INDIAN JOURNAL OF HOMOEOPATHIC MEDICINE

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Aude Sapere

(Dare to be wise)

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DRUG INCOMPATIBILITY: ".....a new type of incompatibility has become increasingly serious. This is the interaction of drugs in the body, one agent altering the absorption, distribution, metabolism or excretion of another. Unfortunately it is now the case that many hospital patients are taking anything up to a dozen or more different drugs at the same time, perhaps with the addition of a couple of home remedies they have not bothered to mention to the doctor. Since the chance of an interaction rises steeply with the number of drugs administered, there is a very complicated field to explore here and its exploration is by no means complete."

From Doctor and pharmacist–*Documenta Geigy*, Page 1.

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INDIAN JOURNAL OF HOMOEOPATHIC MEDICINE

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

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

"Life is short, art is long, opportunity fleeting, experiment fallacious and judgment difficult." ... ... —Hippocrates

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

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It welcomes for publication contributions in the shape of original articles, case reports lectures, symposia, panel discussions, extracts, news cuttings and other informative material of interest to the homoeopathic medical profession. All authenticated matter and articles of scientific interest will be particularly welcomed. All public and private homoeopathic institutions are requested to send us reports of their activities for purposes of reference and record.

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INDIAN JOURNAL OF HOMOEOPATHIC MEDICINE

असतो मा सत्यं गमय	Lead me from the false to the true.
मृत्योर्मा अमृतं गमय	Lead me from mortality to immortality.
तमसो मा ज्योतिर्गमय	Lead me from darkness to light.
आ नो भद्राः क्रतवो यन्तु विश्वतः	Let noble thoughts come to us from every side.

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EDITORIAL

THE COIMBATORE SEMINAR

In December 1972 a scientific seminar on Homoeopathy was organised by the Coimbatore Dist. Homoeopathic Association under the leadership of Dr. K. Ganapati. This seminar was unique in some respects. No minister inaugurated it; no politician presided; there were no garlands; no monotonous speeches were made and no bombastic resolutions were passed. All the time available was devoted to scientific papers and discussions which were of a high order. The discussions which were brief and to the point were educative and enlightening. The delegates returned home with a sense of fullness.

We congratulate the organisers especially Dr. Ganapati for the silent but efficient way in which everything was arranged, something we generally miss in homoeopathic conferences. We consider it a model for other organisers to emulate.

We take pleasure in publishing in this issue of the JOURNAL some of the papers presented at the conference.

LOVE, ROMANCE AND WHIMS OF MADAM MELANIE HAHNEMANN

by DR. S. R. WADIA, M.B.,B.S., M.F., HOM. (LONDON), BOMBAY*

On this auspicious day of the birth of our founder, I want to devote a few lines to some interesting episodes regarding Madam Melanie Hahnemann, who was so dear to our Master. Somehow, the world has not taken kindly to her after his death though there may be reasons for the same.

Madam Melanie married Hahnemann when she was 35 and the Master was 80. One would wonder what induced her to marry him. There is a very long episode connected with the same. Somehow she approached him after hearing his name and fame and was cured of her illness, which nobody in Europe could cure. So she developed for him in the words of Helen Berkley "Veneration for his talents, esteem for his virtues and affection for himself mingled perhaps with a sense of gratitude for his services to herself." It was a marriage of two highly intellectual minds. Helen Berkley further goes on to say that Melanie was charmed with his genius, his character, his manners, and everything about him; and conceived an affection for him perhaps deeper and truer than the passion which we generally call love. Hahnemann had amassed quite a fortune before this marriage, but of this she refused to take a share even during his lifetime. According to some authors, she used

* President, Board of Homoeopathic & Biochemic systems of Medicine, Maharashtra; Hon. Lecturer, Bombay Homoeopathic Medical College, etc.

to attend and prescribe for most of the Master's patients on her own only consulting him in serious cases.

Madam Melanie Hahnemann is criticised by many for not parting with Hahnemann's works, books and papers, particularly the 6th edition of *Organon*. We should try to understand that even during the Master's life-time so many people and so many members of his family did not take kindly to him because she was not allowing him to meet too many people for fear of a breakdown in his health, as she wanted to preserve his strength and intelligence. I also think that she was very much responsible in helping our Master in completing the sixth edition of *Organon* and giving it its final touches to make it as perfect as possible.

After the death of her beloved husband, when she was 43, she had no source of income as she was treating all her patients free. She was persecuted and prosecuted by the State for practising Homoeopathy without a licence and qualification. After the Franco-Prussian War she lost everything, including all her estates and had no means of supporting herself. Several people including the grandson of our Master brought out a colourable imitation of the sixth edition of *Organon* for which she had to send them lawyer's notices because according to the will of Hahnemann, she had the sole right of publishing his works. All these, and many other acts were responsible for her sitting tight on the treasure that the Master had left. She is also accused of disposing of the Master's body and putting it in an unknown grave but there was a reason behind this too. The shock of parting was too great. The profession and public behaved in an unfortunate manner towards the widow of one who was an outstanding doctor in the 19th century.

I will mention only some incidents of their lives as narrated by Madam Hahnemann herself. She writes "I nursed him as one nurses a new-born child. I was his barber, his valet and his secretary. I loved and admired him so much that I would serve him on my bended knees. Never was tenderness more fully returned, never was a union stronger. He entrusted me entirely with the treatment of many patients frequently numbering more than 100. I served as an interpreter and secretary when patients came to consult him because he wrote everything as his doctrine rests entirely upon the expression of symptoms. He made me learn "*Materia Medica Pura*", a dry and difficult study. When the patient told his symptom, I pointed in German to the doctor, the remedies in which this symptom was to be found. I must have been very stupid if I had not made rapid progress with such a wonderful teacher." She wrote the following verse which is engraved on his watch chain :

"My life to yours is closely bound
To your happiness devoted.
My place in your noble heart, found,
No other in this world so I desire".

She continues "In addition to making me work as hard as I have just said, and sometimes I was dead tired, Hahnemann gave me medicine in order to experiment upon me as he has done upon himself. I resigned myself to these painful experiences partly in order to work at the Materia Medica and partly in order to prevent Hahnemann having to experience himself the torments of the experiments; for his great age and his health required medicines, which he had not taken hitherto. I now suffered as he had once suffered and an important work which is not yet finished will be the result of it."

"Two days before he died he had said to me: 'I have chosen you among all my disciples and I leave you my scientific heritage which is of much importance to humanity. Continue to work as we had done for such a long time. Carry on my mission. Forward, ever forward against the wind, struggle against the strain, always cure and everywhere, and by constantly curing, you will compel justice to be done to you; current opinion will support you respectfully after having opposed you or your path. Call faithful disciples to your side, teach them all that I could not tell them, what you alone now know; hand on my tradition, and when your hour to leave this earth has arrived, come and join me where I shall await you. Your body will be put in the same coffin as mine, not beside mine, but inside and they will write on our tomb:

"As love united us in life, so does the tomb,
Ashes to ashes and bones to bones."

"Five minutes before he departed, he said to me: 'You will be mine in eternity.' My despair can only be measured by the immensity of my devotion. I suffered the most terrible affliction, my sorrow was so intense that there can be nothing like it in store for me again on earth. Nevertheless my courage was great. I had Hahnemann's body embalmed in my own presence and I laid down on his bed for eleven days at the side of his inanimate body* with which I should have liked to be laid out in the tomb."

This was the life and story of Madam Melanie Hahnemann who was loved so dearly by our Master. Hahnemann's virtues and fame were so great that 50 years after his death, his body was exhumed, put in a new coffin along with Madam Hahnemann's body and reburied in Paris by the International Body and the tomb is preserved till to-day in excellent condition. It is a place of pilgrimage for all those Homoeopaths who come from all over the world to pay homage to the Master.

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2. Dr. Richard Haehl, M.D.: Samuel Hahnemann, His Life and his Work.

* This could be the reason why she did not announce his death to the world for many days.—ED.

CLINICAL CONFIRMATIONS OF CYNODON DACTYLON

BY DR. D. P. RASTOGI, M.A., D.M.S., D.F. HOM. (LONDON) NEW DELHI*

INTRODUCTION : *Cynodon dactylon* has been proved by Dr. Jugal Kishore of New Delhi and a paper on the proving was read at the Congress of the International Homoeopathic League at Athens in Sept. 1960. *Cynodon dactylon* is a grass grown all over India. The ancient Ayurvedic physicians of India have used this for epistaxis, dropsy, anuria, chronic diarrhoea and dysentery. From the short provings it appears that this drug has an elective affinity for the gastro-intestinal tract and urinary system. The rectal and intestinal symptom were very definite and marked. Symptoms produced during the provings remind us of three drugs *Lyco.*, *Aloe.*, and *Podo.* It seems to exhibit some symptoms of all these drugs.

For quick reference I place below the symptoms relating to rectum, stools and abdomen as developed during the provings :

Rectum and Stools : Loose, offensive, yellowish stools.
Offensive stools and offensive flatus.
Urge for stools on rising with slight griping pain.
First part of stool formed and the second part loose with mucus; offensive.
Pain relieved after stools.
Awakened by an urge for stool at 6.45 a.m.
Noisy spluttering stools with sour odour.
Straining after stools.
Urging for stool continues during day.
Semisolid, noisy stools with a trace of blood.
Urge for stool even at 10-30 p.m.
Passed lot of flatus with stools.
Constipated, hard stools; no urge on waking (unusually she has to rush on waking and rising from bed.)
Hard, difficult stools.
Semi-solid, slimy, sour-smelling stools.
Abdomen : After 4.00 p.m. flatulence and distension of abdomen.
There was cramping pain in the abdomen after 4.00 p.m. with an urge for stool.
Heaviness above the umbilicus.
Sensation of rawness below the umbilicus in a small spot.
Distension in the abdomen, distended like a football, not related to eating and felt in one prover at 10 a.m.
Distension or tense feeling in the left lower quadrant by passing urine.
'As if a hard ball' sensation below the umbilicus and partly around it.
Emptiness around the umbilicus.

* Senior Research Officer, Homoeopathy, Ministry of Health, Government of India.

After breakfast pain in right hypochondrium; pain in waves. comes and goes suddenly. Pain vanished after lunch.
Itching around the umbilicus.
Rumbling in the Abdomen.

Clinical cofirmations of this drug were done at the O.P. Dept. of Central Govt. Health Scheme Homocopathic Dispensary, New Delhi. Detailed notes could not be taken as time did not permit. Stool examinations were done but except in a few cases nothing abnormal was revealed.

Following are some cases:

1) Mrs. Y. R. 39 yrs. 10th Dec. 1971: Chronic diarrhoea for 5 yrs. Now passes 8-10 stools daily with pain in abdomen preceding stools. Desire for cold drinks and sweets. Stools examination revealed pus cells and muscle fibres. No ova or cysts. *Cynod. dact.* 6x t.i.d. for 4 days. 14-12-71: Painless stools 4-5 times. Medicine repeated.

By mistake the medicine was changed by another physician who prescribed *Acid phos.* 30 t.i.d. which was given for six days with no relief. On 20-12-71 the patient was put back on *Cynod. dact.* 6 t.i.d. By 29-12-71 the patient was passing only one painless stool a day. By 6-1-72 he was completely cured.

2) Baby X, aged 3½ yrs. a male child, used to pass stool after each feed. The stool contained mucus and the first part of stool was hard; skin around anus red.

2 pills of *Cynod. dact.* 6x relieved the condition.

3) Mrs. B. K. an adult female had loose stools 4-5 times daily with pain in abdomen. *Cynod dact.* 6x t.i.d.

After taking medicine for 3 days she passed normal stools without pain.

4) Baby aged 9 months. 30-12-71: passed watery stools 10-12. *Cynod. dact.* 6x b.d.

2.1.72: Loose stools continue, 5-6 a day. Medicine repeated.

4-1-72: Condition normal.

5) Miss C. aged 10 yrs. 2.12.71: Tendency for loose stools with attack of abdominal pain *Nux vom.* 30 t.i.d. for 2 days. 4-12-71: Condition same; passed two undigested stools. Pain persistent *Cynod. dact.* t.i.d. 5-12-71: Felt > after the 1st dose of *Cynodon.*

6) Master S. aged 2 yrs. 3-12-71: Loose stools 7-8 times a day. *Cynod. dact.* 6x Q.D.S. 6-12-71: Loose stools 3-4 times. Medicine repeated.

Condition became normal after taking *Cynod. dact.* for 6 days.

7) Mr. K. L. V. Adult male. 10th Jan. 1972. Fever for last 5 days. Bloody stools from yesterday; Thirstless; Loss of appetite; Headache. *Cynod. dact.* 6, Q.D.S. for one day. 20-1-71: Condition normal.

8) Master S. aged 6 yrs. 1st Jan. 1972 : Diarrhoea with pain before stool. Passes 5-6 times. Patient had taken *Podo.* with no relief. *Cynod. dact.* 6x t.i.d. for 2 days. Patient was well till 31-1-72 but then had a relapse. *Cynod. dact.* 6x t.i.d. for four days set him right.

9) Mrs. U.R. Adult female. 12-12-71. Loose stools with abdominal pain after stool. Mucus in stool. Vertigo while sitting. Wants to lie down. *Cynod. dact* 6x Q.D.S. By 23.12.71 she was normal.

10. Baby S. Age 1½ month. 27 Dec. 71. Profuse diarrhoea not relieved by *Nux.* and *Podo. Cynod. dact.* 4 doses given. 28-12-72 Relieved during day but had stools at night. Cried during night. *Cham.* 30, for 2 days relieved.

11) Master S. 15 Dec. 71. Offensive, stools. *Cynod. dact.* 6x 6 doses. By next day he was better.

12) Mrs. B. K. Adult female. 28 Dec. 71. Diarrhoea with much mucus in stool *Cynod. dact.* 6 b.d. for 3 days. Reported improvement. 3-1-72 : Diarrhoea with much mucus. Medicine repeated for 3 days 1-2-72 : Has had no loose stools even after taking fatty things while she used to get it previously. This lady had been under treatment for menorrhagia but every now and then she used to have frequent attacks of diarrhoea with abdominal pain. After giving *Cynodon* this condition has much improved.

13) Master P. aged 4 months. 2 Feb. 71. Diarrhoea 5-6 stools with mucus. *Cynodon dact.* 6 Q.D.S. for one day. 3-2-71 : No stool in day but two stools at night. Medicine repeated. 4-2-71 : Condition normal.

14) Miss A. age 9 yrs. 20 Dec. 71. Passed 7-8 stools yesterday, involuntary. *Cynod. dact* 6x Q.D.S. 5-1-72 : She improved, then had two relapses. Condition relieved by *Cynodon dact.* 6x and again improved on the same remedy but finally was cured with *Cynod. dact* 30.

15) Mr. O. P. S. Adult male. 3 Jan. 72: Loose stools, 7-8 with burning. *Sulphur* 30 t.i.d. He was relieved but had a relapse on 7-1-72. *Cynodon dact.* 6x set him right.

16) Mr. S. K. 17 yrs. male. 7 Feb. 72 : Frequent watery stools (4 since morning) No pain. *Cynodon dact.* 6 x 4 doses only. He had an aggravation because of some dietary error but he was cured by *Cynodon dact.* 6x after 3 days.

17) Master A. 4 yrs. Weakness and tired feeling; Very irritable; Heat from soles of feet; Epistaxis. Loss of appetite; Increased salivation; Distension of abdomen. *Cynodon dact.* 6x b.d. for 2 days. Condition relieved including epistaxis.

18) Master D. age 9 yrs. 10-1-72 : Offensive and large .stools Nocturnal enuresis; *Cynodon dact.* 6x, 2 doses daily for 4 days. Both conditions relieved.

19) Mrs. S. A. Adult female. 27-10-71 : Watery stools, 4 times in abdomen. *Sulphur* and *Podo.* had given relief for few days but she

had relapses. By 26th Dec. 72 she was normal after she had relapses thrice, each time *Cynod. dact.* giving her relief.

20) Mr. I. A. A young Engineer. Has been suffering from mucous colitis and was helped by *Podo.* but had relapses. Has 3-4 stools, very offensive, with heaviness and mild pain in the abdomen which upsets his mood. He could not take up any job because ot this. *Cynodon dact.* 6x t.i.d. 3 days.

He felt relieved. He had relapses but they were milder and fewer. One or two doses relieved the pain and brought down the number of stools to one. He has taken up a job now.

21) Master R. 5 yrs. Male child. 30 Dec. 71 : 5-6 loose motions *Cynodon* 6x. Loose stools stopped after the first dose.

22) Baby L. 5 yrs. My daughter recently developed diarrhoea while she was in the school with one or two vomitings. She had also involuntary evacuations. *Ver. alb.* was given to her which seemed to relieve but next day also she passed several stools in the school with the difference that the evacuations were not involuntary. On enquiry she mentioned that she likes to eat something and she asked me about half a dozen things which she would like to eat. Normally she is not keen to eat anything. On mentioning this symptom to Dr. Kishore I was advised to give *Cynodon.* I gave two doses of *Cynodon* 30 and she was quickly relieved. *Cynodon* has emptiness around umbilicus and this symptom was confirmed in this case.

23) Mrs. S. R. age 42 yrs. Used to complain of pain in epigastrium. Sometimes it awakened her and she had an urge to pass the stool. With the pain she felt great weakness. The case was diagnosed as a case of amoebiasis. Repeated stool examination, however, did not show up ova or cysts.

She was put on *Cynodon* 30 which greatly relieved the pain and removed the weakness also. Two days after taking the medicine she passed a round worm.

24) Mr. N. S. 45 yrs. Had long complained of distension with pains in abdomen as if cutting with knives. The case was thoroughly investigated and was diagnosed as colitis. He was obliged to go thrice for passing stool but it did not satisfy him. *Cynodon* 30 one dose daily made him very much better and kept him fit. Now he takes the dose as and when required.

25) Mrs. V. C. S. Adult female. Complained of frequent loose stools with pain and heaviness in abdomen. She used to have these if she varied her diet even slightly. After taking one dose of *Cynodon.* 30 she reported improvement in pain and heaviness and loose stools stopped.

26) Mrs. B. R. 32 yrs. Gets frequent attacks of indigestion. Fond of fried and spicy things. At times gets very loose stools and vomitings for which she takes *Ver. alb.* 30 which helps. At other times she gets

frequent ineffectual urging for stool with mark irritability of temper when *Nux vom* helps. This time she complained of violent cutting pains in both sides of abdomen and urging for stools. She had taken *Ver. alb.* 30, 2 doses which had not relieved her. I prescribed *Cynodon* 30 one dose every 2 hrs. By evening she was considerably relieved.

These cases reveal that *Cynodon* is very effective in diarrhoea, dysentery and colitis which are very common in India. Dr. Kishore has already confirmed this finding by using this remedy in a large number of cases. He particularly mentions that when in doubt whether to prescribe *China*, *Aloes* or *Podo*. He prefers to give *Cynodon* and the patient gets quick benefit. He has conducted further provings of the drug. In one of the provers, typical symptoms of dysentery including tenesmus were produced and the stool examination showed occult blood.

I feel this remedy should be given a clinical trial on a larger scale.

OBSERVATIONS AND EXPERIENCES WITH 50 MILLESIMAL POTENCIES *

BY DR. RAMANLAL P. PATEL, D.M.S., D.F. HOM. (LONDON.), KOTTAYAM

The new chapter in the history of homoeopathy was written by Dr. Hahnemann long before his death, but remained unknown to many till Dec. 1921. This new chapter is some kind of a new revolution which some people in homoeopathic field liked and very many disliked. The chapter deals with new dynamisation without much change in the philosophy of Homoeopathy. The new dynamisation which is named as 50 Millesimal is an advance in homoeopathic therapeutics. The stagnant course after the death of Dr. Hahnemann in 1843 continued till 1921 when the 6th edition of *Organon* came into limelight. The hidden treasure even then was not put into practice, traditionally bound to decimal and centesimal scales. Even those few who found in this edition something novel, could not put it into practice as in the long period homoeopaths could not leave the trodden path to face difficulties. Many thought they will lose their practice and confidence among the patients by adopting a new baby. The fear always lurked in their minds for imaginary failures. It is a historical fact and one who knows the history of Homoeopathy knows that the 6th edition of *Organon* was really written by Dr. Hahnemann. For those who deny the advancement in homoeopathic therapeutics, this latest discovery of our master, is really doing a disservice to Homoeopathy. I have been practising with centesimal potency and decimal potencies and I know what I missed before I took up 50 millesimal scale.

In the course of my 20 years experience with 50 Millesimal potencies I am happy to get back my lost confidence in a few aspects of

* Paper presented at the Homoeopathic Scientific Seminar, Coimbatore, 24-25 Dec., 1972.

Homoeopathy. Initially I had difficulties to practice with these potencies, as there were no clearcut observations noted by Dr. Hahnemann or by other practitioners, regarding the action of the new dynamisation, but in course of time, I could follow the trend and have also observed the following, and this I put before you for your information and discussion. I do not want to go into details as you can read them always in the 6th Edition of *Organon*.

1. Preparation: 50 Millesimal potencies are prepared in 1:50,000 scale as distinct from centesimal 1 : 100 or decimal 1: 10. They are denoted by 'O' representing the poppy-sized (No. 10) globule which is used for each dynamisation instead of drop in the centesimal and decimal scale. They are called LM potencies.

2. Dose: In 50 Millesimal scale, the dose is minimum as suggested by Dr. Hahnemann. It contains in one pill 50,000th part of the original substance and so as per Dr. Hahnemann's view it is so small that it is not capable of producing symptoms when used therapeutically, and so no aggravation follows except in a sensitive patient. This dose never produces new symptoms.

3. Potency: The greatest problem of homoeopaths is that no one is sure what potency to use and when to use it. No two homoeopaths agree about this. Dr. Sankaran has written a book reviewing the potency problem. It is quite interesting and educative, but it definitely established how hundreds of homoeopaths, past and present, are differing regarding potencies. Many have even tried machines to find out potencies, but they have failed. The followers of high and low centesimal scale have changed round about way, as there is a big gap in the action of high and low potencies. No rules are yet definite, but with 50 Millesimal you are on a safer road. You start with a series gradually, after knowing the reaction in the patient and at will you can stop the machine. The best course in 50 Millesimal is to start with 0/3 and ascend upwards upto 0/30 but in many cases you rarely go up to 0/12, because by then the patient is either cured or relieved or he may need some other remedy. These potencies are a boon to sensitive patients, who react with centesimal scale terribly. These potencies are limited from 0/1 upto 0/30, but in my experiments I have taken them up to 0/50 which also work well.

In many cases I find that *Bacillinum* 200 does not work in a patient, but 0/30 works beautifully. In one case, *Sepia* 1M, 10M did not work, but 0/3 repeated at the interval of 10 days relieved the patient. There are innumerable cases like this to be accounted, but most interesting one is regarding *Luffa operculata*. This drug has been discovered by Dr. Willmar Schwabe of Germany. Experimentally by proving and clinically he found it useful for respiratory allergy and sinusitis. I got the medicine from him and tried it in very many patients suffering from sinusitis and asthma in 6x, 12x, 6 and 12 as recommended by him

and by Dr. Raeside of England. I failed in the majority of cases. Then I prepared the same medicine in 50 Millesimal potency and tried on those patients who were not responding to centesimal and decimal scale. It worked well and the majority of my cases of Asthma, Allergic Rhinitis and Sinusitis with symptoms of *Luffa op.* were relieved.

4. The repetition: Our master changed many times the mode of repetition. Usually with the centesimal scale we follow the wait and watch rule, but for how long to 'wait and watch'. That was the worry of Dr. Hahnemann. He wanted to reduce the time taken for relieving and curing the patient. He said that if one dose can cure within 30 days, why may not repeated doses cure early. This is the experience of many of us that when we allow the action of one drug in 1M, 10M or CM for 50 or 60 days or even more, where is the possibility to cure quickly or rapidly ? Hence to reduce the time Hahnemann changed his mind about repetition and advocated repetition at shorter intervals in his book *Chronic Diseases*, and later in the 6th edition of *Organon*. In the 6th Edition, repetitions are advised even at 5 minutes interval in acute cases, until recovery takes place. If during repetition symptoms reappear which were relieved, it indicates that the repetition has to be stopped, which shows that cure is near completion.

5. Administration of medicine: Administration of medicine in 50 millesimal are usually made in liquid form. First Hahnemann suggested that the dose is vastly diminished by laying one such globule alone upon the tongue and giving nothing to drink, but later he found that the medicine has to be dissolved in water and to be given either a coffee-spoonful per dose or teaspoonful dissolved in one oz. of water. His method was to dissolve one globule of medicine in 7-8 spoonful of water and after thorough succussion, with 8, 10 or 12 succussions of the vial. one tablespoonful is taken and put in a glass of water containing about 7-8 spoonfuls, then this is stirred thoroughly and a dose is given to the patient. This has been modified by me and the procedure I adopt is as follows:

One or two pills of the selected potency of the medicine is dissolved in 1 oz. of distilled water, out of which 10 drops are taken in $\frac{1}{2}$ oz. of water and given to the patient after stirring, which works much better than I expect. This has been tried on thousands of patients and many times patients insist on having that magic liquid medicine. For those who are away from my clinic I prepare packets with sugar of milk containing 1-2 pills to be dissolved in $\frac{1}{2}$ oz of water and to be taken as one dose, which I may continue for days or even months, after changing the potency as need arises. This has to be accepted as experiences confirm.

6. Acute and chronic diseases: Both acute and chronic diseases are readily amenable to these potencies. In acute diseases I have found no violent reactions, but only immediate and beneficial reactions, even in the case of acute cancerous pains. In acute cases the medicines

can be repeated more frequently with progressive beneficial effects. In chronic cases it is the method of choice, between centesimal and decimal. In chronic diseases for which long treatment is necessary, repetition of these potencies at certain intervals helps to cure them. Repeated doses shortens the course of disease without any violent reaction. . In cases of chronic diseases with pathological changes, the administration of 0/2 or low potencies of any selected medicine has brought beneficial reaction where higher potencies have failed or reacted adversely. In chronic cases repetition of medicines at long intervals even after improvement has set in has been useful in hastening the cure e.g. Rheumatoid arthritis, asthma, psoriasis, gastric ulcer etc.

7. General observations :

a) In the comparative study of several cases treated by LM and C potencies there is a wide variation in their actions and reactions and the mathematical C scale equivalent of a LM potency was no adequate substitute e.g. 0/30 and 73 C.

b) In chronic cases when C potency has been administered and later on if change is made to LM as per indication it produces aggravation or some reaction.

c) The gap between the two potencies in LM is not so wide as in C for e.g. 30, 200 1M, 10M etc. and so a change from one potency to the next higher does not produce any untoward aggravation as observed by using the centesimal potency.

d) As usual medicines prepared from minerals, nosodes and some chemicals had longer duration of action and hence the repetitions had been fewer than those observed from vegetable and animal sources, which have shorter duration and required frequent repetition.

e) In a few cases it has been observed that after several days of repetition of the remedy patients get itching all over the body without eruptions. This indicates that repetition is to be stopped. In many cases itching disappears in 10 days or so.

f) Certain drugs are having definite action in definite potencies for e.g *Nux vom* 0/3 *Calc. carb.* 0/3 *Nat. mur* 0/3 etc. which act better than in other potencies, while *Sepia* works better in 0/3 potency. That is why we have to observe in our practice which are the potencies which generally act better in certain conditions. Does it depend upon the individual, the drug itself, preparation, progress of the disease or sensitivity of the patient? Hence I request the gathering of learned colleagues here to ponder over the potencies which are at times causes of failure in Homoeopathy.

HOMOEOPATHY IN CASES OF POISONING & POISONOUS BITES

BY K. S. R. ANJANEYA SASTRY, ANANTAVARAM

Dr. P. Sankaran writes in his book "*The Limitations of Homoepathy*" as follows: — "The Simile principle is clearly applicable to all conditions where the vital force is deranged. It will not apply and will not be completely suitable to conditions and obstructions which are of a mechanical nature e.g. . . . chemical poisonings . . . etc." and "To apply the principle in such inappropriate fields would be to court failures".

But in poisoning cases symptoms can be effectively countered and death averted by remedies carefully selected on the basis of the symptom-picture presented even without having to get the poison out by mouth. As soon as anything is put on the tongue it implants its own peculiar syndrome on the organism. The reaction will be there even though there are no immediate cognisable symptoms. In the case of poisons the reactions will immediately be seen. Precious stones, incantations and herbs are all said to be efficacious in preventing death from poisonings. As such, we would be able to deal successfully with cases of poisoning (herbal, chemical, mineral and animal) by means of homoeopathic remedies without recourse to emetics.

Nowadays various insecticides are used for pest control in agriculture. They often prove harmful or even fatal. Endrine is the most commonly used pesticide and deaths from endrine poisoning are very frequent in these parts. Some 4 to 5 years back, I conducted an experiment on frogs. I administered orally four drops of Endrine to a frog. Fifteen minutes later at 10 a.m. a dose of *Cuprum met.* CM diluted in water was given to the frog and a second dose was repeated after another 15 minutes. The frog was kept under observation until midnight that day. Surprisingly, nothing happened to the frog. This created a doubt about the potency of the Endrine used. So the next day another frog was given orally four drops from the same sample of Endrine. After four hours the frog developed severe spasms which showed that the poison was potent. *Cuprum met.* CM diluted in water was now administered one dose every 15 minutes. But the spasms continued and the frog died around midnight, nine hours after the spasms had begun. From these experiments I tentatively concluded that *Cuprum met.* might be effective in Endrine poisoning if used before the spasms set in and not otherwise.

Cuprum met. was selected as its effects are similar to the convulsions noted in Endrine poisoning.

Recently two cases of Endrine poisoning were brought for treatment to a colleague of mine who knew of these experiments with frogs. (1) The first case was brought on a cart, unconscious, with severe spasms and jerkings. *Cup-met.* CM diluted in alcohol was administered by mouth forced open. One dose every fifteen minutes was given till the spasms

began to recede. By evening, the patient, completely free of spasms went home walking. He is now hale and healthy. (2) A few days later another case came for treatment this time soon after taking the poison and at the onset of spasms. A few doses of *Cup-met.* CM diluted in alcohol were given and the patient was kept under observation till evening. He got no more spasms. He is also hale and healthy.

Now it is clear that *Cup-met.* will work even after the spasms develop to a severe stage. How potenised Endrine will work has to be seen. In an issue of the *Journal of Homoeopathic Medicine* (p. 97 Vol. 2) can be found the report of a case of poisoning by metal polish cured by *Cup-met.* — a confirmation of the hypothesis that cases of poisoning can be effectively dealt with by drugs homoeopathically selected and that too without recourse to emetics.

In the case of poisonous bites (of insects, snakes, animals etc) also, homoeopathically selected remedies should be able to excellently cope with the emergencies and the sequelae. In two cases of snake bite I had occasion to use *Bufo.* In one case the snake (having stripes across its length, called in Telugu "Katla Pamu") was actually caught. After the dose of *Bufo,* not the slightest symptom of snake bite appeared. The patients remained perfectly normal. It is hoped that *Bufo* can also be used with success for Cobra bite. Another drug that deserves to be experimented is Leucus aspera *(Drona Pushpi).*

Though one or two cases are not sufficient to establish the clinical utility of a drug in a particular direction, in the hands of competent persons the veracity of the observations made and the hypothesis propounded above may some day be conclusively established.

(Comment : Anjaneya Sastri's observations are original and interesting and he deserves to be complimented. While accepting the possibility that homoeopathic remedies are capable of annuling the effects of poisons yet this cannot be considered definitely established unless it is proved that a lethal dose of the poison was actually ingested or injected and yet the person survived with help of homoeopathic medicine. Particularly in snake bites it is known that most snakes are non-poisonous, that a snake bite need not result in poisoning, that the toxicity of the venom depends not only on the dose injected but on several other factors etc. Besides in cases of poisoning, the physical expulsion of the poison ingested e.g. by stomach wash, can only aid the action of the homoeopathic remedy—Ed.)

KALI CARB* (A Discussion)

(PARTICIPANTS: BHANU DESAI, P. SANKARAN, SARABHAI KAPADIA AND S. R. WADIA.)

SANKARAN : I was noticing that for many years the number of cases for whom I was prescribing *Kali c.* was very low as compared with

* A free private discussion held on 18-2-1972.

the number of cases for whom I was prescribing remedies like *Sul.*, *Calc.*, *Lyc.*, etc. So I came to the conclusion that I must not have understood *Kali c.* so well. Kent also says that the *Kali c.* patient is very difficult to study and that the remedy has confusing symptoms. However, I came to understand *Kali c.* better recently as I shall describe.

My mother for some reason started emaciating and became progressively weaker. She went on reducing in health. This had started after she got frightened when my brother had an attack of very high fever and had to be removed to the hospital apparantly in a serious condition She had right-sided complaints (like headache), fullness on eating little, irritability, weakness and pain in the lumbar region etc. As she was 65 years old I gave her *Lyco.* She felt some relief but I myself could see that it was only acting as a partial remedy. So I studied her symptoms more carefully and got the following picture. (1) At the end of a meal or immediately after finishing it, she would feel a sense of blocking in the chest as if the food remained there. Then she would have nausea and retching. But if she had eructations she would feel better (2) She had to lie down immediately after every meal because of palpitation (3) Eating little causes fullness (4) Eating a little more aggravates (5) Difficulty in swallowing solids esp. if they are cold (6) Chilly (7) Aversion to those items of food which she used to like (8) Anaemia (9) Unable to sit, talk or walk, because of weakness (10) Weakness in lumbar region esp. while walking (11) Throbbing in the suprasternal notch and in the epigastrium.

On studying the case I felt that the remedy was clearly *Kali c.* though in *Kent's Repertory* it is not found under 'Ailments from fright.' I gave her *Kali c.* and there was a remarkable improvement. She recovered very well and continues to remain well though she requires doses of *Kali c.* once in 3 or 4 weeks. At present she is taking *Kali c.* 50M.

My brother's son once got an attack of whooping cough. Night after night he would get cough for 2 or 3 hours. I was merely watching for 2 or 3 days and then I noticed that the paroxysms of cough would start exactly at 3 a.m. and would last up to 6 a.m. or so. I decided that I would give him *Kali c.* the next morning but I forgot to do so. The next night he again started coughing at 3 a.m. After the first paroxysm of cough I gave him a dose of *Kali c.* though it is advised that a remedy should not be given during an attack. I think it was the 30 — and after that one dose there was no further paroxysm of cough that night or the next night or any other night. And I remember not to have heard him cough at all for the next 6 years.

It so happened also that I myself required *Kali c.* I had a number of symptoms like weakness in the lumbar back and pain in the lumbar region as if it was bruised or broken. I became very chilly and got headaches if exposed to the cold air. Also in cold air there would be stitching pains in the ears. All these complaints were worse after coition

or after a seminal emission. Because my mother had improved on *Kali c.* and I had so many symptoms, I also took *Kali c.* and found very good effect. For the last two years or so, I have been taking *Kali c.* on and off (now I am on 50M) and find very good improvement. But after a certain period when the effect of the remedy disappears there is a sudden sensation of prostration, lassitude etc., which disappear again the next day when another dose is taken.

Some time back Dr. Koppikar of Madras had come to Bombay and had given a lecture in which he mentioned that whereas other materia medica writers had described various symptoms of drugs. Allen says about *Kali carb.* that it covers complaints of old and fatty people. At that time, I had a Sindhi lady patient who was old and fatty and was having pain in the knees worse by beginning motion. It was diagnosed as osteoarthritis. Since fattiness in old age itself is a peculiar symptom though the case seemed to work out to *Calc. c.* on all her symptoms, I decided to try *Kali c.*, and I was surprised to find very good result with *Kali c.* Since then, whenever I see any old fatty patients, I consider first whether they have *Kali c.* symptoms. This is because I have found that *Kali c.* does not come out very well when cases are repertorised. And since I depend much on the repertory, I have been missing this remedy. And now when I am looking out for *Kali c.* I find many cases requiring the remedy and improving on this remedy.

WADIA : The characteristic symptom of *Kali carb.* is 3 a.m. agg. The patient may be chilly or hot but if he is < at 3 a.m., *Kali carb.* works well. If asthma supervenes *Kali ars.* works very well. I follow the hint that in anything pertaining to the back *Kali carb.*, works well.

I was treating a lady who got piles even in the first pregnancy. After delivery she developed pain in the piles. She consulted a surgeon who advised operation or injection. She did not agree for either. She could not sit down because of the pain. I gave her *Nux v., Aloe. and Sulph.* but they did not work. When I examined her, I found a huge lump. I thought it was prolapse or strangulation of piles. In the repertory for 'Haemorrhoids after parturition' only *Kali carb.* is given. She had backache also. *Kali carb.* in higher potencies was given. The lump became very small. When she went for a check up, she was told that no operation was required.

SARABHAI : For anything that happens after parturition *Kali c.* may be needed, I have also cured some cases of piles after parturition with *Kali carb.*

SANKARAN : Boger says under *Kali c.* "Everything affects the small of the back". A case of fever with pericarditis with effusion was cured by *Kali c.*

SARABHAI : We remember only the stitching pains of *Kali c.* The late Dr. Maganbhai used to say "If there is stitching pain do not worry about any other symptom; give *Kali c.* even if the patient is not chilly."

It has pulsation or throbbing pain which is not given in the materia medica but in the repertory. In rheumatism of joints if the patient gets throbbing pains, it is as important as *Calc.* It is useful in functional troubles. Guiding symptoms are only these which have been stated. Also, swelling of upper eyelids is a very important symptom. I do not give *Kali c.* if the person is warm-blooded. Kali salts control the water metabolism of body. Potassium is a normal component of blood.

WADIA : When *Kali c.* is indicated if you give *Carbo veg.* it will help the action of *Kali c.*

SARABHAI : A remarkable case was of an old man with stabbing pain in middle of the oesophagus going to the back while swallowing. He was not obese. *Kali c.* removed that pain.

BHANU DESAI : I had a patient with stiffness of right elbow joint for many months. In *Boger-Boenninghausen's Repertory* (p. 796) under "Stiffness, upper extremities" *Kali c.* is given. I gave *Kali c.* and the patient was relieved.

SARABHAI : In a case that was exactly like *Bry.* but there was no fever *Kali c.* worked well after *Bry.* had failed. In a case with dimness of vision in morning after waking and weakness after seminal emission *Kali c.* was given and the patient felt better. It should work curatively in incipient cataract.

WADIA : In abdominal colics when *Colo.* fails *Kali c.* works.

SANKARAN : In one case of repeated attacks of abdominal colic, *Colo.* relieved the pain but did not cure. I read up Kent and gave *Kali c.* and he became well.

SARABHAI : Kent while comparing *Colo.* and *Kali c.* says that if you use a deep-acting remedy even if it is partially indicated, there is no agg. and permanent cure. If *Colo.* is used the cure is not complete. With the partially indicated remedy you can always repeat and the cure will be permanent. Cure depends upon the nature of the medicine. If *Kali c.* is the full similimum in an acute case it should not be given because it will aggravate. If it is partially indicated it will help. There will not be aggravation but it will cure permanently. So you can safely use *Kali c.* when it is partially indicated. (refer to P. in Kent's *Materia Medica.)*

BHANU DESAI : Farrington says *Kali c.* has < eating.

SARABHAI : The *Kali c.* patient feels fear in abdomen like *Phos. Kali c.* has tendency to get startled when he is touched unawares.

BHANU DESAI : What about acute remedies? Can they work in chronic cases ? A chronic case of backache < by standing was cured permanently by *Bell.*

SARABHAI : I was told that in a case of every painful trigeminal neuralgia, *Bell.* 10M, 3 doses were given. Since then for the last 1½ years,

there is no pain. But what I said earlier is Kent's statement *Colo.* is complementary to *Caust. Colo-Caust-Staph.* go in a series. These patients are sensitive mentally and pain comes after vexation. They all meet in sciatic pain and joint pains apart from colics.

WADIA : The *Colo.* and *Staph.* patient are very angry whereas the *Caust.* patient feels very unhappy.

SARABHAI : *Nat. m.* is also irritable and weeps from anger but for suppressed anger *Nux* and *Platina* are important. *Staph.* gets angry and throws things if he cannot show his anger.

WADIA : The *Staph.* child bites and kicks.

BHANU DESAI : A child was angry. *Staph.* was given. The child then passed so many worms that the mother could not even count.

SARABHAI : *Nat.mur.* does not like sympathy and if you show sympathy which is felt as real he may weep.

WADIA : She weeps while telling symptoms.

SANKARAN : If you show sympathy and if the patient weeps, it may be *Kali c., Lyco., Sep.,* or *Sil.* The *Nat. m.* patient will not cry openly but will go into the bathroom and then weep.

SARABHAI : *Kali c.* has the modality of relief by bending forward in asthma. When he throws the head back, it is *Hep. sulph.*

WADIA : If the child does not get up during attack of asthma and wants to lie down it is *Psor.*

SANKARAN : *Psor.* is a remedy in which there may be no symptoms.

SARABHAI : It is also a remedy with many symptoms. Dr. Hubbard warns of acute < with *Psorinum* in cases of Asthma.

THE NEED FOR SCIENTIFIC WORK*

BY DR. P. SANKARAN, L.I.M., F.C.E.H., D.F. Hom. (London), DH.T. (U.S.A.), BOMBAY.

It gives me great pleasure to be in the midst of scientific-minded homoeopathic practitioners. Hitherto in my experience in homoeopathic conferences in India, attention has been generally focussed on the political aspects which have dominated because most homoeopaths were concerned and agitated about recognition, registration etc. Scientific discussions therefore usually formed a minor part of the proceedings and often evoked less interest. This is perhaps the first occasion when the whole conference or seminar is exclusively concerned with the scientific aspects. This is why I am doubly happy to be here. I hope this will be the first of many more such seminars to come and I hope also that the scientific aspects will dominate in all future homoeopathic conferences.

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The fact is that in the evolution of homoeopathy we have reached a particular stage which calls for a change in our outlook. We have succeeded in getting recognition. Our fold has a large number of practitioners. Our field is dotted with many colleges. Therefore, quantitatively considered, we have made much progress and have reasons to be satisfied. But quantity alone can never provide the basis for progress in science though it might do so in the elections. Quality of work, whether of the individual or of the institution is extremely essential for the growth and progress of any science. Hitherto we have been demanding various rights, privileges etc., from others but hereafter we should make demands on ourselves—to adopt a proper attitude and to improve the quality of our work. Homoeopathy is of course an excellent system of treatment but we have still to bring out in practical application its vast and fantastic potentialities.

I am sad to confess that our general level of practice is still quite poor. In my estimate—I may be wrong and I do hope I am wrong—in the whole of India among the hundreds of thousands of homoeopaths, we may not have even a hundred persons who can be called excellent homoeopaths. It is perhaps the greatness of the system that even our average and mediocre practitioners are able to achieve some kind of good results which keeps up the name and prestige of homoeopathy. But if we are to really advance the science, we should avoid irrelevant talk, useless show and disastrous fratricidal in-fighting and start working silently, sincerely, steadily and scientifically. We shall then relieve and cure many cases and thus demonstrate to the public unequivocally that homoeopathy *is* indeed the real system of cure. This will involve hard work, proper methods of keeping records, proper methods of application etc., for which we should prepare ourselves.

Now I shall discuss some specific points.

Though the principles of case-taking and remedy selection have been laid down clearly by the Master and have been further elucidated by his great followers yet some of the cases reported in the Indian Homoeopathic journals are rather unsatisfactory. If they reflect the general level of practice then the level of practice itself must be considered unsatisfactory. Cases are described with insufficient data and random reasons are given for the remedy selection. Often no reasons are given. Sometimes cases are reported in which several remedies have been administered quickly one after the other or at times even together. The reader can only become confused.

Naturally, one expects that the leading homoeopathic practitioners who have surely assimilated the principles and methods of this system and who are certainly curing many cases creditably would give a lead in this matter and come forward and report some of their cases in our journals. Such reports can enthuse and encourage the other practitioners, illustrate the efficacy of homoeopathy and also prove to be models

for the others to know how cases are to be recorded, treated and reported. But we find that the leaders of our profession have failed to do this. Very rarely we see them reporting their cases, experiences or impressions. No doubt they are extremely busy but the reporting of cases successfully treated by them is also part of their work. Surely, they are as much committed to science as to their own practice. This astonishing apathy of our leaders contrasts strongly with the enormous vitality, activity and service to their science rendered by the leaders of the allopathic profession. Though they are also quite hard-worked, yet at the same time those leaders read a lot, teach, write, report, do research etc., and do it all most systematically in their own way. I take my hat off to them for this.

I must also mention some case reports published in some of our journals in which extremely unorthodox methods of practice are reported under the heading of research. Resarch does not mean haphazard application of the principles and methods. It involves carefully conducted experiments in which every step is meticulously planned and carried out and every fact and factor is taken into consideration in the final assessment so that very logical and unquestionable conclusions can be drawn from the experiments. But in our field often the fundamental criteria of research are ignored, incorrect data are mixed up and work is done at random to reach doubtful or false conclusions.

We have to tackle and solve numerous problems in our field such as the nature of the homoeopathic potency, the standardisation of homoeopathic potencies, the discovery of specific rules for the selection of the proper potency and for the repetition of doses, the delineation between medically curable conditions and those which require surgical means, the discovery of a method by which the similimum can be selected with greatest surety etc., etc. For this purpose we shall have to pool all our scientific skills. But we have not, it seems, learnt the art of collective observation and collective thinking. By contrast we find thousands of scientific papers appearing in allopathic journals. Someone reports some experience or treatment or puts up a hypothesis and within a short period many others make other observations or trials to confirm or deny this hypothesis. Pooling of knowledge and experience thus goes on and it helps to promote their science enormously. We should take a lesson from them in this point, make consistent and persistent studies and combine the results of our experiences to build up a sum-total of knowledge.

I have only touched on some points to indicate how far away we are from the scientific route and how we have to steer our ship in a more correct direction.

BUT FOR THE NOSODES*

By Dr. A. V. KRISHNAMURTHY, Bangalore.

But for the nosodes our capacity for successfully tackling the acute and chronic diseases would be considerably limited. While no nosode can replace the similimum, without the nosodes it would be impossible to eradicate the deep-seated chronic miasms and sequelae of acute infectious diseases. They help to remove barriers to the proper action of indicated remedies and some of them act as prophylactics.

Eminent homoeopaths have given us the indications for their use and Dr. Sankaran has given a concise but clear guide to the use of nosodes in his booklet, "Some notes on the Nosodes."

So, without going into these details, I place before you some of my humble experiences with some nosodes.

One evening two boys and a girl between 8-10 yrs., were carried into my clinic about ½ hr. apart, with dysphagia, choking sensation, extreme prostration, foul odour in the mouth, and stringy mucus dribbling from the mouth. All three came round within 10-15 minutes after *Diphtherinum* 1M.

A lady had been having splitting vertex headache and heaviness of head ever since she had diphtheria in '59. She got over this completely with *Diphtherinum* 10M (2 x 2 days).

A case of amenorrhoea in a girl of 22 yrs., defied constitutional treatment and failed to respond to *Tuberculinum* and *Carcinosin* given on the basis of history of Tuberculosis and Cancer in the family but finally regular menstruation was established by *Pertussin* 10M (2x2 days, 2 courses 3 months apart), given on the basis of a history of protracted whooping cough in her 3rd year.

Many cases of asthma have progressed favourably and responded to indicated remedies better after *Pertussin* in cases that had had whooping cough in the past. It has shown favourable alteration even in some cases without previous history of whooping cough and I venture to suggest that it is well worth giving a clinical trial to *Pertussin* in Asthma cases that do not yield to indicated remedies as it is a nosode derived from a disease with infectious spasmodic cough.

In a child of 1½ yrs., the right kidney had been removed on account of persistent fever, scanty urination, with dropsy of the extremities. When the condition persisted after this also, the parents were asked to take the child to Vellore. On the advice of a patient of mine the child was brought to me. *Morbillinum* 10M, given on the basis of a history of measles before the trouble had started, put the child on the road to progress. Of course, he received other remedies like *Chionanthus* (for enlarged liver and spleen), *Mag. mur.* & *Sul.*, and *Bacill.*, before he be-

* Paper presented at the Scientific Seminar on Homoeopathy, Coimbatore, 25-25 Dec., 1972.

came alright except for the lost kidney, but I am mentioning this case because of the role of *Morbillinum*.

Another girl of 7 years had been advised removal of her left kidney for a similar condition, but she was lucky enough to be directed to homoeopathy and *Morbil.* 10M (2 courses) followed by the CM (2 courses) removed much of her trouble.

Morbillinum has also helped in favourably altering stubborn cases of Asthma.

A case of chronic occipital headache in a boy of 18 yrs. was cured by *Variol.* CM. (2 x 2 days) given on the history of small pox he had when he was 9 months.

An allopathic lady doctor of 27 yrs. got over herpes of genitals with *Variol.* IM (2 x 2 days) after her own medication had failed.

Tuberculinum

Master G. aged 10 yrs. Chronic headache. for 3 yrs.

At the stroke of 7 p.m. the boy would suddenly feel currents of heat rising from both hypochondria, travelling up along the mid-axillary lines, along the carotids and sides of the face. As the currents reached the temples, the heat would cease and pain would start and travel along the whole process taking just a minute. Thereafter the boy would be in a dazed condition, with blood-shot eyes and congested feeling in the head till he went to bed. He would be normal in the morning.

In view of the sudden appearance and disappearance of the complaint, appearance at the same time in the evening, going from front to back, *Tuberculinum* 1M (one dose a day for two days) was given. For 2 days he got severe pain in the temples at 9 A.M. for a minute but did not get any pain in the evenings. After that he had no trouble for 2 weeks when one evening the pain recurred *Tub.* 10M (1 x 2 days) gave him prompt and complete relief. (The boy's mother had died of intestinal T.B. a few months after his birth.)

A child of 1½ months, crying incessantly to an alarming extent, right from birth stopped crying and became calm after *Tub.* 1M, given on the basis of tubercular parentage.

In a lady of 32 yrs. with a tubercular family history prolonged insomnia was cured by *Tub.* 10M (2 x 2 days).

In a girl of 19 yrs. amputation of the distal digit of the right thumb had been advised following a sepsis from a small superficial cut at the tip. This was averted by *Silicea* followed by *Tub.* (The father had suffered from pulmonary Koch's).

An old man of 84 was pestering his son to take him home (meaning to his ancestral house sold out 25 yrs. before) though he was in his son's house. He was also frequently washing his hands. *Syph.* 1M (2 x 2 days) rid him of these troubles.

Some Cases of Pyrogenium

1. A lady of 63 yrs.. complained that "even with the softest bed she felt as if she was lying on balls of stone." She had three caesarian deliveries and a history of sepsis after the last one. She had pain in almost all the joints and palpitation on lying on the left side. With *Pyrogen* 10M (2 x 3 days) she got over the sensation of hardness of the bed to a great extent as also the palpitation. Six weeks later, *Pyrogen* CM (2 x 2 days) was given and she was free from these symptoms in about 4 weeks.

2. This patient's daughter, aged 28 years developed septic fever after her 3rd delivery in an allopathic nursing home. Antibiotics did not help and so the mother sought my help. Two doses of *Pyrogen* 1M were sent, one to be given directly and one to be given in solution every 4 hrs. if necessary, until relief started. The 1st dose proved sufficient as there was profuse sweating after an hour and the temperature came down. However, after a few days she started sweating heavily on closing her eyes. *Pyrogen* did not help, but *Conium* 1M gave prompt relief.

3. Smt. P., 32 yrs. developed fever, severe pain and stiffness of the extremities, 5 days after her 3rd delivery in a Govt. Hospital. An injection given for this (in the right gluteal) did not give any relief, but brought on shooting pain from the right gluteal down the right leg. The father of the patient decided to get her discharged from the hospital and place her under my treatment, but before she could be out of the hospital he wanted her to get over the stiffness of her limbs. One dose of *Pyrogen* 1M did this for her. Although she was free from fever, pain and stiffness of the limbs after *Pyrogenum,* it was continued for 2 days (twice a day). But the pain from the right gluteal down the leg that started after the injection persisted with all severity. *Ledum* and *Hypercium* failed, but *Kali carb.* 1M (2 x 3 days) brought down the pain considerably and *Tub.* 1M (2 x 2 days) given 12 days later brought her to normal in a few days.

4. A lady, aged 53 yrs., with a history of 6 abortions and 2 still. births, got over her headache of 12 yrs. standing with two courses of *Pyro.* 10M (2 x 3 days) given 4 weeks apart followed by two courses of *Pyro.* CM. (2 x 3 days) given 6 weeks apart. The very first course of *Pyro.* brought about 50% relief in the intensity and frequency of the headache.

5. A lady of 52 yrs., had Cardiac dyspnoea and she had been told that it was due to enlarged heart. She used to go out of breath and stop every few steps while walking even slowly. She had a history of 4 abortions with excessive loss of blood. *Pyro.* 1M, (2 x 3 days) 2 courses, 3 weeks apart helped her to get over the dyspnoea completely. To celebrate this she went round our huge Vidhana Soudha building without any adverse effects.

6. Smt. I., 27 yrs., developed fever and severe pain in the pelvis 8 days after she slipped and fell in the 3rd month of her 2nd para. She

was hospitalised and the dead foetus was removed. Thereafter she was getting fever frequently accompanied by pain in the pelvis. Allopathic treatment used to give her temporary relief. When menstruation was resumed, the discharge used to be scanty on the first 2 days and would stop entirely on the 3rd day, with severe increase in the pelvic pain and fever, this condition lasting for 3 days. After some months of treatment failed to give any relief she was advised hysterectomy.

At this stage, she was directed to me by a patient of mine (who had got over a multitude of troubles including what had been labelled as high B.P. after abortions, again through *Pyrogen).*

After one course of *Pyro.* 10M (2 x 3 days) she got over her intermenstrual pains and fever and had her next menses 15 days later with no fever and less pain and better discharge.

In view of the history of fall, *Arnica* 10M (2 x 3 days) was given 8 days later and it gave her further relief from pains. *Pyro.* 10M (2 x 3 days) was repeated 10 days later when slight pains and feverishness recurred and the next menses was trouble-free with normal discharge.

A boy 18 yrs. was having severe pain in his fore-legs deep in the bones. His mother had had abortions before he was born. So *Pyro.* 1M (2 x 2 days) was given, followed by 10M (2 x 2 days) and he got over this pain.

Some Clinical trials with Carcinosin

1. Shri N. S. N. aged 65 yrs. reported in 26-10-1970 with exceedingly painful swelling just outside the anus, about ½" dia, with severe burning and prostration. A pin-head sized wart-like eruption that had been there for years had suddenly taken this form within the last two days. The patient was in no mood to answer questions on account of the intense pain, burning and prostration. In view of these symptoms and the dead-leather appearance of the skin, he was given *Carcin.* 200 b.d. for 3 days. The patient reported the next morning that 4 hrs. after the first dose in the previous evening the pain and burning became bearable and that he was much better in the morning. He was asked to take the remaining two doses and was given placebos for 4 days.

On the 7th day the patient was free from all pain and burning and the swelling had disappeared completely.

After this relief from the acute condition he came out with the following chronic complaints existing for a "few" years: frequent imperative urge for urination, loose stools from the slightest dietetic errors, bloody seminal emissions at long intervals, vertigo on turning sideways, gait disorder, (shifting involuntarily from the straight path while walking in the street, mostly to left, at times to right). Kept on placebo for 3 weeks.

On 19-11-70 (25 days later) he reported generally better. *Carcin.* 200 b.d. for 2 days repeated. Reported very much better after 4 weeks

except for persistence of the urinary trouble, vertigo, gait disorders and upset from dietetic error in a milder degree. In view of the vertigo and gait disorder *Conium* 1M b.d. for 3 days was given. The patient reported only after 6 months on 19-5-71, that he was free from all trouble so far, but had a slight set-back with vertigo. *Conium* 1M, b.d. for 3 days was repeated. Reported 2 months later on 17-7-71 that except for loose stools from dietetic error, he was keeping well. *Carcin.* 1M b.d. for 2 days was given. The patient reported well after 3 months.

2. Shri A. S. aged 30 years, whom I had treated for jaundice in July-October '71 after prolonged Allopathic and Ayurvedic treatment had failed, reported on 6-5-72, with a perianal abscess that had come up suddenly with unbearable pain, accompanied by extreme prostration. *Carcin.* 200 b.d. for 2 days reduced the pain with every dose and the pain as well as the swelling cleared up within 6 days. (Incidentally, his eyes, which had not regained normal lustre after the jaundice had cleared up under *Merc. sol.* 1M, 10M and *Syphil.* 10M, became normal after this)

3. Smt. K. R. S.—45 yrs., had been suffering from what had been labelled as piles. When she consulted me in June '61 she was having very severe pain, burning and prostration, and being of a fair complexion exhibited the alabaster appearance very well. She was also having arthritic pains for 12 years. With *Carcin.* 200 (2 x 2 days) she got over her acute condition within 6 days and gradually improved all round under one more course of *Carcin.* 200 (2 x 2 days) followed by two courses each of *Carcin.* 1M and 10M (2 x 2 days) given when there was any persistent set-back in either the rectal or the arthritic or in general condition, which was about once in 5 to 8 weeks.

In the last few years she has reported occasional mild set-backs and has improved promptly on *Acid nit.* 1M (2 x 3 days) and *Carcin.* 10M (2 x 2 days) given when symptoms persisted in spite of *Ac. nit.* 1M.

Shri K. M.—65yrs. Had dry eczema on the back of the hands and neck for 2 yrs. A few days before he came to me on 16-4-72 he developed papular eruptions all over the body with intense itching and burning > by very hot bath. With this he had become very weak and had the dead leather appearance of the facial skin. *Carcin.* 200 (2x2 days) was given and within 2-3 days the itching and eruptions reduced considerably. After 10 days only the old patches were left. *Carcin.* 1M (2 x 2 days) was given a month later when some itching recurred. With this the itching left and the old patches reduced in area. Two months later *Carcin.* 10M (2 x 2 days) was given and now he is free from his eczema and has improved a lot in general.

Master R.—15 yrs. was having recurring stomatitis for several years, was a poor eater, could not stand spices in the least, and was of poor build. His mother had come under my treatment for what had been labelled as piles and had come round under *Nitric acid* and *Carcinosin*. So, the boy was given *Carcin.* 200 b.d. for 2 days. He got over the acute

stomatitis and gradually started improving in general after about 4 weeks. *Carcin* 200 (2 x 2 days) was repeated 2 months later when the stomatitis recurred. The mother reported that the stomatitis cleared up in a few days and that he was eating better. He was generally better also.

At the next recurrence of stomatitis 4 months later, *Carcin.* 1M (2 x 2 days) was given and the boy has no recurrence for the last 6 months and has improved very much in general.

A man of 25 yrs. underwent circumcision in Nov. 70. The operated part refused to heal and when, in spite of lots of antibiotics and external dressing there was prolonged suppuration with burning and pain, he was told that it might be cancerous. Thereupon he came to me as the whole family was under my care. His mother and maternal uncle had benefited from *Carcinosin* and so he was given *Carcin.* 200 (2 x 3 days). The burning, pain and suppuration reduced rapidly and complete healing took place in 12 days. (After the initial improvement calendula external dressing was used). After 6 weeks he was given *Carcin.* 1M (2 x 2 days) and he is without any trouble for the last 2 years.

Smt. G., 26 yrs. sister of the abovenamed patient developed an abscess in the left breast 4 weeks after her 1st delivery 4 months back. With *Lach.* 1M (2 x 2 days) the abscess drained out, but the healing was not as prompt as it should have been. *Carcinosin* 200 (2 x 2 days) hastened and completed the healing within 8 days. A fortnight later there was sudden inflammation in the right breast. This was promptly cleared up by *Carcin.* 1M (2 x 2 days).

I hope these cases show how deep nosodes go and how important the history of past diseases and inherited tendencies is.

TREAT WHAT IN HOMOEOPATHY ?*

By Dr. S. P. KOPPIKAR, B.H.M.S., Madras**

For quite a long time, the most important dictum hammered into the minds of homoeopathic students and practitioners alike has been 'Treat the patient and not the disease'.. Whenever there is a conference of homoeopaths, if by chance, a topic for discussion like treatment of any particular disease comes up, we find a good number of homoeopaths getting up and asking "What do you mean by 'treatment of morning sickness or insomnia or diabetes, etc.?' Are we to treat these diseases or treat the patients ? How can you mention any likely specifics for certain diseases ? *Any* remedy from *Abies. can.* to *Zizia* might be indicated, and all your therapeutic advice would be useless."

Secondly, suppose, the patients or other doctors ask us 'I say, does Homoeopathy have any treatment for such and such disease ? Or rather

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** Member, Scientific Advisory Board for Homoeopathy, Govt. of India.

what is the experience of your system in, say, diseases like leprosy, T.B., filaria, etc.?" do you know what we are expected to answer ? "Sir, we in Homoeopathy treat only *patients*, not diseases. i.e. if we cure the patient, remove all his symptoms, we naturally cure the disease, which *you* might name leprosy, etc." Does this answer satisfy anybody ? What about statistics for health department purposes? Are there no recognisable diseases like C. Pox, S. Pox, etc which are absolute entities ?

What exactly is meant by saying "Treat the patient and not the disease" ? How does this help us in prescribing the similimum to the patient? And, most important of all, is it the advice of our Master Hahnemann or is it a later development ? To understand this, let us go back to the days of Homoeopathy in Hahnemann's time and see how it progressed later, both as Science and Art.

Once the Law of Homoeopathy was discovered, Hahnemann was in a hurry to develop the knowledge of diseases in an absolutely new and different way. Till that time a lot of study had been made about the nature of disease pathology and so on, only to *diagnose* the particular case. Even today in Allopathy this is the vogue.

The Materia Medica up to that time was mostly made up of clinical hints, findings of autopsies, study of poisonings and a lot of guess work. But in Homoeopathy a new necessity arose — the physician had to study diseases or rather the symptoms of the patient only for comparison with a materia medica and for selecting a drug which produced a similar symptom picture. So Hahnemann, with his stupendous work of provings of drugs actually created a new materia medica which he proudly called "*Materia Medica Pura*". Regarding disease study (for comparison with materia medica) Hahnemann advised in aphorism 6 of the *Organon* that only the deviations from the former healthy state of the now diseased individual should be studied.

Hahnemann also taught his disciples how to take the case. I quote a few sentences.

"1. He perceives in each individual affection nothing *but the change* of state.

2. The patient details his sufferings; the persons who are about him relate what he has complained of, how he has behaved and all that they have remarked in him. The physician sees, hears and observes with his other senses *whatever there is changed* or *extraordinary* in the patient. "

Being a most practical person Hahnemann found that he could compare disease and drug symptoms easier if in both cases he put them down in the schematic form. He taught his students how to study the various peculiar features of drugs, and also gave extremely valuable hints as to their *probable uses* in his introductory remarks in *Materia Medica Pura*. In those days, the total number of remedies did not exceed 100

and even then it involved great labour, constant study and comparison of case reports with drug schemas.

With the help of various repertories, esp. the one perfected by his great disciple, Von Boenninghausen, things became a bit easier. The great masters T. F. Allen and C. Hering wrote down and compiled their vast materia medicas, adding a tremendous amount of clinical material. But please remember one fundamental fact — everywhere it was compulsory that that we must write down *abnormal symptoms* of the patient — and compare them with various similar medicines. Whether we compared the original symptoms as given by patients or split them into Location, Sensation, and Modalities, etc. as developed by Boenninghausen, this fundamental idea never changed.

As the system developed two wonderful changes took place simultaneously, both on the artistic side. One was the *use* of the common knowledge that all symptoms produced by a drug, written and numbered in the schematic form are not worth memorising; that in every medicine, some symptoms or parts of symptoms were characteristic or peculiar or uncommon, and that the *action* of one remedy always differs even from a similarly acting drug, by it *own peculiarities*. Hering started marking them down with a double or single line in his *Guiding Symptoms*. H. N. Guernsey coined the word "Keynotes" to define the characteristic and distinguishing symptoms. Lippe, Skinner, H. C. Allen and other masters added many clinical hints and identifying marks to even well-known remedies. This was one side of the progress i.e. in Materia Medica.

The other was the development of new techniques in the employment of this vast materia medica and of course that meant special technique in *case taking with a view to find the similimum*. Each master developed his own unique method of evaluating symptoms. E.G., Lippe advised "If from a numerical totality of symptoms of a case, you strike out all those symptoms that are predicative of the disease (pathological symptoms) the remaining ones are the symptoms of the patient—and it is in these you must search for peculiar symptoms or individualising indications."

While Skinner also followed this, he gave most value to the symptoms appearing last in the patient. Remember all these had to go to the original vast schemas of the materia medicas, either *M. M. Pura*. *Chronic Diseases, Encyclopaedia or Guiding Symptoms* but only to compare say a dozen or two remedies—not going through from A to Z.

All these great masters were absolutely unprejudiced prescribers, hunting for symptoms and remedies irrespective of where or what they were, because experience taught them that a similimum may be discovered in *any* group or set of symptoms if that group was distinctive in the patient and in the remedy studied.

Then two great masters of Materia Medica appeared on the scene. One was Dunham who *started* synthesis of various headings and stray random symptoms of a remedy to build up a beautiful pen picture of the remedy. His study of *Aconite* is classic. The other was the great Kent whose *Materia Medica* and *Philosophy*, together with the *Repertory* are the greatest contributions made to Homoeopathy next to those of Hahnemann, Boenninghausen and Hering.

His pen portraits of various polychrests are absolute poetry. Mind you, he used only known, established and proven materials to arrive at those pictures.

Kent had a large number of students and followers. They admired him and they almost formed a Kentian school in Homoeopathy I think it was here that for the first time greatest stress was laid on the patient rather than on the other symptoms of illness. Kindly read Kent's teaching in his philosophy. I only give below a few lines from Kent. In the detailed advice on the "value of symptoms" Kent first divided them into General, Common and Particular and gave them three grades according to their importance.

He says, "All the things that are predicated of the patient himself are things that are general; all the things that are predicated of any given organ are things that are things in particular. The things of which he says 'I feel' are apt to be generals.

"The things that are general are the first in importance.....These may also be made of particulars. Sleep is a general esp., the dreams. The things that relate to man are the ones to be singled out in the anamnesis and marked first. After gathering together all the symptoms of a patient, you should single out for study first of all everything of which you can say he feels such and such and she suffers so and so.

"*Find out what remedies relate to these symptoms first.* Sometimes when you have figured the anamnesis of the generals, you have settled by your anamnesis up to 3 remedies or possibly upon one. If there be but one remedy that has the numerous generals and covers the generals absolutely and clearly and strongly that will be the remedy to cure the case."

In the introduction to his *Repertory*, he has advised as follows: "After taking the case according to the lines laid down in the '*Organon*' (83 to 84), *write out all the mental symptoms and all the symptoms predicated of the patient himself, and search the Repertory for symptoms that correspond with these.* Then search for physical symptoms as are predicated of the blood, colour of discharge and bodily aggravation and amelioration that include the whole being as well as desire for open air, desire for heat, for cold air, for rest, for motion which may be only a desire or may bring a general feeling of amelioration. It should be understood that the circumstance that makes the whole being better or worse is the much greater importance than when the same circumstance

only affects the painful part, and these are often opposite. Then individualise further using the symptoms predicated of the organs, functions and sensations, always giving an important place to the time of occurrence of every symptom until every detail has been examined. Then examine the picture collectively; and lastly study the materia medica of such remedy or remedies as run through the symptoms of the case until there is no doubt about which is the most important similar of all remedies."

Most probably, the idea was born of a constitutional picture of a patient, a characteristic figure, a patient who was to be treated even *before* symptoms appeared or pathology started. And how to put this idea into practice? Is it not different from that of Hahnemann and Boenninghausen who laid stress on abnormal symptoms only, to compare with the Materia Medica picture.

To come to the practical problem, how do we follow this advice?

To get the generals *apart* from the particulars, we naturally have to ask "Do you like ..... company, crowd, solitude, open air, this, that and so on?" We do it every day, every time, and having got the answers, we naturally repertorise, using only those 3 chapters —Mind, Desires & Aversions and Generals. If we do this what happens? In 90% of the cases if not in all the 100, only the *same* big polychrests come through! Others are simply not there. So, 90% of our vast Materia Medica lies unused as these smaller remedies do not find a place of importance in these chapters.

By using a purely Hahnemannian method of comparison of various symptoms and their modalities (which can also be done nicely in *Kent's Repertory*) the range of selection is definitely wider, and lesser known remedies come in for comparison. Most of these are found in *Hering's Condensed Materia Medica* or *Allen's Keynotes*.

But I wish to draw your attention to the greatest drawback in this trying to fit a remedy to a *patient* by this method—we lose sight of the most important word "change".

Lots of symptoms that we gather from patients, trying to find out their individuality may look like the pictures of certain remedies. But I wonder about two things. Does the remedy selected on this basis really *change* the constitution that identified the person? Will a *Sulphur* — a ragged philosopher — become something else, a dandy like an *Arsenic* patient following the administration of *Sulphur*, if he had *always* had that constitution and temperament?

Secondly, is it necessary that there must be a certain particular constitution for a person to get any particular illness? Let us see what Roberts has to say on this point.

When a remedy is indicated, the symptomatology gives us a basis for our similimum regardless of colour or type. Thus we may find so

called woman's remedy, such as *Sepia,* distinctly indicated in a man. Some of our older teachers have instructed that when a remedy was indicated out of its normal type (that is, out of the type that made the best provers of it), it was a doubly indicated.

Prescribing on types or temperaments, is at best a slack method of using the blessings of homoeopathy. It is really keynote prescribing and then not on any morbific symptoms but on a general stature that is present from birth. Keynote may often give us a clue to the indicated remedy, but this clue must not be allowed to overbalance our judgement in weighing the whole symptom picture.

The only real evidence of disease conditions is the deviation from normal—the perversions of function as manifest in mind, body and spirit—the sum total of which provides us with a sound basis for prescription. The basis, then, in all of our procedure, is to find the totality of the morbific symptoms. If we find this we can meet it through the law of similars with the single indicated potentized remedy. Then we will have cleared the patient of the morbific conditions, and will leave the personality and temperament intact and even guided into a state of healthier attractions, less liable to invasion by morbific influences.

Just as there is a drug picture apart from the prover, there must be a disease picture apart from the patient. We cannot study a prover (his temperament etc.) just outside the symptoms he develops during the provings. Similarly, whatever be the original constitutional of a person, when he becomes diseased, new symptoms develop entirely on account of the disease, based more on the action of the disease and little on his temperament. If Hahnemann and his family could prove such various drugs like *Sulphur, Nux, Pulsatilla, Opium,* etc. and the *same* prover irrespective of his original constitution and symptoms developed very fine provings (drug diseases) why should we assume that certain constitutions or types of patients only will develop certain diseases. I am sure immunity is specific towards a disease, not to any individual patient :

To summarise :

1. Constitution of a patient or a prover has value only to ascertain susceptibilities, dosage, etc. The constitution itself may be a disease symptom—like cachexias, tubercular diathesis, etc. Otherwise to create constitutional pictures without definite indications or only on basis of some materia medica pictures is wrong.

2. Let us study the totality of symptoms of the disease as advised by *Organon* and as elucidated by Kent and other Masters. Only those abnormalities brought on by disease, acute or chronic or even hereditary, are to be taken into account.

3. We can, if possible, change the slogan "treat the patient and not the disease" into "treat the abnormal condition—first—taking care not to neglect any individual peculiarities."

BOWEL NOSODES*

By Dr. H. T. P. SARGUNAR G.C.I.M., M.B., B.S., Coimbatore

Introduction : I have been using bowel nosodes extensively for a considerable period from 1951 onwards when I was introduced to the subject by my learned Father (Shri P. D. Sargunar, B.A.,B.L.). Ever since I have been working on the subject and have accumulated appropriate experiences in the direction, which I wish to share with you today.

When the Bowel Nosodes were first introduced to me, I was not much disposed in their favour. I had several objections which I shall enumerate.

My first and foremost objection was to the use of the word 'Nosode'. Bowel Nosodes are not in reality Nosodes—they are not morbid products of disease.

My second and sincere objection was that they don't include everything from the bowel; they are prepared from fractions, isolated from certain bowels and cultured artificially in the laboratory — most probably mutants, considerably deviated from the original "stock" however carefully and efficiently they have been cultured, though they have been "autogenous" to start with, but have been built up subsequently to breed invariably into the much changed state—more often in pathogenesis, virulence and even chemical composition.

My third and in no way trivial objection was that they have had no drug provings in the strict Hahnemannian sense; they have only had clinical provings, which have to "be used with great caution", though they have been very valuable additions to the Materia Medica. They are possible "pathogenetic symptoms". Yet, these clinical symptoms are not of the same range, nature and characteristics as those found in Hahnemann's *Chronic Diseases*. It is questionable, whether the Bowel Nosodes could be used on the mere basis of the clinical provings. In any case, the clinical provings do not amount to drug pathogenesis or provings and as such do not facilitate 'finer matching with the symptom-totality'—a major issue at vast variance from true Homoeopathy.

My fourth and formidable objection was that they have been much abused —probably more than any other drug, contributing considerably to the chaos and catastrophe that are found in the trends of Homoeopathy :

i) They have been used as inter-current remedies to activate the action of the properly selected homoeopathic drug.

ii) They have been used as the "Isopathic Means".

iii) They have been used often on the basis of empiricism and medical routinism — extensively and invariably for labelled diseases.

iv) They have been widely used, wherever a presumptive intestinal intoxication or enterogenous aetiology has been discriminated.

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v) They were used on the 'evidence of a stool culture', said to offer a clue and guide on the basis of an inferred positive or negative phase.

vi) They were also used from the list of 'associated remedies' 'group remedies' or 'concordant remedies'.

vii) More often they were used in desperation — whenever the therapeutic response was not satisfactory or inevitable failures were confronted.

viii) They were even used on a presumptive relationship to Biochemistry.

ix) Unrestrictedly they were employed in syndromes like congestion, nerve strain, fatigue, malnutrition, anticipatory nerve tension, irritability, catarrh, etc.

x) Quite often they were chosen for their elective affinity or more precisely for their tissue proclivity.

xi) Sometimes they were selected on the basis and range of the indicated modern medicine, otherwise known as Allopathy in common parlance.

xii) I have come across articles where they were tried with varying response and result as pallatives.

xiii) Mostly they were designated as Antipsorics, Antisycotics and Antisyphilitics and were moderately prescribed too.

xiv) They are also claimed to effervescence a 'suppressed' skin disease, urethral discharge, etc., and offer the cure.

xv) A few papers or case records present them as related Biochemic tissue salts, making good certain unknown deficiency.

xvi) It is interesting to find them act as desensitizing agents too. The claim is indeed novel as it differs immensely from an immunological agent to which an earlier reference was made.

So much were the varied and vast uses that confusion was the result. In short, the matching of the symptom totality with the drug proving was totally ignored. In other words, it was not Homoeopathy.

The fifth and final objection was that the foundation and the subject matter was not scientific.

a) It was labelled as pseudo-science, as it had a vested interest and a 'personality cult'. Reduplication of the findings and confirmation of the inferences were totally absent.

b) There were no controlled experiments; there were no control groups; the double blind method of assessment and appraisal was also absent.

c) The presumption priority has not been proved. It is hard to accept it even theoretically. The pathogenesis of the organisms and their relationship to the homoeopathic remedy has not been established.

d) Neither the work has been standardized nor the nomenclature and identity of the isolated bowel organisms have been universally accepted. They are not in conformity with the Enterobacteriaceae Sub-

committee of the International Committee on Bacterial Nomenclature and Taxonomy, also of the Nomenclature Sub-committee of the International Society of Microbiology. There has been no typing, identification and recording by the Director of the International Reference Laboratory at the Central Public Health Laboratory, Colindale, London,

e) Though we could dismiss them as 'conservatism of Modern Medicine' as 'allopathic prejudice', it should be pointed out that facts don't change and that the primordial cultures do not, as a general rule breed true to the race and traits. They often degenerate. As such, it is doubtful, whether the provings if any, could be firm and infallible

Under the circumstances, I was very cautious, rather indeed prejudiced, to accept them in my armamentarium.

Clinical Provings

Yet, due to the enormous influence of my Father and his associates and the free will to exercise the choice, in no way subjugating and submitting to bias, I started giving a fair and faithful trial. The trials were entirely in accordance with the law of similars, in the light of the clinical provings. Very rarely were the other claims tested. However, the findings have the same defects, as presented earlier, due to lack of team work and absence of a trust-worthy laboratory. These short-comings are inevitable, though they could confirm at least the clinical provings and establish the clinical confidence, gained through successful experience.

It is not possible to give a detailed account within the specified time. It is indeed hard even to present a brief summary of the 5,308 cases that have been exposed to the bowel nosodes. I, as such, propose to point out only the relevant salient features :

Morgan (Bach) has the keynote "congestion" localised to organs and parts. Yet, it acts better on the respiratory tree than on the others. It has not proved superior to *Sulph.*, *Bell.*, *Glo.*, and *Coff.* in congestive headache. Mentals could not be confirmed. "Congestions" elsewhere have responded better to the usual indicated homoeopathic remedies than the nosode. It is worthy of trial in asthmatic bronchitis and bronchial asthma. It seems to influence them favourably. The relief is indeed dramatic — sometimes as quick and effective like adrenaline. Infantile eczema comes next.

Morgan-Pure (Paterson) has not been found to replace Morgan (Bach) in infantile eczema or in diseases of the liver.

Morgan-Gaertner (Paterson) acts favourably in renal colic and renal calculus with a characteristic modality of *Lyco.* i.e. 4 to 8 p.m., of *Ign.* with a tissue proclivity to the central and peripheral nervous systems and a sudden onset. Infantile epileptiform seizures of the nature respond well. Capillary spasm of Raynaud's disease, pale Migraine and Meniere's disease are relieved. *Sec. cor.* has not proved

superior to the remedy. It is as effective as *Cup. met.*, in the palliation of cramps. It is indeed an outstanding remedy for angio-neurotic oedema and herpetic lesions of the muco-cutaneous areas. *Apis.* has an adjuvant in the remedy to the former. In the treatment of duodenal ulcer, it was prescribed more for the mentals; the response was not satisfactory. It is one of our best remedies for photo-sensitivity.

Gaertner (Batch) has a hypersensitive brain in a marasmic body. It could be claimed as the chief remedy for "malnutrition" of childhood and malignancy. It does not have the constipation of *Sil.* Defective digestion of fat like *Puls.* has a worthy trial of the remedy.

Dysenteriae Co. (Batch) is probably more used than others, except *Morgan* (Bach). It has the characteristic mentals: stage fright, effort syndrome and anticipatory tension and strain. Many students claim to have faced the examiners better and fared well. It is worth a trial before interviews. It is almost a specific for pylorospasm and retching.

Faecalis (Bach) has not proved superior to *Sep.*

Mutabile (Batch) is as soft and changeable as *Puls.* It is one of the chief remedies for asthmatic syndrome alternating with skin eruption. Of the bowel nosodes it ranks third.

Sycotic Co. (Patterns) is presented more as an antisycotic than as a usual remedy. It has the characteristic genito-urinary discharge on its suppression. It is worthy of our attention along with *Thu.* The exanthema of chicken-pox has an effective remedy in *Syc. co.* (Paterson). Warts respond well.

Bacillus No. "7" (Paterson) is asthenia in globular form. It is a remedy for "mental and physical fatigue"—more suitable for the elderly and the debauche. It has a few laurels to its credit.

Besides the homoeopathic way, the bowel nosodes could be employed in any one of the sixteen methods. Yet, the following guide rules will be of much value:

1) Try to employ them, as much as possible homoeopathically.

2) Give them at relatively infrequent and carefully regulated intervals. Never repeat at progress and on aggravation. Wait, watch and employ on cessation of any of these.

3) As a general rule, use the high potency, when the 'mentals' are prominent; for 'gross pathology' and 'marked pathological symptoms' employ the lower potencies.

4) Store them properly according to homoeopathic practice.

5) Above all, don't expect too much from them — they are indeed valuable additions to our endless materia medica.

Summary: The author has employed the bowel nosodes in 5,308 cases with varying degrees of success. In one of the cases he has resorted to injections. In most of the cases they were used only as homoeopathic remedies. The results were very encouraging. They are valuable additions to our Materia medica.

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SOME EXPERIENCES IN HOMOEOPATHY*

By Dr. C. R. K. MENON, B.A., Cochin

Before giving out some of my experiences in homoeopathy, I may first be allowed to state the conclusions I have arrived at as a result of my observations and experience in the treatment of chronic diseases for over thirty years. They are:

1. In a chronic case we find only a link in a chain of the disease the present disease resulting from the one suppressed previously in the patient himself and/or inherited from his parents or other ancestors. 2. Each disease thus becomes stronger or more deep-seated than the previous one. 3. Whatever may be the proximate cause, the ultimate cause in all cases is one of the miasma viz. psora, sycosis or syphilis; or it may be either two or all the three combined. 4. The symptoms of the original dyscrasia may not be evident in the present case, but it can be radically cured only if the treatment is based on the suppressed or inherited dyscrasia. 5. Thus diabetes, cerebral thrombosis or fistula-in-ano is radically cured by directing the treatment against the original miasm of gonorrhoea, suppressed or inherited; psoriasis or leucoderma can be cured by sycotic or syphilitic remedies as the case may be; tonsillitis or rheumatism by *Psorium, Syphilinum* or *Medorrhinum* as the case may be; and heart disease and T.B. by one or more of the miasmatic remedies. 6. As a general rule, in all such chronic cases, a psoric remedy may finally be required to complete the cure. This confirms Hahnemann's statement that psora is the fundamental cause of all chronic diseases. 7. Before the cure is completed, we note that, if the correct miasmatic remedy is applied, the latent or suppressed impurities in the blood or other organs of the body would be eliminated in one or more of the following forms:— foul breath, urine, stool, sweat, skin eruptions or uterine discharges. 8. Finally, when a patient comes for homoeopathic treatment after the use of antibiotic remedies in allopathy, no radical

* Paper presented at Scientific Seminar on Homoeopathy, Coimbatore, Dec. 24-25, 1972.

cure is possible unless we antidote their use (abuse) by the homoeopathic potencies of the respective remedies.

Now I shall illustrate my statement by one of the several cases I have handled as noted with success.

1. *Diabetes Mellitus :* A lady, aged 50, well-placed in life, came to me for treatment after having received a course of insulin therapy. Her blood-sugar was 172.4 fasting and 261.8 after breakfast. History : Sycotic constitution suppressed eruptions, menses irregular and absent for the past few months. Her mother had died of uterine cancer.

23-6-71 : Prescribed *Penicillin* and *Streptomycin* in 30 and 200 potencies followed by *Medorrhinum* from 200 to CM in gradually ascending order. The blood-sugar two months later was found to have come down to 118.65 fasting and 176.28 after breakfast. A week after beginning treatment, she had her period again after some months' interval. This time the discharge was prolonged and copious, with dark blood and plenty of blood-clots. A tumor which she had already suspected long before, was thus cleared by *Medo.*

No more medicine was given till 16-10-71 when she got *Thuja* from 30 to CM potencies, also gradually ascending. On 7-12-71 ten days after completing the course of *Thuja,* blood-sugar remained at 180. Prescription nil. A month later, she developed some skin eruptions on her right forearm. Prescribed *Radium bromide* on 12-2-72, but the eruptions became worse. Wanting to get a speedy cure to enable her to attend to her official duties, the patient applied some allopathic and later some ayurvedic ointments which partially suppressed her eruptions. Her blood sugar on April 21, 72 was found as high as 370.35.

6-5-72. Prescribed *Ars. alb.* 0/3 twenty doses, a pellet (No. 20) per dose one dose daily. On 9-7-72 test showed that blood-sugar was only 125 fasting. B.P. and cholestrol were normal. During the treatment she had taken only normal diet, but the intake of sugar was restricted. On 27-7-72, the patient reported that the eruptions in the forearm had begun to disappear even during the course of the medicine, only a faint black patch remained under the skin without any itching. But at the same time she reported that she began to discharge a greyish-brown liquid from her uterus which continued for some days and disappeared without any medicine. On 19-9-72 blood-sugar was tested again and found to be 134 fasting.

6-10-72. Prescribed *Ars. alb.* 0/3 (Hapco) fifteen doses (one pellet) Blood Sugar had come down to 134 and she thanked me for the all-round improvement she had found.

2. Miss L. K. aged 17, came to me for treatment on 27th April, 1970. She was tall, lean and anaemic, with a comparatively small head, peaked nose, dark colour under her eyes, and would walk bent forward. Her chief complaints were :— Emaciation, although eating

well; and growing fatigue; an empty burning sensation in the stomach > eating; catching cold easily; inflamed tonsils which were cut off some months back; dry cough and chest < going up; pain in the legs after walking or standing for some time ; oily face and foul smelling sweat leaving a greenish yellow colour in the underwear; constipation with round worms in the stool; M.P. irregular with watery or dark blood. She was absent-minded although with good memory; liked cold food, milk and tea; did not like sweet or oily things; thirsty wants to drink often.

In her past history, she had had measles, whooping cough, small-pox and diarrhoea. Had taken allopathic medicines all along which included penicillin and streptomycin.

Prescribed as follows on 27-4-70 :— *Penicillin* 200, 3 doses; *Streptomycin* 200, 3 doses; Sac lac, 3 doses; *Tub. bov.* 1000, one dose (two globules of No. 30) and Sac. lac. five doses; total 15 doses one dose daily.

Exactly on the sixteenth day, on 13-5-70, she reported that she was feeling quite well, her general vitality and vigour were restored and her stomach complaints had disappeared. During the course of treatment she noted the following : She had profuse discharge of urine several times a day and excessive sweat, both with a pungent smell; discharged a large number of pin-worms with the stool which was black for the first few days; she had her M.P. normal with good red blood. She said she had never felt so well at any time before.

On 29-5-70 she got three doses of *Sulphur* 30 (one pellet each) one dose daily. Three weeks later she reported that her monthly flow was painful, and has lasted for seven days. On 24-5-70 she was given *Nux vom.* 1000 followed by *Sulph.* 200 and 1000 (each one pellet No. 30) one dose each, to be taken at intervals of three days. A month later, I heard from her that she was keeping well, her monthly period was normal without pain, and that her weight had increased by eight pounds without any other medication.

Comments : I have found the homoeopathic potencies or antibiotics necessary to begin the treatment with, in cases where the patients had had those life-saving (?) remedies before, under other system of treatment. The increasing emaciation of the patient although living well, the tendency to catch cold, the teasing dry cough with chest pains, the desire for open air, and the multiplicity of symptoms led me to prescribe *Tub.* which, as the result shows, proved to be the correct remedy. The abnormal nature and quality of stool and urine and sweat noted after beginning treatment shows that the primary process of cure begins with the elimination from the constitution to complete which process *Sulphur* 1000 was given Result shows that this prescription was also correct. I may mention in passing that much immediate improvements were never noted, in my experience, in any other case where the tonsils had been removed by operation.

SOME EXPERIENCES *

By Dr. K. T. ALEXANDER, Palghat.

We live by experience in the world. One experience leads to another. Experiences shared enrich each other and lead us on to the path of still greater experiences, more so in the art of leading and medicine. With this hope in mind, I would like to share a few experiences of mine, I have had during the last 40 years of my practice.

Once at dead of night, there came a man past middle age, with excruciating pain and inflammation of his left hand. He had had no sleep for days together. While feeding his buffalo, he had been bitten accidentally in his left arm. As he was a diabetic, after a few days, the arm had swollen up, and there was pus formation, extending upward, day by day, causing unbearable pain. He had been admitted in a nursing home. After a few weeks treatment, since the inflammation and suppuration did not subside, the Surgeon there wanted to amputate his affected arm. But, since the patient preferred death to amputation he came away from the hospital, and approached me for homoeopathic treatment.

His peculiar symptoms were as follows: Wants to sleep but sleep aggravates his pain — or sleeps into aggravation. The affected parts look bluish and he has burning sensation. Sensitive to least touch. Intolerance of touch and light pressure.

Considering these peculiar symptoms, I was led to prescribe a dose of *Lachesis* 200 after which in a few hours the patient went to sleep. He got up with less pain the next morning. Within few days the swelling subsided, and he slowly recovered to his own great joy as also that of the house-hold.

Seeing this particular case as also a few other cases declared hopeless getting cured, the Surgeon who had treated the case earlier, became an ardent follower of Homoeopathy. The recovery of this particular case shows that we have wonderful remedies to replace the knife.

2. Mrs. L. S. aged 23. I was called to see this young rich lady, in a most desperate condition, given up as hopeless by all doctors.

She was kept in a good nursing home, under expert Allopathic treatment, prior to my attending on her. It had been diagnosed as Sprue and Pernicious Anemia.

She was mere skin and bone, hairs over the head all gone, really bald, with ulcerated mouth and tongue. She was being given nasal feeding, as she was unable to take food by mouth, because of smarting pain. Was passing bloody stools with great straining. There was violent cutting pain after stools lasting for hours. She felt so exhausted

* Paper presented at the Scientific Seminar on Homoeopathy, Coimbatore, 24-25 Dec. 1972.

and irritable after stools and was having high temperature too. Putrid smell from mouth with salivation.

On enquiry I was told that she had been infected with Syphilis by her husband. She was taking some native medicines containing crude mercury which instead of making her better was making her worse.

Here I was reminded of the Mercurio-Syphilitic history, showing a clear picture of *Acid nitric* being her remedy. After a few doses of *Acid nit.* 30 her temperature came down on the 2nd day, bloody stools stopped and she started taking food by mouth in a few days. Ulcers in the mouth healed and she was able to pick up general health in 2 months. *Acid nit* was given occasionally from 30th to 1M potency. She was also given *Syphilinum* in high potency at long interval.

The allopathic doctor, who treated her first, on hearing of her recovery, called on me one day and congratulated me, and admired the healing art of Homoeopathy.

I can narrate a number of such cures where homoeopathy has cured cases like typhoid coma, diabetic gangrene, caries of the spinal cord infantile paralysis, nephritis, ovarian tumours, advanced cases of Pulmonary Tuberculosis etc. But for want of time, I hope to do it on some other occasion.

VALUE OF THE NOSODES *

By DR. P. SANKARAN, L.I.M., F.C.E.H., D.F. HOM. (London), D.HT. (U.S.A.), Bombay * *

The subject of nosodes is a most fascinating one. Not only are they useful, each on the basis of its own individual indications—which by the way are quite vast—but they are also useful when we find that the indicated medicine fails to help. Further they can be prescribed not only on their own specific indications but also on general indications such as the general miasmatic background of the patient. They are useful both for prevention and cure of the disease.

The nosodes were just coming into existence during Hahnemann's time but their full potentialities were developed after him and we have now a rich legacy. They are extremely useful in a variety of conditions and have a variety of indications. I may give a few instances.

I remember that the late Dr. S. S. Banker had a peculiar case where the patient had two alternating groups of symptoms, each responding to a particular remedy. But no drug seemed to cover the whole picture. However the patient had a peculiar symptom viz. that he was definitely worse from 10 a.m. to 3 p.m. For this indication *Boger's Synoptic Key* gives only one remedy viz. *Tuberculinum.* When Dr. Banker gave *Tub.*

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* Presidential remarks at the session of the South Indian Scientific Seminar, Coimbatore.

** Ex. Hon. Physician, Govt. Homoeopathic Hospital, Bombay; Hon. Lecturer, Bombay Homoeopathic Medical College.

the whole symptom picture changed and a new symptom picture emerged for which a new remedy was found indicated which completely cured the patient.

I have also reported the case of a child which was crying from the very birth for nearly 3 months and the father was so embarrassed and exasperated that he wished the child would die. One dose of *Syph.* 1M cured the child.

I have reported another case where a girl had recurrent attacks of Asthma. *Med.* given on the indication that she had coldness of the breast esp. the nipple, helped her.

I may also mention another interesting case. Once I had gone to Kota for a private visit. I was then casually consulted by a gentleman for his daughter aged 16 yrs. She was very backward in her studies and had failed in the same class for 3 yrs. I noticed that the girl had deep small-pox scars on her face. On enquiry I learnt that indeed she had had a severe attack of small-pox and that *since then* she had become retarded. Without bothering further prescribed for her *Variol-1M* Thereafter I heard reports of her excellent progress. She got a double promotion in school and also came first in rank in her new class! Indeed our nosodes can produce amazing results in many such cases where allopaths have nothing to offer except tonics which are useless.

All of you I am sure can narrate many similar cases.

But I wish to draw your attention to a particular scientific point. We have read in our books and we have seen in our practice — as I have noted above — that when a person has suffered from some acute infectious disease or has a family history of an infectious disease, the nosode of that particular disease is able to help. Dr. Foubister thinks that even if the patient does not say definitely that he has not been well since that infectious disease, if he has suffered from a severe attack of that disease, the patient benefits from the nosode. Further he says that if a patient reports of having had several different acute infections (say five or more) in his childhood, then the remedy *Carcinosin* will be useful. Now the question arises as to how many doses of the nosode will be required to set right the condition. Supposing a person has a family history of Tuberculosis will one dose of *Tub. bov.* suffice to remove the ill-effects of that inheritance? Supposing he gives a history of having not been well since an attack of mumps, will one dose of *Parotidinum* clear up his case? Or will it require several doses? I am afraid that we will have to make a number of observations on patients before we can arrive at any positive conclusion.

The second doubt I would like to raise is this. If a patient has a family history of tuberculosis or cancer, is it necessary that he should receive the nosode of that disease before he will improve on his remedy? This point also requires much study. I am investigating these two problems and I hope to present a full paper in the near future.

I now invite my learned colleagues to give their experiences and impressions on the nosodes.

RANDOM THOUGHTS ON NOSODES

by Dr. Sarabhai M. Kapadia, B.Sc., D.M.S., Bombay

Nosodes have like all other substances a place in our armamentarium. We have no prejudices. Filth as well as gold get whatever place and credit each deserves, as Dr. Nash said.

Nothing has to be said about nosodes, about their use according to the symptoms brought out by provings in a classical way. There should be no arguments except fickle sophistication.

It is established beyond all doubt, that the modified form of the causative miasm—bacteria, toxin or virus or whatever is one of the responsible factors in bringing about the illness—has got unquestionable power of building up resistance against the respective disease.

It is this fact which brings into use the nosodes in a routine way for the history of chronic diseases in the family and for the history of acute or chronic disease in a person. A lot of good has come out of such use in thousands of cases. When clear guiding symptoms of one or the other medicine are available who would think of anything else except the indicated remedy? But when symptoms are absent, some way has to be found and it is an occasion to work with something less than the best.

Again when the indicated medicine fails or does not hold on for a long time there is need for action These two circumstances are situations where the nosode has a legitimate place in classical approach. But with wider experience and deeper insight it may be possible to go ahead faster and apply the nosodes directly.

If you consider the following questions you may feel obliged to accept the necessity of proving the nosodes as much as any other substance, proving being the only reliable court of appeal.

a) Why is the nosode of psora extremely chilly when *Sulphur* the leading antipsoric remedy is very warm?

b) Why is the nosode of gonorrhoea, *Medorrhinum*, the mother of sycosis positively relieved near the sea whereas *Thuja* the leading antisycotic is hydrogenoid?

c) Why is *Syphilinum* one of the important remedies for itching of the skin (> by warm bathing) when syphilitic eruptions are non-itching.

You can see that some of the chief clinical characteristics of the manifestations of the miasms are different from the characteristics derived through provings They are so basically different as to contradict each other. Therefore there is some gap some where which needs to be filled up by careful study.

In any case, several epidemics and cases of diseases are in a way provings by the most susceptible persons of several morbific agents. From a study of anamnesis of these diseases, we should develop pictures to apply them in our art in various ways. When we can utilise information gathered from poisoning cases of poisonous drugs, why should such study not enable us to employ these substances?

At the same time, provings of these substances need to be carried out for the above reasons.

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* Paper presented before the Scientific Seminar on Homoeopathy, Coimbatore. Dec. 24-25, 1972.

Knowledge gathered about the morbific powers of any substance whether from voluntary provings or from accidental poisonings or from study of natural diseases needs final touch up and evaluation in clinical application by careful physicians. Then only a substance metamorphs into a useful drug. That is why Dr. Clarke once called a drug developed by clinical application as a child born by breech presentation. Shall we say some of the nosodes were born by Caesarian Delivery? Is that not the case with *Bacillinum* as developed at the hands of Burnett.

FROM OUR CASE BOOKS

HYDATID CYST OF THE LIVER*

By Dr. V. T. D'SOUZA, B.Sc., D.M.S., Mangalore**

Mr. M, a male aged 55 yrs., was admitted in a leading nursing home in Mangalore on 10-8-1970. The note given to me by the Doctor-in-Charge of the nursing home who attended on him reads thus:-- "Condition on Admission: 1) High temperature (2) Toxic (3) Enlarged tender liver (4) Jaundice.

A provisional diagnosis of Amoebic liver abscess was made. Emetine injections and chloroquine phosphate were given. There was no improvement. The patient's condition was getting worse. X-ray abdomen showed a circular calcified cyst. Needle aspiration was done and the report showed Hydatid Cyst.

Patient was also put on Tetracycline and there was no relief with regard to pain and temperature. Homoeopathic treatment was started at the time when his general condition was very bad.

On 6-10-1970, I examined the patient and found him extremely emaciated with total loss of appetite, unable to move on account of weakness, running a hectic temperature with acute abdominal pain, severely jaundiced with glycosuria. By this time the patient had been given innumerable drugs on suspicion that it was Amoebic Hepatitis. These were all stopped by the consultants attending on him after the biopsy report which read: "Specimen received is a linear bit of tissue floating in formalin all embedded. Provisional diagnosis of the subject's condition: Jaundice with tender enlarged liver. Microscopic appearance of the section shows laminated membrane suggestive of an ectocyst of Hydatid Cyst."

Before consulting me the patient had been strongly advised operation as the only possible chance of a survival but prognosis was declared unfavourable under any circumstance.

Astrologers were consulted and their opinion was that he should undergo surgical treatment. A 100% cure after operation was forecast.

Against all such advice the party took bold to consult me and

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* Case Presented at the Scientific Seminar on Homoeopathy, Coimbatore, 24-25, Dec. 1972.

** Physician, Father Muller's Hospital, Mangalore.

against the expectation of all the patient was able to go home fully cured, hale and hearty, on the 23rd Oct. 1970, i.e. exactly 17 days of starting the homoeopathic treatment.

This remarkable cure drew the attention of the entire medical fraternity of the City of Mangalore especially the staff of the local Medical College. I have found from experience that the teaching section of the medical fraternity is more willing and desirous of trying out homoeopathic remedies rather than those working in other private hospitals. In fact they have been kind enough to refer to me many cases. Many of them are themselves undergoing homoeopathic treatment.

The remedies that were most helpful in curing Mr. M. were *Lycopodium* and *Kali iodatum*.

The check up X-ray was taken after a long time because of my extreme diffidence. It showed that the Cyst has shrunk to the size of the tip of the thumb.

I have got the two slides made both when the cyst was existing and after the Cyst had regressed in a record time of 17 days, an effect unknown in medical history.

This taught me the lesson that repeated check-ups of the pathology are necessary as these are evidences of positive proof of the success of Homoeopathy and are very good stimulants to boost up our morale.

INVISIBLE INJURY—CONIUM

By Dr. S. R. PHATAK, M.B., B.S., Bombay

Recently I was consulted by a father for his child aged 2½ years. The history was that about a week earlier the father while carrying his child had fallen down on the street. When he got up the child also got up and stood up. There was no apparent injury to both of them. But when he carried her home and set her down she was unable to stand up on both feet. She stood up on right leg only with the left leg drawn up. He forcibly made her stand up on both feet but when force was released she used to draw her leg up. But while lying down she could stretch the leg. An allopathic general practitioner was consulted who examined her and found n.a.d. There was no pain or tenderness. Later a neurologist was also consulted who also found n.a.d. But the child could not walk and was only able to crawl. So they were puzzled. I was then consulted.

On the history of fall and interpreting that the child must be feeling better by hanging her legs when standing, I prescribed *Con.* 200 t.d.s. In 3 days the child was able to walk about well.

AN EXPERIENCE*

By Dr. H. K. SRINIVASA RAO, L.M.P., Bangalore.

In the year 1932 in a case of Malaria in a pregnant lady any amount of quinine and the then newly introduced antimalarial drugs had no effect. I was practically at my wit's end. She was vomiting badly and was not able to retain any food. Her condition was pretty bad. I had then a friend who had quarrelled with his brother had run away from his house and had become a sweet-meat maker in a hotel. He had also picked up some homoeopathy of which I had no idea then. He told me "Dr., please allow me to give one dose of medicine". When I agreed, he brought two doses of some white powder. This medicine was given to the patient. Next day the father of the patient did not report to me. I thought either the patient might have expired or that they might have called in some other doctor. When I met the father accidentally and enquired of him, he told me that the patient was completely alright. In fact the mother of the girl asked me why I had not given the girl this medicine much earlier. When I enquired of the hotel keeper the name of the medicine, he told me it was *Ipecac*. Whereas I was using *Ipecac* in allopathy for different reasons, it was used in homoeopathy for different symptoms. That was my first taste of homoeopathy. Later I learnt that the great Mahendralal Sircar was converted to homoeopathy when a case of malaria was cured by homoeopathy, the peculiar symptom in that case being that the patient used to *cover* during fever and *Nux vom* cured him.

NEWS & NOTES

Dr. B. K. Bose felicitation committee: A committee has been formed under the chairmanship of Dr. B. N. Chakraborty (Adviser in Homoeopathy to the Government of West Bengal) to felicitate the veteran homoeopathy Dr. B. K. Bose who is completing 91 years in Aug. 1973. Dr. Bose besides being a doyen and a student of Kent has fought for Homoeopathy all his life and by felicitating him we shall only be honouring ourselves. So we earnestly appeal to our large-hearted readers to contribute to this fund because the amounts collected will go to promote Homoeopathy in several ways.

The 27th International Congress of Homoeopathic Medicine: was held at Vienna from 28th May '73 to 2nd June '73. Dr. Robert Seitschek of Vienna presided over the congress. Several interesting papers were presented. Over 200 delegates participated.

Among those who attended and presented papers were :- Dr. Jugal Kishor and Diwan Harishchand of Delhi, Dr. Devendra Mohan of Chandigarh and Dr. P. Sankaran of Bombay.

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* Reported at the Scientific Seminar in Homoeopathy, Coimbatore, Dec. 24-25, 1972.

RANDOM READINGS

Acupuncture: "Four acupuncture needles inserted in each external earlobe anaesthetised a patient who had most of his stomach, removed because of a bleeding ulcer.

Dr. Rosen continued saying that "The acupuncturist chooses from a variety of extremely flexible, solid, immensely fine needles immersed in alcohol, selecting one, inserting it at the point indicated for the particular operation. She twirls the needle between her thumb and her first two fingers. After a few minutes have elapsed, the acupuncturist nods to the surgeon, who then begins his operation. The patient and surgeon may converse while acupuncturist continues to twirl the needle."

So, there must be some truth in the methods, of acupuncture and let us investigate — Our readers will now understand from this statement issued by Dr. Rosen — how Anaesthesia has advanced in China

When we are lagging behind in India, even though we once again emphasise that this method of Anaesthesia went to China and elsewhere from India with Budhism. But, we have neglected and forgotten this art. We have best workers in the fields of Anaesthesia and let the Indian Society of Anaesthetists work together and thus ponder over the simplest methods of Anaesthesia in their practice and regain their fame in the society they belong. We can strive hard and do wonders, since we have many old reference books both in Indian Medicine and the Western Medicine.

Acupuncture is now listed as a medical insurance benefit for members of the San Francisco Teamsters Union.

The hallucinogenic drug LSD may cause the birth of still-born or abnormal children, according to a report published by the American Medical Association.

India stands second with 40 medical schools out of 236 started within the last 10 years in the world. Brazil stands first with 53. According to W.H.O. there are 918 medical schools in the world. Approximately 10 per cent of the world's medical schools are in India.

Drugs & Blood Donors : The American Association of Blood banks has announced that from now on, all persons who have been taking antimalarial drugs will be barred from donating blood for three years after discontinuation of therapy instead of for only two year as heretofore.

YOUR QUESTIONS

Q. Have you used *Typhoidinum* for the after-effects of Typhoid?

A. In cases of typhoid since the fever is going to run for three weeks generally the people will not keep quiet. Generally some drugs

will be administered and the drug usually given is Chloromycetin. Chloromycetin has a number of side-effects and the patients suffer more from the side-effects of this drug than from the effects of typhoid itself. Therefore in the these cases treated by chloromycetin where the patient complains that he has not been well after the typhoid, I think it is the Chloromycetin that is to be antidoted rather than the ill-effects of typhoid itself. I have treated such patients with potentised *Chloromycetin* with excellent results.

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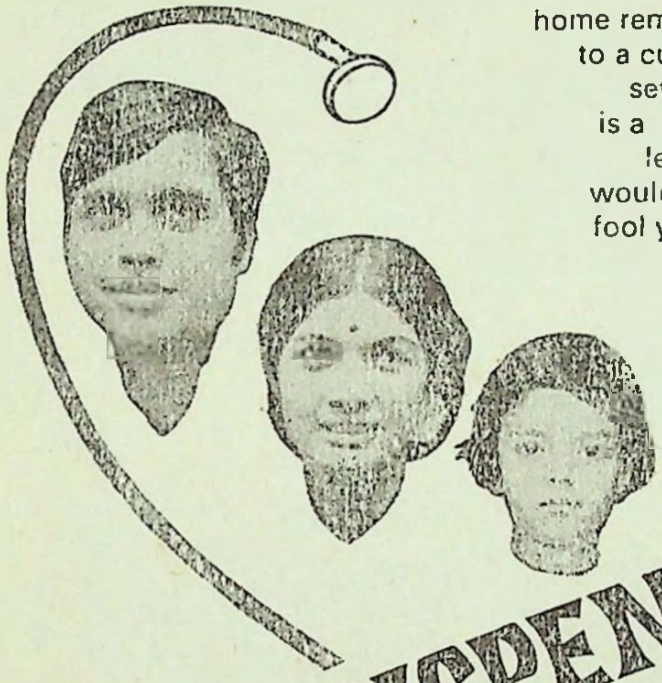

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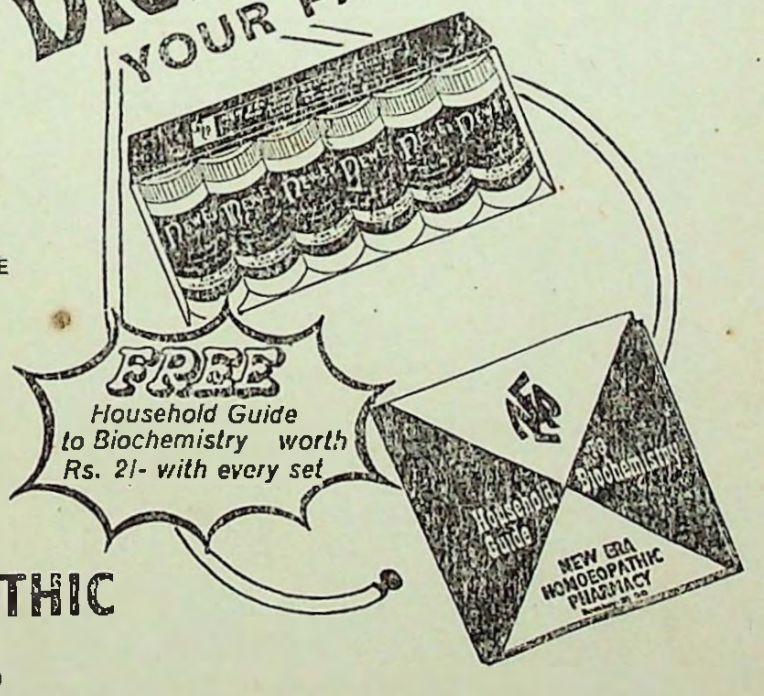

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