.

Mrs. S. G., aged 30 years, was admitted with the following history on 27-1-1962.

Headache of 2 years' duration in the occipital region extending towards forehead, aggravation by eating, by sun, better in open air, better sitting, lying down. Headache was associated with thirst, lachrymation and blurring of vision. She also

had Leucorrhoea – transparent, thick, whitish, smelling like spoilt fish with itching of external pudenda.

Her past history : In the past she had suffered from epileptic convulsions and some skin eruptions and boils of no definite chronological order. Personal history showed thirst ++, headache worse by turning the head towards left, worse at 12 noon, in summer, better by eating hard substances, constipated with no desire for stool. Sleep was disturbed due to headache and she had fearful dreams of robbers. Menstrual cycle regular, moderate, painless and obstetric history suggested 3 repeated abortions.

She had tingling and numbness of both the hands after sleep. Stitching pain in the breasts which were sensitive to touch. Headache was worse by eating fish. She had also dyspareunia (pain during coition) with desire to stay alone.

On examination, patient was found well nourished, well built, all systems were normal and her blood pressure was 110/74. There was slight tenderness over the sinuses. Had brownish hyperpigmented patches on either cheeks. Urine reports were NAD

Her case was repertorised on Kent's *Repertory* as follows :–

Head, pain, occiput ext. to forehead (p. 165)
Head, pain, eating after (p. 139)
Head, pain, sun agg. (p. 149)
Head, pain, open air amel. (p. 136)
Head, pain, sitting amel. (p. 147)
Head, pain, lying amel. (p. 142)
Thirst, with headache (p. 529)
Itching, leucorrhoea (p. 720)
Pain, head, turning head (p. 150)
Dreams, of robbers (p. 1242)
Pain, stitching, mammae (p. 866)
Pain, vagina, during coition (p. 734)

All these symptoms were covered by Nat. mur. So Nat. m., was selected. We prescribed one dose of Nat. m. 6 LM (50 millisimal scale potency). But owing to oversight, she was given Nat. m. 6C (centisimal) scale. But within 24 hours she felt 50% better in the headache, burning of feet etc. From then on, she was given S.L. till 5-2-1962 and she continued to improve. On 5-2-1962 with a view to see if the improvement can be speeded up. we gave her Nat. m. 1M one dose, after which the improvement was much quicker. By 10-2-1962, she was practically normal and she was discharged. Till the day of reporting (1-4-1962) she remained well.

*Comment* : Under "fishy smelling leucorrhoea" and 'agg. from fish', Nat. m. is not found in the repertory. But in view of this case report and in view of the fact that Nat m. comes from the sea, most probably Nat m. covers these symptoms.

*Acknowledgement* : I am grateful to Dr. P. Sankaran, Hon. Physician and Dr. S. R. Wadia, Senior Honorary Physician, for permission to report the case.

## CLINICAL NOTES

Dr. A. R. A. Acharya, Bangalore.

Once a boy developed a swelling in the groin, reddish sensitive to touch, with general chilliness. I was trying to choose between Hepar and Sil. but my chest of medicine contained only Sil. It was given mixed in water – 4 doses in one day. Thereafter the threatened abscess gradually subsided and within a week there was

no trace of it and he was able to walk. There is no wonder about this now. But this incident which happened about 30 years back when I knew very little of homoeopathy, encouraged me to study the art of healing.

2. A pregnant lady woke up and complained of agonizing toothache and demanded some poison to put an end to her wretched life as she could not tolerate the maddening pains. The night aggravation and the bone pain (carious tooth) suggested to me Syphilinum. One dose of this medicine 1M, was given and within 15 minutes she slept, and there was no return of the pain or thought of suicide again.

3. About 6 years ago, a friend's child, a boy, had a lumpy growth near the left axilla. There was no pain. It was not very hard and was movable. This had developed after an attack of measles. The boy had had once vaccination also in the early months of his growth. I remembered having read in an old *Homoeopathic Recorder* that Kali iod. in high potency caused disappearance of tumours and nodules of long standing. A dose of Kali iod. CM was given to the child and 1 dose to the mother as she was nursing the child still. I waited for nearly 6 weeks. No change was visible. Another dose was given to the mother. In the meanwhile, a surgeon on examining the child said that the tumour was not dangerous and even if it was to be operated, that could be done after a year or two. But after 3 months the fleshy growth started shrinking gradually and disappeared by the end of 4th month.

The boy is now 7 years old and there is no recurrence.

4. I will not say no to external application in our system of treatment. Hydrastis in Glycerine for throat touch, Calendula + olive oil for massaging the loose gums, Euphrasia tincture in distilled water for eye drops and Mullen oil for ear drops are freely recommended by me. For painful piles Hamamelis or Hypericum ointment is given. I am of the opinion that we must adopt all reasonable auxiliary measures to relieve the pains and sufferings of the patient and thus conserve the vital energy of the patient.

## CLINICAL NOTES

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

1. A patient consulted me for severe vertigo worse turning head left or right or in any direction. He had to walk looking straight ahead. He used to feel better by resting his forehead on his hands or on the table.

The first symptom was covered by Con. and the second by Sabadilla. I gave first Con. with no improvement. Then I gave Sabadilla also without any relief. Then gave both remedies in alternation and then he improved very well.

2. A girl of 22 years was suffering from headache of 4 years' duration. All her symptoms were under Nat. s.

I prescribed Nat. s., 6X, one dose; pain completely disappeared. Therefore medicine was stopped. After 8 days pain relapsed. Again 6X one dose was given. She felt better again. After some days I gave 1M. She felt worse. Except 6X every other potency aggravated her headache, even 12X and 30X.

3. 3 years back a patient had influenzal type of temperature for 3 days. Since then she developed pain in the dorsal region, in 2 or 3 vertebrae. Pain was < pressure, < stooping, < exertion < during attacks of temperature. From time to time she had temperature for 2 days with coryza.

Irgapyrin was given by the allopathic physician with no relief.

I gave her Calc. c. 1M, one dose daily for 3 days. She felt no better. I waited for some time and gave her Calc. c. 200 (9) T.D.S.

On the 6th day she felt 50% better and after 8 days more she had no pain.

## BILIARY CALCULUS

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

This was a case of periodical attacks of colicky pain in the right hypochondrium extending backwards. Pain is ameliorated by passing wind and the patient has had relief after urination. That is strange but anyway it was a case of biliary colic, stones in the gall bladder being seen in the X-ray. He has had headaches while reading.

A hot patient but covers himself in winter (In South India winter is not as cold as in the North). Marked features of this case are aversion to sweets, fondness for milk +++ but milk causes flatulence. He does not reveal his troubles to others (consolation <). Hates noises. Has numbness of parts lain on. No anticipation agg. Not fastidious, rather positively shabby. Sulphur 200 was administered on 17-7-1958.

His next visit was on 29-3-1962! Even then he has only come to introduce his friend for treatment of abdominal pain. I then came to understand that since the treatment on 17-7-1958 he did not have any attack and a subsequent check up revealed no stones in the X-ray.

*Comments*: This is an instance where Sulphur has removed the calculi found in the gall-bladder. Lycopodium, Calcarea, Natrum-sulph, and Cholesterinum are the others that generally come to one's mind. Sulphur is such a comprehensive remedy that it is justifiable to say that Sulphur can do anything and in practice we do see 'anything' turning into a Sulphur case. That is the capital delicacy of Homoeopathy. Though we have a list of remedies under a particular head, remedies outside that list cannot be ignored especially if the totality is pronouncedly pointing to a remedy. Sulphur takes a big share of such occurrences. This patient has consolation <, and that could be Lyco. or Nat. sulph (i.e. Sulphur combined with the natrum element) but his marked aversion for sweets is outside Lyco. Sulphur is generally very fond of sweets but can be averse to it too. So also the sensitiveness to noise is a part of Lyco or Nat. sulph., but the rest of the picture does not agree with either of these remedies. Extreme fondness for milk is Sulphur and Sulphur has marked aggravation from milk, a symptom which usually brings Aeth. cy., Calc., Lac. d. or Sil. to our mind. Incidentally Lyco, and Nat. sulph. too have this aggravation from milk. His not being fastidious and the absence of anticipation do not prompt us towards either Nat. sulph. or Lyco. So, Sulphur was chosen though it was not found under the rubrics: (i) Sensitive to noise (ii) Consolation <. And Lyco. as well as Nat. sulph. were rejected even as against the

knowledge of their being useful in cases of gall-stone colic, since the totality did not fit in with them well. That the chosen remedy has been the needed remedy is obvious from the result. Hence the lesson that repertorising is not the last step; we should 'get back' to the materia medica before prescribing.

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*ABSTRACTS AND EXTRACTS*

## CHINESE ACUPUNCTURE AND MOXIBUSTION

LU CHIH-CHUN

President, Research Institute of Chinese Medicine.

Chen-Chiu (acupuncture and moxibustion) is a precious heritage of Chinese medicine. It can be applied to a wide range of diseases with good results. Simple and easy to practise, it is very popular among the broad masses of the Chinese people.

Chen (acupuncture) and Chiu (moxibustion) are different in their ways of application. Chen is a form of treatment wherein a needle is inserted into a certain spot of the human body whereas Chiu is performed by heating or cauterizing a spot with a piece of burning wormwood. As these two forms of treatment have a great deal in common and are often used jointly, they are referred to together as Chen-Chiu.

Chinese acupuncture and moxibustion has a long history. In the course of its practice, the Chinese people have developed it, and more and more books have been written about it. During the Ching Dynasty (1644-1911), there were no less than four hundred works on the subject. Actual clinical observations have shown that it is effective for more than two hundred diseases, and for some sixty of them, its results are particularly noteworthy. For instance, most of the acute appendicitis cases can be cured by acupuncture alone. Excellent results have also been obtained in the treatment of infantile paralysis. Today acupuncture and moxibustion are widely used in China in the relief of pain, in emergency cases, in certain nervous diseases, gastro-intestinal disorders as well as arthritis.

### HOW DOES ACUPUNCTURE AND MOXIBUSTION EFFECT SUCH CURES ?

Our research has shown that in the case of the digestive organs, this traditional Chinese treatment can promote the peristalsis of the gastro-intestinal organs and enhance the digestive and absorptive functions. It can bring about a relaxation of spasms of the gastro-intestinal tract. In the case of the circulatory organs, it can strengthen a weakened heart and improve the blood circulation. In the case of the respiratory system, it relieves spasms of the bronchial tubes, frees the bronchi of obstructions as well as brings about normal breathing. In the case of the urinary organs, it improves the function of the kidney and regulates the movements of the reproductive organs, it promotes the functions of the uterus and fallopian tubes as well as regulates the menstrual cycle. In the case of limbs of the body, it relieves muscle cramps and strengthens the contracting power of the muscles when they are in a state of exhaustion. The results of these experiments prove that acupuncture and moxibustion have a regulative effect on the functioning of the organs.

Today the Chinese medical circles regard acupuncture as a stimulative therapy. In the course of the treatment the sensory nerves in the vicinity of the acupuncture

spots are subjected to stimulation, which in turn produces a reaction on the nervous system. At the same tife, the damage to the tissues at the acupuncture spots produces new chemical substances which are carried by the lymphatic and circulatory systems to all parts of the body where they produce certain effects. The changes in the tissues give a prolonged stimulation to the nervous system. Aside from the chemical actions which affect the whole body, the nervous reactions depend on the different locations of the acupuncture spots. For instance, acupuncture at the "tsu-san-li spot" in the front of the leg tends to affect the gastro-intestinal organs, while at the "san-vin-chao spot" on the inner side of the leg the urinary and reproductive organs. This is due to the peculiar structure of the nervous system.

The Central Nervous System is connected with the body surface and the internal organs by innumerable routes. Stimulations produced by acupuncture at different spots are transmitted to the central nervous system by way of various routes and then relayed to different internal organs. They can also be transmitted to the higher centre of the central nervous system — the cortex of the brain. Changes in the higher centre of the nervous system frequently affect more than one organ, but the whole body, or the body fluids, such as the blood, internal secretions and metabolism. Reactions in the body fluids are sustained over a rather long period, thus prolonging the regulative effect on the body and the curative effect of acupuncture.

(For further information on this subject please contact the Embassy of the People's Republic of China, New Delhi — Editor

From : "Advance Therapy", Vol. 28, No. 1.

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## NEWS AND NOTES

### HOMOEOPATHIC DISPENSARIES IN RAILWAYS

Northern and Southern Railways have decided to set up one Homoeopathic dispensary each in a populous Railway Colony in their respective regions. These dispensaries will be financed out of the staff benefit fund.

Other Zonal Railways are also examining the possibility of setting up of homoeopathic or ayurvedic dispensaries in their zones.

These dispensaries, however, will not be recognised officially or treated as a "Government Hospital" under the Medical Attendance Rules.

### Dr. K. G. SAXENA AS ADVISER

We are glad to learn that Dr. K. G. Saxena of Delhi has been selected as Hon. Adviser to the Government of India for homoeopathic affairs. We offer him our congratulations and hope this appointment will give more strength to his shoulders. We also hope that in due course he will become the director of Homoeopathy.

### FEE CONCESSION TO STUDENTS

The Government of Kerala has sanctioned special fee concession to scheduled class students studying in the D.H.M. course in the Athurashram Homoeopathic Medical College, Kottayam.

### HAHNEMANN DAY CELEBRATIONS

We have received reports of Hahnemann Day celebrations held in various centres in India.

Dr. S. P. KOPPIKAR, B.H.M.S.

We welcome to our Editorial Advisory Board Dr. S. P. Koppikar, the well known homoeopath of Madras and former Editor of the Madras Homoeopathic Journal.

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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.).
The Homœo Biochemist (Eng.), Bombay.
The Hahnemannian Gleanings (Eng.), Calcutta.
Homœopathic Herald (Eng.), Calcutta.
Homœo Sudha (Hindi), Bikanir.
Homœopathic Vikas (Eng. & Hindi), Gwalior.
Organon (Tamil), Madurai.
Homœo Mitran (Tamil).
Health and Life (Eng.), London.
Homoeopathic Reporter (Telugu), Elluru.
Homoeopathic Outlook (Eng. & Urdu), Lahore.

Edited and Published by Dr. P. Sankaran for the Homoeopathic Corporation, 13-A, Station Road, Santa Cruz ( West ) Bombay 54 and Printed by M. H. Patwardhan at the Sangam Press Private Ltd:, Poona 2.