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

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

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

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

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MEDICINES OR POISONS ?

The recent probings of the drug control authorities has laid bare the fact, often suspected but not well established, that of the medicines available on the market, a good percentage are sub-standard and some even completely spurious. The Chief Minister of a State has estimated that half the medicines available may not be genuine ! The facts revealed are quite alarming. While this state of affairs is quite deplorable, that such a state should have been allowed to arise is a sad commentary on the efficiency of the authorities concerned as well as on the morality of the community itself. The inspecting staff is most minimal, so sample checks carried out are nominal. Very few culprits are caught and fewer punished. Many of them are let out with a fine. Naturally this is as good as no punishment for the fines can be easily paid off by them from out of their ill-gotten gains.

In any field, such cheating is bad but in the field of public health this crime becomes most serious and should be put down with all vigour possible. Every citizen will expect that the State will protect him from such depredations.

While this problem is probably confined mostly to India and other developing countries, a similar problem but in a completely different context is faced by the people of the well-developed countries. In those countries hundreds of new medicines are put out into the market daily. All sorts of claims are made for these drugs and these claims are supported by various data and statistics, produced or quoted by the manufacturers. Statistics being what it is, it is difficult to disprove those claims, though they may be one-sided. The manufacturers of these products may be most sincere, yet it would be difficult for us to assess the merits or demerits of these drugs, merely on the basis of one or two or even a few years' experience with them. Certain effects of these may not be visible for years to come or may even show themselves insidiously in the second or third generation and so any assessment done hastily may prove to be shortsighted and wrong. The recent revelations regarding the German tranquiliser "Thalidomide" are most upsetting. It appears that those expectant mothers who used the drug in the first trimester of the pregnancy had children born with congenital abnormalities — with some limb or organ in the body, external or internal, missing. It is said that in France alone, over 3,000 children born have exhibited such abnormalities and such children continue to be born there at the rate of 8 to 10 a day. It is indeed sad to note that Medicine which aims at relieving suffering should itself have been responsible for burdening this world with handicapped children.

Coming to the homoeopathic field, we have to utter a word of caution. Many new homoeopathic pharmacies are being opened. The homoeopathic pharmacist must remember that any mistake he will commit in preparing and dispensing the medicine will reflect not only on his reputation but also on the reputation of the physician who prescribes it and on the reputation of the homoeopathic system itself. So, sooner or later, the States should pass laws to enable checks to be kept on the pharmacists. The homoeopathic pharmaceutical profession itself also will have to uphold the standards in order to protect the interests of the people as well as the homoeopathic system of medicine, particularly because of the fact that the homoeopathic potencies are difficult to analyse and identify.

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

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THE ART OF INTERROGATION*

Dr. Pierre Schmidt, M.D., Geneva.

Before giving a mineral remedy habitually try please to begin your case always if possible with a vegetable remedy and it is a very good injunction to try to begin your case with a vegetable remedy. There is only one exception to this rule and that is Lycopodium. It is a vegetable remedy but please habitually avoid to begin the case with Lycopodium. With Lyco., it is the experience of the old homoeopaths that it is so deep in action, like Sulphur and Calcarea comprising the 3 big remedies of materia medica, that to begin with such a remedy you make a turmoil and you may have sometimes an aggravation that you do not wish, so sharp. And so you have to be cautious not to begin habitually with Lycopodium unless it is absolutely indicated. I make also an exception there, because all remedies in the materia medica have a phase, an acute phase and a chronic phase. We have an acute Sulphur, an acute Lycopodium, an acute Arsenic and so on. Sometimes it may be indicated for a short little inflammation or something of that kind. Well, for a sore throat you may have a phase of Lycopodium which has nothing to do with chronic Lycopodium but will be the acute phase of Lycopodium. I remember a case in Lyons of one of my friends who made two mistakes.

In the first case, the patient was another lady who was also a physician, who had a very high temperature. I do not know in Farenheit but in Centigrade it was 43°, she had at the same time a crisis of acute cholecystitis and pneumonia, and she was delirious and in a very bad state. She had received all kinds of remedies and at last the doctor had given Lyco., in the acute phase with cholecystitis and lung trouble. It is such a risk that the patient may go to pieces by giving Lycopodium, such a deep acting remedy. At the moment the patient is trying to help herself to take the remedy so deep in action is dangerous; of course the result was very quick, the delirium became worse, she could not recognise any one, and she was in such a bad state with high fever, trembling and sometimes semi-convulsions that a priest was called to give her benediction before she died. And at this time we were called to see the lady. It was one of my students in Lyons, because I go every month to Lyons which is some 200 miles from Geneva, to deliver lectures for 40 to 43 physicians there. So I said the only thing to do now is to antidote the Lyco. Of course, Lyco., was her own drug, especially because it has an action on the liver you know, it aggravated the case. She had terrible pains, she was shrieking, she was in a state which was really not nice. So, by selecting the remedy, I think the best thing to do is — now she is extremely agitated she is very red in the face, she does not know what she is saying now and this high fever, she was also very thirsty. So I thought the best thing is to give Aconite ten thousand first and then wait and see what we can do. So, then she began to recover a little consciousness, she began to pray and to say to us "Now I wish to pray with you" and she was always speaking of praying and praying. So with this high fever, this agitation, this praying it was Stramonium typical. So we gave a 10,000 of Stramc-

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**Extracts from lecture given before the Delhi Homoeopathic Association.

nium two days after Aconite and this moves us a little towards a better situation. But when we came after Stramonium, she still had a very high temperature, because of a lung condition. It seems that the pain in the liver was a little better but she was extremely nervous and stood up with a 42°C fever to tell us "Oh ! I do not know why you are coming I am extremely well, I have nothing, no trouble, I am cured, I thank you very much. You are very kind, but there is no need to come now". We make an examination and find there some rales, we find this same situation everywhere, but she did not realise that she was so sick. So this is a typical indication as you know of Arnica. So we gave Arnica 10,000, you know and with Arnica 10,000, she rallied very beautifully and she was bringing out some Lycopodium symptoms at this time; probably she had too much of Lyco. but by and by we could say she was better and after about two weeks she was again on her feet, cured and now it is 3 years of this. She was very pleased but it was a mistake to give the Lyco. at this moment.

In the second case, the son of this physician, who had given the Lycopodium had a sore throat, which began in the right side, went to the left, with a very dry mouth, was very thirsty, with a very bloated stomach and he was asking to drink water all the time. He was, I do not know why, having irritation, the throat has one or two little white patches, and very little there but very red, no ulceration, but he had terrible pain to swallow, he could not swallow, and his father gave him Lyco. So there was some indication for Lyco. but there comes and may come a situation when you give him Lyco. for the thirst, but rarely begin with Lyco. Please habitually begin with something else — you can give Aconite, you can give Bryonia, Bell., Puls., any remedy, which is on the plane of vegetable, except Lycopodium as I told you. So the boy was going worse not better worse, typically worse, and one day after another the fever went up he was not able to swallow a little, he was emaciating, the father was anxious, the mother was not at all pleased. The face was red at the right side and they were not at all pleased. So, I came and I looked after the case and I must say frankly that by taking with care the symptoms, it was plain Lyco., Now what to do ? We had waited 3 days and were watching the case. I thought of many things to do. I think I will make like Hahnemann did till the rest of his life. There is a way to give the remedy which is less harmful and less reaction making —it is by inhaling the remedy. So, we gave Lyco. but not the 200 he has been given, I say we give him one inhalation of 10,000 because he has had it already. It is one exceptional case. So I gave him just one nice, one little inhaling — but now how do you make an inhaling method ? Habitually, Hahnemann said "You take one single globule, of poppy seed size in a little bottle, new bottle, clean bottle, not a washed bottle from something else — a new fresh bottle that has never known any remedy, which is absolutely virginal. In this you put some drops of alcohol, and you put this under the nose. One good inspiration there, expiration here, then inspiration there and you stop. You must realize that you are actually inundating the system with the medicinal energy, you are putting this on a surface of 81 square meters, which is the total lung surface — By doing this, in the evening the fever went down and the next day the boy was cured — completely cured. This was going on for 4 days now you know — In a very short time he was cured. It is an excep-

tion of an acute Lycopodium case. So I tell you habitually, pay attention to Lyco. and do not give it very easily. This is what I would like to say. Yes, Yes Hahnemann said "give if possible an acute remedy, a remedy which is not Psoric, for acute cases and try to search first in the vegetable kingdom. Now, if you cannot find this you may give a remedy like Lachesis or Pulsatilla from the plant or the animal kingdom if necessary. But for the beginning you may use your Aconite, your Belladonna, your small remedies, we will call it small remedies good remedies, very high in standing when they cure, they are the king of the situation but still we call them "small remedies". But their action is short. We do not risk any aggravation or engrafting something else on the system repeating them. So that is why it is good to use them. Now, when you have an acute case begin with your vegetable kingdom.

If this acute case only came once in his life, it is quite alright, but if it is a recurrent disease, throat or headache or anything, the time to give that remedy is always right after the acute crisis, then it is the time when the body has tried to throw the toxic stuff away and in this way to give at this time the correct remedy is best time to let it act properly. So it is why in the art of interrogation, the art of the physician is when he has an acute case to take care only of the symptoms of the moment, of the acute symptoms that he has before him. Not to take into consideration that he had tuberculosis and cancer; that is beside the acute things. Please think the situation is bursting out, it is like a flare there, the symptoms are clear habitually the desires and aversions are typical, so give at this time, please, consideration to the acute — to the symptoms of the patient of the moment and this is not the time to take in consideration the chronic case — the tendency of the family, the mother, the father, anything. But for acute things take care of what you see. It is only when you have no results that it shows you it is not a pure typical acute case but it is an exacerbation of the chronic disease. And we make distinction between chronic and acute — there is a bridge and in the middle of the bridge is what we call the exacerbation of the chronic disease which sometimes flares up, there you can give your remedy which first is the acute one, then comes rapidly the chronic one. So it is what we must do when we are taking cases. And I begin in Lyons with my comrades, to give them a list of my suitcase — the little suitcase I have — the medicinal case I have when I go to see patients at home for acute things. So I gave them the list, it is interesting to study the homoeopathic remedy once only in the acute phases. What is the acute phase of Ars. ? What is the acute phase of Silicea ? What is the acute phase of Ipecac ? And an interesting thing is all the remedies have acute and chronic phases and to try to find what are the indications of the acute thing — well they will be very useful. Now this is the question of acute remedies and chronic remedies.

In the art of interrogation of course the aim of the physician is to try to face 5 different arts of questions which we must always have in mind very well. Of course, for the acute phases, please observe what you see, listen what you hear, what you witness at the moment. You must remember that Hahnemann said something very interesting in his Organon "When you come either for acute or for chronic, but for acute especially, you have always a symptom that you see yourself. As physician, you examine the patient and you

see what are the symptoms. Besides this it is not sufficient. The patient can habitually talk. You must have also the symptoms of the patient and listen to the patient. But this is not sufficient. Sometimes there are things the patients do not know or do not tell. And there are some things that the physician cannot know and cannot observe. If the patient has epileptic fits at night, how will you know this by looking at the patient; he won't know this himself. It is the mother, it is the nurse, it is the rather somebody of the family who can tell you. So you must know the symptoms of the patient, the symptoms you discover yourself or that he tells you and the symptoms that a family member or someone else observes and tells — either in his walk, in his behaviour, or his way of doing things, etc. So we must have these three kinds of symptoms to start with.

Now, in the Organon, Hahnemann was saying something interesting too, that many people did not remark, something by which to recognize a disease — by the symptoms of three kinds. He says "recognize three kinds of symptoms. Symptoms, signs and accidents". You know this has been translated now for 175 years and yet nobody has ever understood what means signs, symptoms• and accident. Good Gracious! What is a sign? We know the sign of pregnancy. Yes it is a sign, it is physiological sign — it is not a symptom because symptom refers to disease. This is a sign as a manifestation of health, of body e.g. the sign of respiration — this is also something, but this is not at all some pathological sign. Now in disease we have pathological signs. Now Hahnemann said very clearly "You know Opium produces constipation and hard stools." Good Gracious! Why Hahnemann says so? You know Hahnemann never says something without reflecting very much. When you find in Hahnemann something like that it is not that he put this as symptoms. Constipation is something and hard stool is something. Some people have inactivity of rectum and so have constipation with soft stool. They are constipated in quality and quantity. So you must be very careful to know what is really meant by Hahnemann when he says "Opium produces constipation following hard stool". So, I reflected about it. I understand the key of this. The 'sign' is what we call the objective symptom and the 'symptom' is the subjective symptom and you notice quite' a difference. So of course, in this case we must know that there exists subjective symptoms which are the symptoms described by the patient — Objective symptom, the patient can see it, but the physician can see it very well, but he cannot know if you have a headache — he cannot know if your pain is pricking, stitching, darting or stinging or what kind of pain it is. It is you who tell him, so it is a subjective symptom. So this comes under the symptom. The first one is the sign or objective symptom. And what is an accident? Accident, is a symptom which has nothing to do with a chronic miasm or something like that, it is something which comes from external source. A burn; you burn your hand, it is an accident. It is not a symptom, it is not a sign-- it is what you call an accident. Of course, when you burn yourself you are burnt. But it is not a disease that comes by the disturbance of the Vital Force, like whooping cough, or something like that. So a burning, a prick of a needle which gives an infection or we may say a prick from a busy bee or wasp or something like that. It is also an accident, it comes from outside. Now if you take some poison yourself or if you drink some poison, you have

also there a very interesting manifestation which is called an accident – this is an accident. So it has nothing to do with the vital force; if you take away the cause, of course the thing goes by itself better – but you cannot take the cause away from a grief – you cannot take away easily something following indignation or something of that kind. This is something to do with the Vital Force and this a subjective symptom. And you know that contrary to ordinary medicine, apart from the specialist or Psychiatrist, we are very much interested in Psychosomatic; we are very interested in those mentals, what we call the mental symptoms, for us it is very important, because, it predicates the patient.

And for us when we have a case we must forget everything. When the patient asks me "Have you treated many cases of asthma, before or this kind of skin disease before ?" I say "Good Gracious, you know I hope I have not". Because I am not like some physicians who say "the more I see a kind of disease, the more I am able to treat it." It is just contrary in homoeopathy. We are like judges. "Because this one has stolen something is he guilty like that one ? May be this one is guilty, that one not." Therefore, everybody has his own case. We must study the case by itself. If somebody else has asthma and this one also has asthma – the cause may be absolutely different and your task is to forget the twenty cases of this disease you had last week and to take this case as a new one. So when you have had many cases of a disease, it is more difficult to take the new case because you will have to forget the cases that you have treated and not just copy this and give the same remedy because it does not help. So what we must do in homoeopathy is to be very careful – every case by itself is a new case – you must forget everything before and after; but you know we are so prejudiced that when we see a case we think may be it is Pulsatilla and you ask her "are you thirsty ? do you like fats and salt ? And you know you are making the greatest mistake that is to put in the mouth of the patient the answer because you like to find it is Pulsatilla.

I remember Dr. Mable saying "When you hear a tap open, do you feel a desire to urinate ?" Of course you would like to give Lyssin if the patient answers 'yes'. Again he was saying to the patient "Are you not sure that when you are near the river you feel like urinating" You know in this way, by such questions, we are bringing out only very forced material – you must be absolutely independent and neutral in your questioning. But as our mind is always prejudiced about it, there is a way to get rid of it. I will tell you my secret. When you are taking the case of the patient and you see it is Pulsatilla, you write in the corner there Puls. Now, after ten minutes, it is typically Nux vomica, so you put Nux vomica, then you see symptoms of Arsenic, you put Arsenic, so you are astonished at the end of the questioning, you have twenty different remedies now that come on because of course they are symptoms of this one that you remember. Therefore, your memory is very good, but in spite of being good, you cannot know fifteen hundred pages of the *Repertory*. So first please because we have put down the remedies, we are free, we are neutral and then after this, we begin to study the case with a certain consideration and according to Kent's and Hahnemann's method – well we will speak a little afterwards. And the main thing is first to take note absolutely and neutrally of your observations.

Now Dr. Gladwin as well as Dr. Osen

who were my teachers told me habitually to try whenever possible, to put the page in two parts. To the left, you write all the pathological symptoms — pathognomonic symptoms of the disease — patient has tuberculosis, is coughing, is emaciating, he has sweat and so on — so you write everything that you know of the disease — so you must know your disease you must be good Allopath first — I mean not allopaths but good physicians — It is not the question of allopath or homoeopath but it is the question of knowing your Medicine. So you think, you write down very carefully all the symptoms of the disease. Now what interests us is the symptoms on the right side which are the non-pathognomonic symptoms — the symptoms that are not habitually occurring in this disease. When the patient is a tuberculosis patient and he has a desire for vinegar, I do not know what it has to do with tuberculosis — nothing to do with vinegar; or when this patient cannot support fats, why — for what reason this tuberculous patient who habitually likes fats very much, now is averse to fats? We do not know. So these things you know are important which make you say. "Now, I have never seen a patient like that before." So a patient who is paralysed you know, in the left side and you touch the member which is paralysed and you find it warm — habitually a paralysed member is cold. Now what is this funny thing? We have a description in every book; it is written that when you have a hemiplegia the paralysed side is colder than the other, but in this case it is hot, normal; so in this way you are struck by these curious things and what you do, you just notice these — those symptoms which are peculiar — which you do not predicate with the name of the disease — they predicate the patient himself, there is the key of our success you may even not know for what he is coming — a rheumatism of the neck, a headache, or anything you may forget this if you give the remedy for those non-pathognomonic symptoms, funny symptoms. So, please pay very much attention always to the non-pathognomonic symptoms. To understand this you must know your Medicine because you must know what is the disease of enteritis or cholera usually like— you must know what are the symptoms of this disease but, if you find something that has nothing to do with this disease, it predicates the patient. Please take it and you will make your best cure when you can find such symptoms.

I may say here that when a patient in any disease has still many non-pathognomonic symptoms and symptom from inside (himself), there is a hope of cure, habitually. But unfortunately in cases at the end and in many chronic diseases, e.g. multiple sclerosis, there are almost no symptoms of the patient. You have only symptoms of the disease — all those symptoms fade away and you are just in the trouble to find them — you do not find them, that is why I insist to try to find the non-pathognomonic symptoms.

(*To be continued*)

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"We rely too much, as it seems to me, on current systems of medicine. We rely on Allopathy, Homoeopathy, Hydropathy, Chromopathy etc. Better than all these "pathies" is sympathy. In sympathy is the secret of true life."

— T. L. Waswani.

BLOOD, BEHAVIOUR AND HOMOEOPATHY

(An aspect of the substructure of behaviour and the problems it raises in the homoeopathic field)

Dr. N. P. Sukerkar, B.A.(Hons.), LL.B., D.F.Hom.(Lond.), Bombay.

During the past few years Dr. Emile Florentin, in collaboration with his colleagues at the St. Jacques Hospital in Paris, has done research to find out a solid basis to which individual reactions may be related. The research is based on the study of over 1,400 patients. He has come to the conclusion that the individual 'blood genes' is the basis. This conclusion is revolutionary from the homoeopathic point of view and as such I am giving the synopsis of his thesis for the consideration of the profession.

BEHAVIOUR

Behaviour of a being may be defined as 'the whole of the global reactions of his organism, both those which are common to the species and those which are particular to the individual. Behaviour, thus, includes 'stereotyped reactions' (congenital or engendered by habit) and 'non-stereotyped reactions.' It exteriorizes, in a dynamic form, what is latent in character and temperament.

If we consider the development of the individual both mentally & physically from his embryonic to adult state, we find that upon the whole of the congenital dispositions, which determine his initial psychical and somatic structure, i.e., his 'nature', the life he spent in a certain environment or environments has superimposed a 'second nature' along with a 'formation' caused by his family, religion, school, climate, diet etc., i.e., by the social, geographical and dietetic factors which give rise to habits. Behaviour is the resultant of this whole, in which the acquired has been superimposed on the congenital.

'What in man is solid, durable and even permanent' is that which is anterior to his history, namely the nucleus of deep-seated, inherited dispositions, or the 'somato-psychical sub-structure' of the individual. If we look for the factors which determine the general features of the behaviour of man or search for what is likely to provide us with stable foundations on which we may establish a deduction, if not with regard to his actions, at least, with regard to conditions in which he may react, we should be able to find them by studying this 'somato-psychical sub-structure' of the individual.

It would, therefore, be logical to approach the study of behaviour in terms of a typical stable element in, the 'biological constitution' of the human being, an element, which is invariable in ontogenesis, the blood group.

BLOOD GROUP

Blood group is determined by hereditary factors, by the association of two genes, the paternal and the maternal.

The three genes, O, A and B which are recognised in man, combined together in pairs give the following six exclusive cases:

(1) OO, (2) AO, (3) AA, (4) BO, (5) BB and (6) AB.

Since the genes 'A' and 'B' are dominant, i.e., which alone can communicate a group of characteristics, we have the following four main groups:

(1) OO which corresponds to group O.
(2) AA and AO which form group A.
(3) BB and BO which form group B and
(4) AB which corresponds to group AB

BLOOD GROUP & BEHAVIOUR

(Bio-physical correlation between the blood-groups and the behaviour of human beings).

Madame Leone Bourdel classifies human temperaments into four groups:

(1) Harmonic corresponding to group A
(2) Rhythmic corresponding to group B
(3) Melodic corresponding to group O and
(4) Harmonic-Melodic-Rhythmic corresponding to group AB.

Dr. Florentin makes identical classifications and by his research arrives at the following characteristics of individual behaviour, in each group.

(1) Behaviour of group A or the Harmonic Type.

Broadly, this group exhibits the following characteristics :

(a) Reactivity
(b) Subjectivity and
(c) Discontinuity.

(a) *Reactivity* : A subject of a group reacts intensively and spectacularly according to environment, i.e., he feels himself to be in harmony with latter, he opens out, relaxes, exteriorizes himself and really 'lives.' When the environment is unfavourable to him, he contracts, draws in, withdraws in silence, isolates himself, and gets away sometimes with violent reaction.

(b) *Subjectivity* : The intellectual and moral attitude of the Harmonic is dependent upon subjective factors. His interest is limited to what pleases him. He pushes aside what displeases him. His opinions reflect the preponderance of sentiment over reason. He attaches more importance to form than to content. His sense of justice is too human to be just.

(c) *Discontinuity* : The activity of the Harmonic type is conditioned by his reactivity and by his subjectivity but also by very marked need for liberty and independence.

A subject will support neither pressure, which stifles him, nor competition, which acts as a brake upon him, nor obstacles, which paralyse him, except when he knows in advance, that he is the stronger.

He can maintain a regular and continuous action only when conditions are favourable. Otherwise, his activity is discontinuous. He works in fits and starts. His creations are brilliant, on account of the originality of their conception, rather than on account of their nature. What he does is more beautiful than of solid value.

On account of his deep-seated tendencies, he shows a distinct vulnerability to persuasion. If an appeal is made to his good feelings, he will give twice of what is expected of him, whereas he will never yield, if he is threatened, offended or badly treated. He shows great proficiency in activities of an independent nature. Artists and artisans belong to this group.

The Harmonic is, therefore, a reactive, selective, sentimental and independent subject.

In the field of literature Shelley is an example of this group.

(2) Behaviour of the B or Rhythmic Type

This group shows the following characteristics:

(a) Autonomy (b) objectivity and (c) continuity.

(a) *Autonomy* : The subject is hardly influenced by environment. In fact, he creates an environment by imparting to it his own Rhythm. He is a kind of mecha-

nism or a human locomotive which drags the wagons along. His interest is directed to everything which enables him to advance towards a fixed goal.

His opinion is based on the predominance of reason over sentiment. He takes account of content rather than of form. His point of view is always reasoned.

In the realm of morality he is guided by a sense of justice which is pushed to the extreme. His justice is too just to be human.

The activity of the Rhythmic is conditioned by his autonomy and by his objectivity and also by need for constancy and regularity, i.e., stability which is the reflection of his inertia. He has horror of pauses, changes or deviations. These disturb his equilibrium. He can work equally well alone or in company, as competition does not paralyse him. His activity is continuous. He does what he has to do as well as what pleases him. His creations are characterised more by logic of their realization than by their conception. What he does is more solid than beautiful.

The Rhythmic shows a vulnerability which is almost exclusively based on conviction, i.e., on reason. He respects firmness and even authority. He scorns flattery.

He shows proficiency in activities of a stable nature. He is well suited for all public or private administrative professions. The Civil Servants and Soldiers belong to this group.

In literary field Luther and Milton are examples of this group.

(3) Behaviour of the O or Melodic Type:

The characteristics of this group are:

(a) Adaptability, (b) Relativity and (c) Diversity.

(a) *Adaptability*: He has a great flexibility. He adapts to the surroundings in which he finds himself. He is an opportunist. With melodic type the intellectual and the moral attitudes are relative. It takes causes, circumstances and results, in account. His field of speculative interest is very wide. Everything interests him. He has thirst for knowledge and novelty. His opinion shows quest for a just equilibrium between sentiment and reason. The O subject often succeeds in finding intermediary solutions which enable him to reconcile points of view, which were, at the outset, divergent. He is guided by a sense of justice which is marked by scruple and a sense of proportion. It is always conditioned and well-balanced. His adaptability is conditioned by a need for change and variety. Monotony, in effect, tires an O subject. He adapts himself equally well to collective work and to individual work. He can change his activity easily and even his profession.

His creations are eclectic. They take into account both needs and circumstances and their fault is that they have too many engagements.

What he does is sometimes beautiful, but sometimes neither beautiful nor solid.

He shows a vulnerability to persuasion and to conviction. He is suitable for activities which require a certain suppleness of attitude.

The melodic is, therefore, an opportunist, curious, equitable and a supple subject.

In the field of literature Montaigne, Victor Hugo, Goethe, Chaucer and Fielding are examples of this group.

(4) Behaviour of the AB or Harmonic -- Rhythm complex type.

This group exhibits the following essential characteristics.

(a) Inadaptability (b) complexity and (c) singularity.

(a) *Inadaptability* : The association of Harmonic reactivity and Rhythmic autonomy makes an AB subject into an individual who is practically inadaptable. If conditions are favourable to him, he will himself create an atmosphere. Otherwise, he will find himself in complete disharmony with his environment.

(b) *Complexity* : The AB subject shows an intellectual and moral attitude which is dependent upon factors with different natures and sometimes with different orientations. It is, therefore, 'complex'.

The desires of the individual are dependent upon both selectivity of group A and finality of group B, distinct factors, which may super-impose themselves or be opposed to each other.

Since he is between two tendencies which are difficult to reconcile, an AB subject oscillates between giving predominance to sentiment and to reason. In favourable cases his opinion is liable to be considered as prejudicial, since it is at the same time something which pleases him and something which he believes to be reasonable. In unfavourable cases, he is unable to take up any position and without apparent motive, easily changes his point of view, on the same subject, so much so that he may appear to be incomprehensible.

His sense of justice is marked by irregularity. He often provides a case in point in which his opinion is liable to be unexpected. His justice is irregular and often paradoxical.

(c) *Singularity* : Being dependent upon a need for independence of the A order and upon a need for stability of the B order, the activity of AB subject shows a singular aspect. He may be compared with a bicycle. To be in balance, he needs to be in action, in movement. He loses his balance as soon as action ceases. He depends on conditions, i.e., on personality of the individual and on atmosphere. In certain cases as a person he in his actions, combines rapidity of execution with a constancy in effort, which forces us to admire him; yet in other cases he is a person whose disorderly action is without any positive result.

He is an exceptional person, capable of the best and of the worst, according to conditions, which are difficult to forecast.

AB subject shows vulnerability which is almost complete, perpetually elusive, even when you think you have secured his adherence.

AB subject is very difficult to orientate from the professional point of view. He needs to have a place apart — the first or the last. The 'star' and the 'tramp' are examples of AB type.

In the field of literature Byron is an example of the AB type.

GENERAL OBSERVATIONS

The characteristics shown by each of the groups described above constitute deep-seated tendencies of a particular nature which are linked with the hereditary genes. They are fixed. However, these characteristics may not be so clearly marked.

(1) Group A is formed of individuals who carry one A gene and one O gene. The same is true of B group. It is obvious that with AA and BB individuals, the individual characteristics will be more marked, whereas in the case of AO and BO, they will be more blended, since O element constitutes a temporising element.

(2) These characteristics may also not be apparent at first sight. In fact :

(a) In childhood the individual lives inside the framework of the family, i.e., under the guardianship of his parents. Owing to his dependence, he is more sure of obtaining something by generally adopting an effective attitude, in harmony with his environment, i.e., an A attitude.

(b) At adolescent stage, a very distinct reaction often occurs leading to 'autonomy'. The boy feels equal to his parents. The effective attitude may give way to a Rhythmic one.

(c) With the adult the need of living in society and in association brings the individual face to face with need to adapt. He thus adopts a Melodic attitude.

(d) With old people, freed from all contingencies, the individual perhaps appears in his purest state. In fact, the old put themselves out very little, in relation to their environment.

(3) From the study of principal types of behaviour, a 'bio-physical' connection emerges, which is interesting.

(a) The Melodic is the only one who can get on well with every one and the O subject, the universal donor, is the only one who can give his blood to all the other groups.

(b) The marked divergence between the Harmonic and the Rhythmic with respect to their deep-seated tendencies, a divergence which frequently involves their opposition on the social plane, is seen in the fact that their bloods are incompatible.

(c) The Harmonic-Rhythmic or AB individual cannot give his blood to any other group than his own and he is manifestly the most unsociable. This correspondence may be considered as a justification of the popular figurative expression 'he has it in his blood,' an expression which is used to explain the behaviour of an individual,

(d) The various types of 'behaviour' are 'attitudes' which are typical of individuals belonging to different blood groups. These attitudes in no way prejudice the 'aptitudes' i.e., the individual possibilities, both physical and psychical. It is quite obvous that, whatever his group may be, a man of 110 lbs. is physically built to make a jockey rather than a hefty porter. A person endowed with a superior and richly cultivated intelligence may more easily aspire to a profession, which is on higher level on the social plane, than a person whose mediocre intellectual faculties have been but little developed. However, in every case, the attitude of the individual in question will depend upon the group to which he belongs.

PROBLEMS FOR CONSIDERATION

The problems for consideration is whether these observations involve any consequences in Pathology and Therapeutics.

If certain deep-seated tendencies in individuals are, in fact, intimately linked with the blood groups then it is obvious that this should lead us to think that this fact may have repercussions in the medical field.

It is in our interest to discover its nature and to determine its place in order to derive due benefit from it.

As our own attitude with respect to the patient is liable to suffer certain modifications, it is our duty to find out to what extent we should take the biological group into account.

It is especially with this problem in mind the matter of 'Biological group and Homoeopathy' is here raised.

BIOLOGICAL GROUP & HOMOEOPATHY

Are the individual reactions in Pathology and in Therapeutics independent of the Biological Substratum ? Let us view it on

the (A) Qualitative and the (B) Quantitative planes.

(a) (i) *Qualitative Plane*: (i) First Problem: (Analytical Aspect:)

Let us first consider the analytical aspect. For a given remedy, are the qualitative modalities of the individual reactions dependent upon the biological group to which the individual belongs? In other words, from the experimental point of view, is it advisable to draw up the pathogeneses in accordance with the comparative process? From the therapeutical point of view, are the symptoms which enable the prescription of a determined remedy to be made partially different, depending on the group to which the patient belongs?

Let us take a remedy R proved upon a sufficiently large number of individuals. It might happen that by exploiting the results obtained, by means of comparative examination, we should obtain different groups of symptoms.

(1) Group of symptoms E

E1
E2
E3
E4 etc. common.

to all individuals (even with slight quantitative variations) would form the characteristic symptoms of the remedy R.

(2) Group of symptoms A

A1
A2
A3
A4 etc. common

only to individuals in the A group, would be significant for individuals of this group.

In the same way:

(3) Symptoms B

B1	and O	O1
B2		O2
B3		O3
B4 etc.		O4 etc.

should be respectively significant for groups B and O.

This is only a hypothesis, but if it did correspond to a reality, it would be heavy with consequences. It will enable us to throw considerable light on the Materia Medica, in which, it must be admitted, the use of additive process may sometimes have created apparent contradictions. But on the other hand it would oblige us to reconsider the pathogeneses one by one and point by point. And whatever may be the result, it would be worthwhile to carry out partial tests.

(a) (ii) Second Problem: (Synthetic aspect:)

Should the qualitative choice of the remedy take into account the biological group to which the individual belongs? Is there a category of suitable remedies for each biological group? Are certain aspects of patients, if not of illness and syndromes, the lot of determined groups? Shall we see in patients, reactions of Harmonic form, reactions of the Rhythmic form etc.? Shall we in the same way, have remedies of the harmonic type, remedies of the rhythmic type etc.? i.e., will Nux vomica be reserved for individuals of group A, Rhus tox to those of group B, Ignatia to those of group AB etc.?

Since no selection, it seems, has been made among the individuals on whom the remedies were proved when the pathogeneses were being drawn up, this problem may see to be intriguing.

(b) (i) Quantitative Plane: First Problem: (Analytical aspect:)

Whether it be a question of pathogenetic experimentation or else of therapeutics, are there, in individual reactions produced

by the remedy, quantitative modalities which are different according to the biological group ? In the experimental field, is the appearance of pathogenetic symptoms quicker or slower, milder or more violent, according to the group of the experimenters ? In the therapeutic field, does the disappearance of the troubles show characteristics which are related to the group to which the patient belongs ?

A well-known physician at the St. Jacques Hospital recently pointed out the case of one of his patients who was remarkable for the extreme sensitivity she showed to remedies. A single dose of the indicated remedy was sufficient to relieve her and restore her to health.

One day she had an oedema of the face and of the pharynx. One granule of Apis 3c reduced the swelling almost instantaneously. Later, when she was suffering from congestive cephalelgia with epistaxis, the syndrome disappeared entirely with a single granule of Mellilotus 5 C. Recently, as she was waking up at night in the grips of a nightmare, a single granule of Lachesis 5 C was sufficient to enable her to sleep peacefully again.

Even if in certain cases the slowness of the reaction is likely to be attributed to a doubtful choice of the remedy, it is nevertheless true that the reactive individual generally supports badly a remedy which does not suit him but reacts equally well with the one which is pathognomonic to him.

It is, therefore, obvious that this problem deserves attention.

(B) (ii) Second Problem: (Synthetic aspect:)

In the quantitative use of remedies, experimental or therapeutical, should we take into account the biological group of the patient ? Depending on the group, should we call in a given range of dilutions or should we prescribe a particular rate of absorption ? e.g. should the low attenuations be reserved for group A' the average ones for group O and higher ones for group B ? Or again, should the taking of the remedy be frequent with B, moderate with O and infrequent with A ?

Dr. Florentin says that a Swiss friend of his belonging to B group obtains results on him by taking remedies diluted to the 30th decimal. Two of his colleagues at the St. Jacques Hospital express satisfaction with the use upon certain of their rheumatic patients, of Rhus tox to the 7th and 9th centisimals, three times a day. They assure that they get better results with these dilutions and with this rate.

The different aspects of behaviour cannot leave partisans of Homoeopathic doctrine indifferent to the fact that the solving of the problem raised above constitutes a task worthy of the physicians, especially of homoeopathists, for it will no doubt enable them to make further progress:

(a) Towards the complete knowledge of man.

(b) Towards complete understanding of the patient, and consequently,

(c) Towards better application of the principle of 'Similia'.

(Note : This paper is based on the discussions the author had with Dr. Emile Florentin, while at the St. Jacques Hospital, in the summer of 1960.)

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CONSTITUTIONAL REMEDY

Dr. N. R. Dhawale, M.B.,B.S., Bombay.

Before going to the subject proper it will not be out of place to know what we mean by constitution, how it is formed and what influences it. I also intend to place before you the points of similarity along with the ideas of the formation of constitution, the influence on it as theorised by modern medicine, and as has been understood by Homoeopaths.

Baner in his book on "Constitution and Disease" states that the main cause of individual variability lies in sexual mating. This involves the knowledge of genetics and the genic composition of the individual – namely the genotype and the phenotype which present the actual appearance of the individual in his physical and psychic structure.

It is also said that of greater importance is the influence of environment upon the manifestation of those hereditary anlagen (anlage – singular: the primitive undifferentiated mass of cells or a place in embryo where primary differentiation takes place) which relate to mental functions. Heredity therefore determines what one can do while environment determines what one does do.

Draper, Dupertius and Caughey in *Human Constitution in Clinical Medicine* state that "The knowledge of constitution is therefore the study of genetics and the study of environment, and the study of both of these is vast. Strictly and scientifically speaking, the above defines a constitution."

However, such a concept of constitution is not generally accepted. One point needs to be stressed. Constitution is not a physical and mental trait, visible and invisible characteristics which may or may not be detectable by all or any one of the various methods of physical examination and laboratory work.

HOMOEOPATHIC CONCEPT OF CONSTITUTION :

Homoeopathic concept of constitution have been derived out of inductive logic and Hahnemann was the greatest exponent of the same in medical science. How correctly his thoughts (expressed a century ago after the enunciation of the theory of chronic diseases) fit in with the ideas and thoughts expressed in modern medicine will amaze those who would make a comparative study of Organon and take into consideration the leanings of modern science towards individualisation in modern medicine.

Coming to the subject proper, constitution is therefore not a measurable entity. It is exactly in the latter sense of the term that we speak about constitutional disease.

There are (1) constitutional factors in aetiology of disease. There are (2) constitutional factors modifying the clinical picture and course of disease. Lastly there are (3) constitutional factors necessitating a modification of routine treatment.

And this has all been accepted by modern medicine but put into practice only by the Homoeopaths !!

Hahnemann observed that in certain cases similar remedy was just efficacious in removing the symptoms though the disease was not eradicated. From this observation emerged his theory of chronic diseases and the constitutional treatment. He then propagated that (a) chronic disease is a constitutional derangement

and needs constitutional remedy for its eradication; (b) chronic disease is not self limited and shows no tendency to ultimate recovery if untreated.

The eradication of chronic disease has, therefore a philosophic bearing on prescribing and one cannot hence, practise homoeopathy without a concept of chronic diseases.

Hahnemann divided chronic diseases in four main categories and three miasms (1) Occupational or drug disease (which has nothing to do with constitution), (2) Psora, (3) Syphilis, (4) Sycosis.

These miasms may appear singly or in combination and influence the constitution of a patient. Hahnemann therefore enunciated that unless the miasmatic condition is treated, the constitutional change in patient will not take place and his disease will not be cured. The manner in which the trouble disappears is also guided by a law — Hering's Law of Cure — which states that when cure takes place it works up from within outwards, from above downwards, from more vital to less vital organs and in the reverse order of its appearance.

Constitutional remedy is therefore one which when administered produces a state in a patient which is governed by Hering's Law of Cure and in doing so it brings back the original trouble which in turn disappears leaving the patient cured in perfect health.

HOW TO SELECT A CONSTITUTIONAL REMEDY ?

Hahnemann stated that a constitutional remedy alone will cure the patient of a chronic state and it is well known that the best cures in homoeopathic therapeutics are possible on the basis of constitutional analysis. This selection of the remedy is based on the totality of symptoms and the preference of a miasmal drug is, however, always subordinate to the general principles in Homoeopathic prescribing.

This is because of the fact that our knowledge with regard to the drug and its action as antipsoric, antisyphilitic or antipsycotic is yet imperfect.

After having selected the drug, a reference to the chapter on miasmatic drug is done to find out whether the selected drug also covers the particular miasm from which the patient is suffering. If it does not, then we have to find out which of the drugs competing cover it and give a thought to the new drug by closely comparing the symptomatology in a patient with the symptomatology of the drug.

If this search also fails, which will happen very rarely then administer the closest simillimum which will palliate the patient though may not cure. The complementary remedy to the original drug covering the particular miasm upper most in the patient will either finish the process of cure or bring back the suppressed symptomatology in the patient.

The administration of remedy in chronic disease therefore presupposes the knowledge of the origin of chronic diseases.

As psora is the root cause of all troubles, psoric in origin, it is suggested that if the similimum does not eradicate the trouble, think of the antipsoric remedy complementary to the first. The laws for selection of the drug are the same as for the selection of the similimum.

Mixed miasms : In a case where the miasms are superimposed on each other, the case becomes complicated as the symptomatology gets mixed up.

It must be remembered that syphilis

usually suppresses other miasms and after a course of antisyphilitic remedies the disease becomes latent and the symptoms of psycosis or psora begin to appear and they must then be treated by the remedies appropriate to the miasms until they in-turn become latent. Syphilis then may again get active and this alternation of different miasms may go on till the patient is thoroughly cured.

The appearance of this phase in constitutional treatment must be borne in mind as antipsoric remedies like Sul., Graph., Calcarea are more likely to do harm than good, if given while syphilis is active.

In case of sycosis, antisycotic remedies will be of great use to eradicate the sycotic trouble e.g., constitutional symptoms of rheumatism and similar sycotic condition will manifest same symptomatology but the remedy selected will eradicate the trouble only when the medicine is antisycotic.

It is said that the suppression of acute form of gonorrhoea does not lead to constitutional sycosis and it is also said that in chronic form, as long as the discharge continues no constitutional symptoms will appear, here differing mainly from syphilis.

Laws for administration of constitutional remedies :

Hahnemann's usual teachings, the outcome of his long and rich experience, was to give a single dose in chronic diseases on the basis discussed above and then wait for the results. If the improvement continues, the rule is to repeat the dose only when it ceases. And one of the most difficult things is to learn to wait.

Boenninghauseen says "as long as old ailments reappear or are worse, without the appearance of essentially new symptoms which lie outside of its sphere of action, we should guard against the repetition of the remedy or change to a new one.

The administration or repetition of the remedy should be guarded by the usual laws of repetition of homoeopathic medicines and the law of direction of cure.

Constitutional medicine can also be determined from the knowledge of constitutional drugs under which the parents of the patient improved.

The following case will illustrate the above conclusion. A child of 4 years suffering from chronic gastritis and suspected to be a precursor of the cirrhosis of the liver presented a tie between Sepia and Lyco. The symptomatology of the patient was insufficient to differentiate one drug from the other. The parents had improved under Sepia. The child, a derivative of the parents, inherits the constitution in part of them both. By analogy it was decided that since the child is a product of Sepia parents, Sepia would also help the child to improve constitutionally. And surprisingly enough, it did.

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DIFFICULTIES IN HOMOEOPATHIC PRACTICE *

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It is said that there are three phases to a man's personality. One is what he thinks he is, the second what others think he is and the third what he actually is. This proverb may apply to us, the Homoeopaths, also. Our medical journals are usually so full of reports of cures, of confirmations and verifications, that an outsider peeping into our journals may depart with the impression that ours is only a catalogue of continuous successes and that we have practically no problems worth mentioning within our field. This impression may be justified if we take into consideration only the work and the records of the thoroughly well-trained and highly experienced homoeopaths among us, the brilliant few, but this would not reflect faithfully the real state if we take into account the work of the large majority, who like me, being either actual novices or possessing only an average standard of intelligence and application, are confronted by numerous problems. I speak with some degree of emphasis on this point because on discussion with several other students and practitioners I have found that they too are faced by similar problems though they prefer not to express these. Therefore, I have been emboldened to put forward these difficulties in this paper with the hope that someone among our experienced and respected colleagues, who has faced and solved such difficulties may give us necessary guidance. If any reader finds my thoughts irrelevant or irreverent, I crave his indulgence on the plea that while I am peculiarly endowed with enormous faith in the greatness of our science, yet I am handicapped by an abundance of ignorance and this is the natural consequence.

To give an idea how the world at large might be viewing us I may quote here an objective and impartial description of homoeopathy given by Dr. A. T. Westlake, in the *British Homoeopathic Journal*. He says :

> "...Let me first of all try to state the present position of Homoeopathy as it has appeared to me.
>
> I think it will be agreed that little headway is being made at the present time either in the medical profession or the general public. With the spectacular advances of modern medicine Homoeopathy is getting left behind, not so much from any opposition, but because it is passed by as having little relevance to the present trend of medical science.
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> One hundred and fifty years ago Homoeopathy was a tremendous advance on the orthodox therapy of those days, and therefore it is no wonder that after the initial fierce opposition it was taken up with such enthusiasm; but the reverse seems to be the case today. This is seen even in homoeopathic circles in which the true faith has been shaken by the advent of the antibiotics, as there is fear that one may be accused of medical incompetence unless they are used. There is, in general, a defi-

* This case was already reported in my paper in the British Homoeopathic Journal but there certain details were omitted as the emphasis were to some other aspect of the case.

nite lack of faith in homoeopathic principles when confronted with the undoubted successful advance of modern allopathy.

I think it is also true to say that no fundamental advances have been made since the time of Hahnemann. There have been new remedies and new potencies, but no new basic concepts have emerged, if one excepts the work of Bach and Paterson and of Boyd. Homoeopathy, to this extent, is static, and is still living on the original inspiration and genius of its founder and still only working on his original ideas.

In these days of the National Health Service every homoeopathic practitioner knows the difficulty, in the time at his disposal, of assessing the total disease picture and so of treating the whole man. The tendency is thus to treat symptoms rather than the individual, and thus fall into the bad habits of the allopaths—who can do no other.

The same applies to finding the right remedy and the correct potency. These can, of course, be learnt by experience, or arrived at by intuition. There is no doubt that all great Homoeopaths, whatever else they may be or have, are intuitive sensitives of a high order. But for the ordinary run of doctors, treatment is all too often a case of trial and error, of hit and miss, which only experience can improve. It is a misfortune that Homoeopathy has never had a technique for registering intangibles nor of measuring them.

Can anything be done about this state of affairs so that Homoeopathy not only regains its old importance, but becomes a vital and essential part of the new medicine of the future?...."

It is probably quite true that the principle of simili rediscovered, enunciated and emphasized by Hahnemann is an eternal rule, a therapeutic principle which rarely fails when correctly applied within its proper field of application. And yet it would be a grave limitation of thought to consider that it is complete and perfect in all its aspects and that it does not require any further study or investigation, any more advancement. The advance of knowledge in every field has exposed to our vision the fact that every truth already discovered is but part of or a step towards a bigger truth to be discovered later on, but one brick in the edifice of knowledge being built up. What may at present seem to us an ultimate in knowledge or human achievement appears to be so merely due to a limitation of our vision and imagination. Therefore, there is no need for us to feel embarrassed or guilty in attempting to define the scope and enlarge the sphere of the simili principle and to discover its relationship to other principles of treatment. Further, there is no harm in admitting and setting forth one's difficulties and in correcting or being corrected of any mistakes that might have been committed.

Coming down to the actual difficulties that I have met with in my practice and which have been confirmed by my colleagues, I shall set out a few.

THE HOMOEOPATHIC PATIENT

In homoeopathic practice, when we attempt to take the case of a patient, the first and a most important step leading to the homoeopathic prescription, we come across several difficulties. As we try to record the sufferings of the patients in all their nuances, we notice that all our patients are not as observant as we require them to be. Particularly in this modern era, it would seem that the average man's

attention is diverted to and absorbed by numerous things leaving him too little time to observe his own bodily functions. Due to such lack of observation on the part of the patient we may secure only very few symptoms, such as may be of no significance to us. Or, as is well known there are numerous so-called "one-sided" diseases manifesting themselves through a single local pathological disorder e.g. warts, tumours, alopecia, etc., apparently unaccompanied by general disturbance. It is also known that patients may omit to mention certain very important symptoms considering them to be of no significance. Most of them have passed through the mill and are generally habituated to the methods of modern treatment which is objective in its approach and seems to require very little subjective effort or co-operation on the part of the patient. It is also known that in several cases owing to our own inefficiency, lack of care or thoroughness we have missed some important points in the case and thus lost a most important link or clue; or alternately due to a lack of care in expression on the part of the patient we may secure only false symptoms. To the average patient, words such as distension, heaviness, fullness (of the abdomen) etc. carry much the same meaning and they may not be able or may not care to be precise in their expression.

It has also been some time our exasperating experience to find that the patient who had been quite definite about some symptom at the initial interview either so modifies or alters his original statement at the next or later sittings, that the whole picture becomes thoroughly changed. Or at times they may add some very valuable piece of information at the second, third or later interviews quite casually, a piece which had hitherto escaped our most minute questioning.

Besides, these, in accepting the description by the patient of his symptoms in toto, we tend to attribute to and place on his observations, expressions or words, a certain degree of infallibility which they may not always or entirely deserve. This may perhaps be one of homoeopathy's distinguishing characteristics and at the same time one of its greatest weaknesses. When a patient for instance, complains of tinnitus, the allopathic physician is satisfied with the formal statement whereas the homoeopathic physician wishes to ascertain what is the exact nature of the sound. That homoeopathic enquiry goes so deep and realises the significance of such minutiae, is a credit to the system. Yet from a purely practical point of view, we find that the average patient is not able to distinguish between buzzing and whizzing. roaring and rushing. That homoeopathic approach is so subjective while the subject of the suffering is himself so fallible becomes its weak point.

Yet again in the interpretation of the symptoms, we may not be able to know, grasp or understand the whole background of each symptom. For instance, the patient who has an aggravation on chewing might tell us instead that he is aggravated by eating; another patient may state that when he perspires he gets an attack of coryza whereas in actuality it may be that when he perspires and gets chilled thereafter, which is often natural, he may be getting the attack. If we fail to put these symptoms in their proper perspective, we are likely to err.

THE HOMOEOPATHIC MATERIA MEDICA

Now we may take the other side of the great equation viz. the Homoeopathic Materia Medica.

The symptoms recorded originally were derived from provings made on healthy

persons but later on it is known that even Hahnemann proved drugs on his patients and added the resulting observations to the Materia Medica. This might have been due to the paucity of provers or due to the fact that Hahnemann considerably broadened the scope of the term 'healthy prover'. Anyhow, the facts are so. Later on still clinical symptoms were also added to the Materia Medica — those found to have been produced or erased after the administration of the particular drug.

Controversies have ranged about the value of these clinical symptoms. But it is a fact that our Materia Medica as it stands at present has quite a large measure of these clinical symptoms and many of these have been of immense value in practice notwithstanding whatever might be said against them on academic grounds. For instance, the symptoms "vomiting of cold drinks, after they become warm in the stomach" discovered by Dr. Lippe at the bedside is still considered one of the classical and valuable indications for Phosphorus.

So as against the academical assumption that our Materia Medica is made up of symptoms derived from provings made on healthy human beings, in actual fact it is a congregation of symptoms derived from different sources. Not all of these therefore, can be considered of equal value.

Besides, every symptom whatever its source, depends for its value upon the source and the care with which it has been critically examined before being accepted. It is possible that some of these symptoms have not been so critically assessed before being included. Indeed it has been suspected and questioned that some of the symptoms even of the provings, might turn out to be the product of the circumstances of the provers. For instance, Dr. Hughes with his monumental patience has carefully assuaged almost every symptom in the *Materia Medica Pura* and *Chronic Diseases* with a critical eye and has concluded that even certain of the symptoms, recorded by Hahnemann should be rejected. He quotes the symptoms supplied to Hahnemann by Nenning. "How does Nenning produce such a vast amount of sexual symptoms from almost every drug he proved?" Dr. Hughes questions. In fact, Hahnemann himself had called Nenning a "symptom-buyer".

In the circumstances, it seems that there are possibly as many defects on this side as on the other side of the equation. Therefore, in comparing the symptom picture of the patient with the symptom of the drug we are comparing and trying to match two entities each of which is imperfect and defective to a certain extent.

If in spite of these circumstances and handicaps we are able to select the drug accurately and achieve success in practice, it is a credit to the immeasurable greatness of this science.

THE MATCHING OF THE CASE

Taking up the evaluation of a case we come across a further difficulty in deciding which of the symptoms of a given case may safely be given a secondary rank or may even be omitted altogether, from consideration; here again it becomes a matter of opinion and individual judgment. For instance, Farrington says that when the cause is definitely available then this is to be given the highest importance. He says: "In the chronic effects of injury we may use Arnica, when diseases (which may even be entirely foreign in their appearance to the ordinary symptomatology of the drug) may be traced to a traumatic origin. No matter what that disease may be, whether of the brain, eyes, lungs or

nerves, if the injury is the exciting cause, the administration of Arnica is proper" and again "Even if the symptoms which follow are not apparently connected with the symptomatology of Staphisagria, you may expect, when they arise from this cause, to obtain relief by its administration." I have found this true sometimes in my practice as the following case will illustrate.

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

This cases worked out as follows: (page Nos. refer to Kent's Repertory).

Injuries to the head (128)
Arn., Cic., Hypericum., Nat.m., Nat.sul.
+ Indifference : (54)
Arnica.; Cic., Nat.mur.
+ Diplopia (277)
Arnica., Cic., Nat.mur.
+ Strabismus (266)
Cic., Nat.mur.
+ Desire salt things (486)
Nat.mur.

Nat.mur. came out in all the rubrics. When we gave him Nat.mur. there was an aggravation which lasted for quite a few days but this was not followed by any amelioration. Thereupon considering the fact that the whole disorder originated after the head injury, we gave him Nat.sul. to which there was a magical response. The patient felt better within 24 hours and in two or three days felt perfectly well."

Yet at times the prescription based on the exciting cause has failed whereas the prescription based on the present symptoms has succeeded, though of course, we must remember that in most cases, we are never perfectly certain about the exciting cause; we only make a reasonable inference about the probable cause.

Cases are also known where the prescription based on the previous history ignoring the whole present symptomatology has succeeded. Dr. Dunham's case of deafness is a famous instance. To quote his own lucid description : "The success of the treatment resorted to in this case warrants a few remarks upon its rationale. Here was a case which presented to the practitioner apparently nothing on which to base a prescription. There was a thickened membrana tympani — nothing more. The work of thickening had probably been accomplished years ago. Here was a pathologico-anatomical condition, but no pathological process and, consequently, there were no abnormally performed functions — or, in other words, no symptoms of disease — from which to draw indications for the treatment. The pathological process which had produced it — just a knowledge of the town, at which a traveller has arrived, gives no certain clue to the road by which he reach-

ed it." He then goes on to describe the original symptoms of the case which had long since disappeared and concludes: "The resemblance between these groups of symptoms was so striking that Mezereum was at once selected as the remedy for this case of deafness, just as if the scalp affection had been still in its original form, and had been the immediate object of the prescription.

"It not infrequently occurs that we are called upon to prescribe for what seems rather results of morbid actions, than active diseases. In such cases it would seem that we may often successfully base a prescription upon the symptoms of a diseased condition which no longer exists, but which form in reality a part of the case."

Dr. Lippe's case of diphtheria is also a well-known instance. This is also worth quoting. "The cure of the following case will demonstrate what I mean by a freer and wider application of our law of cure: I had treated the patient more than eighteen months without improvement, except that his great liability to taking cold had become less.

"I copy from my record, taken December, 1881.

C.R. aged 45, light brunette, married ten years, general appearance healthy. For six years has had no discharge of semen during coitus.

Occasionally nocturnal emissions.

Erections usually weak, give out during coitus.

Burning in perineum, worse after going to bed, and when thinking of it. Occasionally itching, dry eruptions in crotch and inner upper surface of thighs and anus.

With the sensations of weakness of genitals his eyes feel weak.

Very sensitive to cold and changes of atmosphere.

Takes cold easily, usually affecting nose and throat first with dryness, then with watery catarrh and sneezing, or he has aching pains in different parts of the body and limbs changing location frequently.

Twenty years ago had African fever.

Never had gonorrhoea, syphilis, or other eruptions than those mentioned above. All other functions normal.

While on a visit to Philadelphia he applied to Dr. Lippe, at my advice.

Dr. Lippe wrote me the following letter: "I find that your patient had diphtheria about ten years ago, and was treated with inappropriate mercurials and gargles by Dr. ..... The character of the attack was that it went from one side to the other and finally back again to original side. Great weakness, almost paralytic, followed the attack, and he thinks he has never regained his full vigour and usual strength since this illness. His acute ocld has always the character of shifting pains and change of location. I have given him a dose of Lac. can. CM., which may be required to be followed by a dose of Pulsatilla." Suffice it to say that my patient never needed the suggested dose of Pulsatilla. In three months after his visit to Philadelphia his wife was pregnant.

She has since borne two remarkably healthy children.

As far as we know Lac. can jas no sexual weakness. That fact disturbed Dr. Lippe very little in his selection. He looked deeper and found the cause and the remedy. This is true homoeopathic pathology. All the knowledge in the world of the special pathology of this case would not have revealed the remedy

to anyone. To the homoeopathic artist, however, it was revealed, and a man regained his manhood and became the father of two children, after ten years of impotence."

Sometimes the prescription based on the family history alone has succeeded where everything else had failed. Dr. Foubister's cases treated with Carcinosin are also illustrative.

In translating our symptoms into the language of the repertories and in selecting the appropriate rubrics we are again liable to make a slip. For instance, I have found that in cases of gastritis, gastric ulcer etc., the cases work out better if in taking the symptoms under the chapter "Stomach" corresponding symptoms under "Abdomen" are included instead of stomach alone. Similarly, when the rubric "Taking cold drinks, agg." fails to give me the appropriate drug, the rubric "Chilled agg." has helped me. Similarly instead of "lying on right side agg." "lying on left side amel." has helped. So also "lying on abdomen amel." has guided us to the drug instead of "lying on back agg." Similarly if the agg. and amel of particular symptom by particular items of food and drink given under particular chapters does not give us the clue, the agg. and amel. by these items given in the chapter on generalities have helped me. Numerous such examples can be provided.

We could also mention the fact that certain cases in which the drug appears well indicated, when repertorized do not bring out the drug. Possibly we selected the wrong rubrics, possibly the disembowelled way in which symptoms are split up in the repertory are responsible. Whatever it is, we feel that the repertory should be taken only as a guide and never be entirely relied upon to point out the drug.

Considering all that has been mentioned above, it is no wonder that when the same patient for the same set of symptoms is placed before different homoeopathic prescribers they tend to arrive at different drugs in spite of the famous instance often quoted where homoeopaths in different countries selected the same drug when presented with identical symptoms of a patient.

So it can be seen that whereas all homoeopaths concur to prescribe on the symptom totality, this "Symptom Totality" itself turns out to be a somewhat an elusive or illusive entity. The symptom totality image of the same patient may change from person to person, and from prescriber to prescriber depending upon the way in which each ingredient is given its place and value.

SUMMARY

Certain aspects of homoeopathy and difficulties met with in homoeopathic practice are described and discussed.

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MY CONVERSION TO HOMOEOPATHY

by Dr. R. R. Adige, L.M.S., Bangalore

Like the conversion to another religion of a learned philosopher as against that of an unlettered "savage," it might be intriguing to know how an allopathic doctor gets converted to homoeopathy, for, to an allopath, what is taught to him is the final word in medicine, and once he is taken within the magnificent folds of his great order, he can and generally does look down upon all other systems of medicine as

quackery, simply because the Knight or the Professor who wrote his text books does not mention anything about them and how could anything useful exist in this world that is not mentioned in those books ?

In my case, to begin at the beginning, I must inform readers that I know, by sight and taste, Schussler's tissue remedies from my earliest years of discretion because my father, though a vakil, always kept a stock of them for free distribution over a period of forty-five years to whosoever came for them. I used to swallow some whenever I felt like it and found it possible to do so by taking care to help myself from the fuller bottles. I had several minor illnesses and time passed, and in the second year of my medical studies in 1917-18, I caught Malaria in Hyderabad and suffered from its regular attacks for several months in spite of very intensive treatment with quinine and many other remedies. One of the latter, I remember, was a patent liquid stuff called splenox—a very nasty stuff to swallow indeed! This preparation seems to have disappeared very soon from the market — or perhaps any need for it disappeared, because, just then, my father had sent to me an ounce each of four remedies — two powders viz. Natrum Mur and Natrum sulphur and two liquids viz. Arsenic alba and China sulph — with instructions to take a dose of each remedy morning, night, noon and evening respectively. I remember that I used to get my ague exactly at 4 P.M. and on the day I had to clear my parcel of those medicines from the Customs Counter, then existing in Hyderabad, I got my ague added on to the exasperation at the demand of the Customs Officer for proof that the two white powders and the two watery liquids did not contain any contraband gold! Ultimately he released them only when I declared my intention to present the bottles of gold to him and go away. As a matter of fact, those four bottles turned out to be more precious than gold to me because they cured my Malaria rapidly and smoothly. Yet, I seem not to have retained any sustained impression of the beneficial episode, perhaps partly due to a sub-conscious contempt bred out of familiarity and mostly due to my subsequent theoretical and practical study of our senior subjects in hospitals with the stress only on diagnosis.

Then, after my qualification in 1921, when I had my stethoscope and my hypodermic syringe, what more did I need? I started private practice (without my own dispensary) and strutted about in smug complacence in spite of the patent inadequacies of our materia medica of those days, trading mostly on the psychological element attached to the doctor's visit plus perhaps an injection added on to an impressively long or costly prescription. But, this psychologic element cannot work in the doctor's own case, and that is why when an allopath becomes really ill, specially with pains and discomforts which are not amenable to his own remedies, he seeks relief from any other source and if he is lucky he gets it.

I had several illnesses that were painless, but the painful one came on in 1934 as a swelling in my right palm. I remember that I had a motor car then with its electric horn permanently out of order, and, as I could not blow the bulb horn with my painful right hand, all the roads I had to travel over became a silent zone to me. As there was more noise in motor cars then and less envious disdain for them in our people in those days of non-socialism, driving was comparatively easier than at present. Yet it was a troublesome affair for me because the pain in my hand

went on increasing rather than decreasing with all the various treatments it had—medicinal, thermal and then some short wave therapy which had just then come into vogue. I was working in the Sri Ramakrishna Mission free dispensary also then, and Swami Amohanandaji (I can never forget Manindra Maharaj as we called him) who was assisting us in the dispensary, noticing my distress, offered to me, with some trepidation, two doses of a homoeopathic remedy with instructions to take one dose after lunch and the other at bed time. I put the first dose on my tongue after lunch and had my usual nap. What was my pleasant surprise to see that the pain had disappeared when I woke up from my nap? I took the second dose at bed time and, when I woke up the next morning the swelling too had disappeared!! It had looked like an abscess, and antibiotics had not come then into common usage. Anyway, I have never seen such good action from any antibiotic since then too. Manindra Maharaj later told me that it was Sulphur 200 that he gave me.

This time I realised the necessity of acquiring such specific remedies so that real help could be rendered to patients who come to us so trustingly for relief of their sufferings, and decided to study a system which, twice in my own case, had demonstrated its utility. As Manindra Maharaj had only Bengali books on homoeopathy, I sought the guidance of Dr. S. R. Koppikar who was in charge of the Homoeopathic section of the Sri Ramakrishna Mission free dispensary later on, and to whom we used to send from our allopathic section all intractable cases, which meant that he had to tackle more cases than we. He put me in the way with great enthusiasm and much kindness. He was a kindred spirit too in not hesitating to be eclectic when necessary.

This is only a story of my conversion to homoeopathy and not of my subsequent triumphs — or failures. Yet, I cannot resist the temptation to cite two recent cases to emphasise the pleasure showed by the doctor and the patient who has been cured of pain — pain which is the latest to have the honor of being the object of specialization. One patient was a young industrial tycoon having to travel about constantly here in India and abroad, and his complaint was a constant pain under the lower and inner angle of the right scapula, so well known to homoeopaths. He himself described to me how he consulted specialists in several cities here and abroad, and how he produced from his pockets every analgesic that they mentioned and told them how he had already tried them without any permanent benefit. He is one of the directors of a concern which manufactures and markets some of these famous analgesics, and knows well their claims. My treatment of that ailment began, as usual with such clean cases, with a guarantee in advance, of a cure, and a few doses of Chelidonium M fulfilled my guarantee. The other patient was a young lady residing in Delhi who had a similar pain, but below the left scapula, which also baffled diagnosticians and stoutly resisted treatment by local allopathic specialists and which was 'amazingly' relieved, as she dialetically expressed it, after a few doses of Chenopodium glaucosum.

In August 1961, my long experience with these remedies prompted me to suggest homoeopathic treatment for pain to a V.I.P. overseas, who had a specialist on pain in attendance. I do not know, however, whether my suggestion reached him or was acted upon. My aim has been to enlighten my allopathic brethren about the existence of some specific and effective remedies, so that they could turn out better work than

before — (*vide* my article 'Quo Vadis" in the *Indian Medical Journal* of November 1953). I find that, like myself, they get convinced only after personal suffering and personal experience. But this they always do without any exception.

It is a great pity that we allow blinkers to be tied to us during our medical education and that it requires so much personal suffering before we struggle out of them.

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FROM OUR CASE BOOKS

ALLIUM CEPA

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

Mr. S. G., a case of mitral stenosis improving under Naja came to me one day with blocking of left nostril, headache in both temples, drawing pain in left hypochandrium, frequent yawnings and recent desire for raw onions. Clarke says desire for raw onions is an indication for All. cepa. With the modalities < in the evening and > in open air, I did prescribe All. cepa 200 for him. Within a few minutes the headache is gone, the pain in hypochondrium is gone and the yawnings are gone.

Another instance. Mr. S. Y. was in agony with a right-sided strangulated hernia. He too was feeling more comfortable in the verandah than inside the room and the hour was 7 P.M. All. cepa 200 was dissolved in water and administered. Hardly had this touched his tongue, the pains were gone and he felt the 'reduction' of the hernia taking place gradually.

To those who view Cepa — that is the familiar way of calling Allium cepa — as a drug merely useful in acrid coryza and bland lachrymation the above two instances would unveil a newer picture. The Pulsatilla — modalities (< evenings, > open air) are there but the pitiful cry of Puls., comes in handy to differentiate the two, in cases of earaches. Clarke gives "Yawnings; with headache and cramp in stomach" and that is about what we had in case No. 1 cited above. But I got the lead in the desire for raw onions.

The case of strangulated hernia was advised surgery though he had relief with medication on that occasion. But who would get himself operated when there is a person to prescribe medicine and relieve and that too instantaneously. So, as it should, be, there was a recurrence of the trouble after an year and he wanted the 'magic remedy'. All. cepa. 200 was sent. No result! Advised immediate surgery, but patient not yielding. The patient's relative wanted me to prescribe again, more so because he felt the 'causation' different this time. He seems to have quarrelled with somebody for trying to cheat him in business and that had landed him into this trouble. Some intelligent lay persons seem to know a lot of pathology with sound interpretation of symptoms and a doctor cannot afford to ignore them. Anyway, I got a clue for Colocynth but I did not find this remedy under the rubric 'strangulated 'hernia' in Kent's *Repertory*. I thought it should not matter at all. It is something like not finding a heading in the index of a book which still contains the same in its substance. Colocynth 200 was prescribed. Within 15 minutes he passed flatus and in another 15 minutes passed a stool and in another

half an hour all pains were gone and all the relatives went to sleep. So the lesson was learnt that all things cannot be confirmed by the Repertory. If Colocynth has to be confirmed in this case, one should seek the rubric 'ailments after chagrin' and not 'strangulated hernia'. If in one's experience he learnt of Colocynth helping in such a case as this, he is at liberty to include the remedy under the rubric strangulated hernia in his copy of the Repertory for future guidance. Are not such thrilling instances recorded even better in memory than in any book? By the way Mr. S. Y. is yet to get himself operated in spite of all the counsel.

So, we have drifted away from Cepa to Colocynth. If you add whooping cough and traumatic neuritis to the points touched about Allium cepa it would give a better impression of this valuable remedy. Last but not least, All. cepa is a flatulent remedy. That is the short story of this simple remedy and simplicity itself is no bar to a real physician. I think it is Sydenham who said "Only weak minds scorn things for being clear and plain."

BRONCHIAL ASTHMA

by Dr. A. U. Natarajan, M.B., B.S., M.F.Hom. (Lond.), Coimbatore.

Mr. S. N. S. aged 34 years, employed in dye industry has been constantly exposed to the fumes and gases from the chemicals and has no way to keep these 'allergens' out since his residential quarters were close to the workspot. His asthma started sometime in 1957 i.e., nearly 8 years after his taking up this job and it gradually became worse. All those who were consulted for his asthma advised him to keep out of the area but that could not be done.

His grandmother had asthma. His father's sister (whose grand-danghter he married) had asthma. There is no family history of Tuberculosis.

His asthmatic attacks are worse from 12 midnight or 2 a.m. till day break, worse in rainy weather, worse from fumes and dust of factory and after oilbath. The patient has a burning sensation in epigastrium on waking from sleep in the afternoon, > after eating. Though costive earlier, his bowels move regularly, since 1958. He gets dreams of robbers and of wild animals chasing him; gets headache, and feels weak when hungry; is very fond of sweets and milk.

He is a hot patient, has fear of heights; depressed easily, rarely suicidal depressions. Such depressions were more when he was under allopathic treatment.

Anticipation <. Fastidious ++. Blood count revealed 12% eosinophiles (Total W.B.C. count = 11,500).

Natrum sulph. was selected on the following grounds:

Asthma < Rainy weather < Oil bath < Early morning; family history of asthma; personal history of malaria; depressed, fastidious, hot patient.

So Natrum Sulph. 1M was prescribed on 19th November 1961. On 20-11-1961 he had a severe attack from midnight.

The attack continued to be severe even at 8 a.m. next day when he presented himself for examination. Nat. sulph. 10 M was prescribed. When there was severe attack of asthma, the case had reached an acute phase. Hence Nat. sulph. in high potency i.e., Nat. sulph 10 M was given, in frequent repeated doses. One powder of Nat. sulph. 10 M was to be dissolved in a glass of water and one teaspoon of that

solution to be taken every hour, starting from 8 a.m. The asthma was better only by 20% by 8 p.m. Arsenic seemed to be suggested by his restlessness etc., but was not given since he was still a hot patient. So at 8 p.m. again when he returned without any abatement of symptoms, Ars. iod. 30 was given. Ars. was thought of even during first prescription, but it covered the case only partially. Restlessness, fear of being alone, burning in abdomen in noon and afternoon (Kent p. 572), fastidious, irritable, hour of aggravation. But he was a hot patient, fond of cooling his food when served hot. Hence it was kept in waiting list. Under the complementary remedies list, Ars. and Thuja were found (Gibson Miller). Under rubric "Hay asthma", (Kent's *Repertory* p. 765), ars., ars. i., and iod" are given along with other remedies. Hour of aggravation for Ars. iod. is given as 11 p.m. to 2 a.m. (page 764 : Respiration – Asthmatic night). Thus Ars. iod was chosen and given in 30th potency. Nat. sulph. 10 M was stopped. He slept well that night and then again the following morning after breakfast. Reported only in afternoon with negligible wheezing which was detected only by auscultation (patient was not feeling any strain of spasm). On 24-12-1961, he reported no attacks for the last one month and has maintained a steady overall improvement. Slight wheezing towards the evening. Ars. iod. 200. By 2-2-1962: The burning sensation in epigastrium is also 10 M. (Because X-Ray chest taken in 1960 gone. Giddiness at 1-30 a.m. Tub. bov. when he was under "investigations" had shown "Hilar markings +. Hilar glands show stippled effect ? Koch's." On 2-2-'62 I did not want to repeat Ars. iod as he had no other symptoms apart from that 'giddiness' hence the nosode was prescribed. 12th June 1962 : doing well.

So, this gentleman is now free from asthmatic attacks since 24-12-1962 and has regained the weight lost before coming to me. He still handles the dyes and chemicals and inhales the fumes. That shows that we could correct or cure the asthma without removing the "allergens" by correcting the root cause, namely, "susceptibility." There is no need for the antihistamines to neutralise the histamine that is supposed to form in the reaction.

One has also to consider the social as well as practical aspect before drastic measures are adopted or advised, such as getting rid of the job or getting rid of septic foci in his body in order to remove the so-called allergen, etc. Nothing good can come out of the impracticable, hazardous and sometimes even destructive suggestions like total dental extraction or tonsillecomy or appendicectomy. These glamorous, circuitous methods of treatment attract bigger masses than the simple method of radical cure which is dubbed as unscientific by both the "knowing" as well as the laity. Only those who have "experienced" the magic will appreciate the genius of homoeopathy.

PERSISTENT VOMITING

Dr. B. J. Kamani, M.B.,B.S., Bombay.

Around December 1960, I was consulted by a lady aged 35 years for persistent vomiting of 20 years' duration which had started just after her marriage.

She had six children but she was not very happy domestically since she did not have good relations with the husband and the in-laws. There were frequent quar-

rels in the house and the husband even used to beat her. She was vomiting every day, immediately after food. For some peculiar reason she was free from this disorder for a month before and a month after Diwali. She also used to lie down and weep when alone. She had consulted several doctors including several eminent physicians and psychologists both in Bombay and at Karachi and had found no relief. When we saw her we were struck by the fact that even with the history of vomiting of so many years, her general health was not very poor. In fact she looked well nourished. Combining this fact with her unhappy domestic situation, we gave her Ignatia IM daily twice for one week. By the end of the week her vomiting decreased and disappeared. Now she has been free for the last 1½ year.

CLINICAL EXPERIENCES WITH HYDRASTIS

Dr. A. R. A. Acharya, Bangalore

Let me give my clinical experience of Hydrastis confirming the facts in the materia medica and adding some more verified facts to the materia medica.

Dr. Boericks says in his preamble "Acts especially on mucous membranes, relaxing them and producing a thick, yellowish, soapy secretion....weak muscular power, poor digestion and obstinate constipation .... Its action on the liver is marked. Cancer and cancerous state, before ulceration, when pain is principal symptom.... The power of Hydrastis over small pox seen in modifying the disease, abolishing its distressing symptoms, shortening its course lessening its danger and greatly mitigating its consequences.

Some years back I saw a child crying due to colic drawing its legs towards abdomen. It was constipated. I applied Hydrastis to the liver region with a piece of cotton. The child passed stools even as the application was going on on the abdomen. After this experience I have adopted this method to remove congestion and distress in the abdomen. Children might pass only urine, or stools and urine. Relief is certain. The relief might also be due to the sudden coldness produced by the application of spirit.

I believe that a similar drug i.e., one capable of producing similar disease will cure if the drug-force reaches the vital-force through the blood, orally or through skin which is protecting us from the external attacks. As skin is capable of absorbing, it can as well take in drugs when rubbed in. Who has not seen the warts falling off by external application of Thuja? It is always good to give a dose or two internally in potency of the same remedy.

I have given Hydrastis with good results to a number of patients suffering from long standing constipation with poor appetite. Once, one of my friends ate some preparation of green chillies. The whole rectum got inflamed; pain intolerable. In fact, it was actually like inflamed piles. Hydrastis 5 drops in 1 oz. water every 2 hours was taken and 6 doses brought out a sigh of relief.

This experience of mine was 2 years back. Since then I am treating painful cases of piles, whether bleeding or not, (generally blind piles are very painful) with Hydrastis. It is interesting to say that one Central Government Officer always keeps ½ oz. of Hydrastis in his suit case whether he is on tour in India

or abroad. He was not only able to avoid an operation but he also got rid of the awful pain and constipation. He is very grateful to Hydrasitis and Homoeopathy.

ALLUMINIUM DERMATITS

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

Case 1693J/1958

Mr. A.V.D. aged 18 years consulted me on 13-3-'58 for circular symmetrical patches of eruptions in dorsum of both feet about 2" in diameter for last 2 months itching sometimes; with white scales, thin exudate on scratching. He strains for stool although they are soft. He was using aluminium vessels for cooking food last 3 months.

I advised him to discard the aluminium vessels and gave no medicine.

22-3-1958 Itching much better; eruptions fading. No medicine given.

26-4-1958 Patch is greatly decreased but not gone. Itches after bath. R Morg. Bach, 200, 3 doses in one day.

5-5-1958 Condition normal.

Comments :

The ill effects of aluminium used in the kitchen are not realised by a large number of physicians.

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NEWS AND NOTS

33rd PAN AMERICAN CONGRESS

Dr. C. V. S. Corea, International Director for Asia of the World Homoeopathic Medical Congress informs us that the 3rd session of the World Homoeopathic Medical Congress along with the 33rd session of the Pan American Homoeopathic Medical Congress and the 9th Brazilian Homoeopathic Congress will take place in the city of Rio de Janeiro, Brazil, from the 25th October to 2nd November 1962.

The Secretary of State for Foreign Affairs of the Government of Brazil has sent a circular to Governments of various countries inviting those interested to attend the Congress. All those Homoeopaths wishing to attend the Congress are requested to contact the Brazilian Diplomatic Mission in their respective countries and make the necessary arrangements to enable them to attend the Congress. Detailed information can be obtained from the Executive Secretary of the World Homoeopathic Medical Congress, P.O. Box. 1311, Rio de Janeiro, Brazil.

Dr. K. R. SETHNA

Dr. K. R. Sethna, M.B.,B.S., F.C.E.H. (Bom.), member of the Editorial Board of the Journal has returned from U.K. after securing his membership of the Faculty of Homoeopathy (Lond.). Our hearty congratulations are due to him.

HOMOEOPATHIC HEDICAL COLLEGE

The new building of the Bombay Homoeopathic Medical College located at Vile Parle, Bombay was opened by he Hon'ble Dr. Sushila O. Nayyar, Union Minister of Health, on 13th of September 1962.

In her speech, the Hon'ble Minister mentioned that the present strength of 35 beds in the Government Homoeopathic Hospital was inadequate for good training and that the Hospital should have at least 300 beds. She also deprecated strongly the fact that numerous persons with very little education or training continue to enter the ranks of homoeopaths thereby bringing discredit to the system.

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BOOK REVIEW:

'Forty -four years' Practice in Homoeopathy by Dr. V. V. Athalye, A.V.P., Published by Anath Vidyarthi Graha Prakashan Poona 2, Pages 341 + v Price Rs. 10/-.

It has been noted with regret that in the field of homoeopathy in India, while there has been a fairly satisfactory expansion with regard to homoeopathic education and registration of practitioners, the publication of original literature has not at all kept pace. Few original books are published. The publishers are satisfied with reprinting old books by the masters. Probably they view the matter only commercially and do not wish to take any risk with their investments. Whatever the reason, this is an unsatisfactory state of affairs and if not the regular publishers, at least the Boards of Homoeopathy or the educational institutions in the field must move to remove this defect by encouraging the publication of good literature.

Dr. V. V. Athalye has done a distinct service in this direction by summarising his clinical experiences of forty-four years in this field. Though his is not a text book of medicine he has followed the order of a text book giving a brief summary of the various diseases. His experiences are classified and therapeutic hints added to, under the headings 'Diseases of the various Systems". Too long the homoeopaths have shunned the use of clinical and diagnostic terms. No doubt the repeated warnings of Kent, Nash etc. are to be heeded and the clinical knowledg and diagnostic data should not be allowed to distort a homoeopathic outlook and mar an otherwise good selection of the remedy. But homoeopaths have sometimes gone to the other extreme and have completely avoided not only clinical and diagnostic terms but even such an approach. Experience will show that diseases occur in the form of definite clinical entites however much there may be individual variations within each group. Dr. Athalye is to be congratulated for bringing the pendulum back to the centre.

The author, though a resident of a comparatively small town seems to have had a very rich and varied experience and quotes some hundreds of cases. His presentation of the material is very systematic and thorough. Throughout the book the author is very moderate in language and nowhere do we find any exaggerated claims. Though some printing mistakes have crept in, the get-up of the book is quite good and the price reasonable.

We heartily recommend the book which will be most useful as a book of therapeutics both to senior students and to practitioners of homoeopathy.

—P.S.

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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.

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