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Aude Sapere
(Dare to be wise)

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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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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

NON-HOMOEOPATHIC PRACTICE BY HOMOEOPATHIC PRACTITIONERS

Elsewhere in this issue will be found a letter written by a homoeopathic physician criticising the homoeopathically qualified persons who practise allopathy. We have been receiving many such letters. Homoeopathically qualified persons seem to be adopting allopathic practice in such good numbers, that it has attracted the attention of many. Mentioning this point in his editorial Dr. Ramanlal Patel writes in the **50 Millesimal** as follows :

"In their practice they gradually tend to administer other than Homoeopathic medicines, for which they are least experienced. Here are the people who forget homoeopathy and modernise themselves with 'quick cure' medicines of Allopathy, without knowing what harm they may do to the patient. In reality they want monetary gains than Homoeopathy but in return a rebound action takes place, wherein patients lose confidence in them and in Homoeopathy".

Dr. Kanjilal writes in the **Hahnemannian Gleanings** as follows :

"All serious-minded homoeopaths and lovers of homoeopathy feel perturbed and worried at the plight of the cadres coming out of the homoeopathic teaching institutions, as they exist today, in their professional life. Very few of them serve their patients with Homoeopathy, the most rational and scientific system of Medicine. All the rest use their homoeopathic diploma only as a licence to practise in any system of Medicine according to their sweet will and convenience, at great detri-

Therefore this problem merits our careful, earnest and serious consideration.

There was a time, not so long ago, when Homoeopathy was not officially approved. Yet the intrinsic value of Homoeopathy was such that it was recognised and accepted by the people so that the system was in great demand particularly where the other systems had failed miserably to relieve and cure. Where there is a demand, there is bound to be a supply. So, since regular qualified physicians were not available a large number of laymen practised it and that too with fairly good results This was a stage.

But there was a feeling that if untrained laymen could do so much, regularly trained practitioners should be able to do much more. So those who had benefited from homoeopathic medicine and other enthusiastic supporters who appreciated its merit, established various homoeopathic colleges in different parts of the world in order to create regular trained practitioners of homoeopathy. In India also, with herculian efforts, some homoeopathic colleges have been established.

The object of starting these colleges is that they should train scientific practitioners in Homoeopathy so that the benefits of this system

can be spread to a much larger number of people. Therefore if the practitioners coming out of these colleges turn to allopathy, those who are in any way concerned with the founding and progress of these institutions, those to whom homoeopathy is nearest and dearest to their hearts, must naturally view this state of affairs with concern and even disappointment. They must therefore make all efforts to set right this tragic anomaly.

Let us first look at the reasons given by some of these homoeopathic practitioners who practice allopathy. Firstly, they say homoeopathy is difficult to practise whereas allopathy is easy. Secondly, they feel homoeopathy does not pay. Thirdly they state that patients want allopathic medicines, preferably injections. And fourthly, that homoeopathic practice involves very hard work.

We shall consider these reasons one by one.

1. We are not able to comprehend how they can find a system which they learned for 4—5 years difficult to practise while a system which they have not at all learned in the college becomes easy, especially a system which deals with dangerous drugs.

2. The plea that homoeopathy does not pay is very far from the truth. Bad homoeopathy does not pay, just like bad anything will not pay. But good homoeopathy definitely gives ample rewards. Hahnemann himself was known to have earned very well. And we know many homoeopaths who have been very successful and are earning very well to their heart's content. Some of them perhaps, earn even more than their allopathic counterparts.

3. As far as we understand it, the patient does not care what medicine is being given to him as long as it is able to give him relief and cure. Whether it is homoeopathy or allopathy or nature cure or even a talisman, if it gives him prompt amelioration he welcomes and accepts it. And in our experience good homoeopathy can help more promptly and definitely more lastingly than good allopathy while allopathy applied ignorantly and wrongly is as useless as homoeopathy applied wrongly and is in addition harmful also.

4. It is our belief that all good, constructive, solid work involves hard work. There is no short cut to success. Success, they say, comes before work only in the dictionary.

Apart from these considerations, is there not a factor called job satisfaction? The amount of inner satisfaction one gets by applying Homoeopathy and giving prompt and permanent relief or cure cannot be compared with the short-term doubtful and suppressive relief given by crude drugging. Is this not more important than any material returns one may get ?

Whatever reasons may be given by these practitioners and whether these reasons are true or false, real or imaginary, the fact is that they practise allopathy. This is an absurd state of affairs for three reasons.

Firstly, because there are allopathic colleges existing to train practitioners in that system; Secondly, since in homoeopathic colleges training is given only in homoeopathy and not in allopathy, the students will not be really fitted to practise allopathy, though they may be foolhardy enough to do it. Thirdly, the very idea of establishing homoeopathic colleges becomes defeated and the colleges will lose the very reason for their existence if the practitioners coming out were to practise some other system.

Except where a homoeopathic practitioner is honestly convinced by repeated experience that allopathic medicine is far superior in its effects and is in the interest of the patient, he has no business to practise allopathy. All those who otherwise practise allopathy after passing through homoeopathic colleges are doing an immoral and reprehensible act.

So all adherents of homoeopathy who devoutly desire that the practitioners who come out of the homoeopathic colleges must faithfully practise homoeopathy should think of concrete and practical solutions. This problem is a big and complex one, bigger beyond solution by the limited capacity of any one individual but if a number of interested and sincere homoeopaths of a higher level can combine together and cogitate, a proper solution can be surely found. This collective thinking should have been done long ago but unfortunately it has not taken place. We may even suggest a convention for this purpose. This convention should consider every aspect of the matter including the genuine difficulties of these nascent practitioners and offer practical solutions. At least now we should not be guilty of neglecting this serious problem any further.

An obvious solution seems to be admit into these institutions only those students who are bound to practise homoeopathy. But a difficulty arises because the students who get admission may promise to practise homoeopathy but no one can ensure that this promise will be fulfilled. In fact, the promise may be made only for the purpose of getting admission. The medical profession seems to be so full of glamour that a seat in a medical college is much sought after and any means may be resorted to obtain admission.

A suggestion has been made that non-homoeopathic practice by homoeopathic physicians should be legally banned.. We are not in favour of such a ban because a legal ban is difficult to enforce. This will only lead to clandestine non-homoeopathic practice. It is better we go to the root causes of this and eliminate them.

We may suggest the following steps :

1. Admission to the homoeopathic colleges must be given to students of a higher level i.e. I.Sc., B.Sc., etc., because they will have a higher level of maturity and understanding.

2. A better type of teaching should be adopted so that the students can understand what they learn. Mere theoretical lectures cannot help much.

3. More intensive practical training with different types of cases should be given with the help of experienced and confident homoeopaths so that the students will witness and understand the real efficacy of this system. It would not be enough to recruit inexperienced, full-time teachers because their teaching may not inspire confidence. (Unfortunately the pay scales of homoeopathic teachers are not enough to attract senior homoeopaths and our homoeopathic institutions cannot afford to pay more.)

4. The teachers who teach homoeopathy should have faith and confidence in the homoeopathic system. If they themselves do allopathic practice this can have a very disastrous effect on the morale of the students.

5. Creation of opportunities for employment so that those who are unable or afraid to start private practice may gain experience in employment.

These are a few of our suggestions. Friends who have more knowledge, experience and wisdom can give more and better suggestions. But whatever suggestions are made will be useless if they are not seriously considered and implemented by all concerned. Otherwise the steady march towards disaster will continue. And such practitioners coming out of the homoeopathic colleges who have no faith in homoeopathy may turn out to be the potential enemies and destroyers of homoeopathy.

We are in fact anxious about another possible development. Sooner or later, the Boards of Homoeopathy in the various States and the different advisory bodies in the centre may be slowly infiltrated and become composed of such homoeopathically qualified practitioners who have no faith in homoeopathy but who practise allopathy. And these homoeopaths may then lay down the plans, guidelines and rules for the future development of homoeopathy. A more ridiculous and horrifying situation for Homoeopathy will be difficult to imagine! Let not homoeopathic colleges turn out such potential wreckers of Homoeopathy.

Now we shall close with a warning. If we do not **now** take active and effective steps for revitalising Homoeopathy we shall be very soon following the path of the countries where homoeopathy is dying or dead. In our country, on the one side, there is a greater and greater demand for good homoeopathy and on the other side there is a lesser supply of good homoeopaths. Let us not connive at perpetuating such a tragic situation.

THERAPEUTICS OF FEVER*

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

Man desires to keep fit and healthy so that he can enjoy life if possible for a hundred years. Health is upset by hereditary background,

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

diet and environment. Away from ease is disease. Disease is a condition of our body and mind. Disease is known by symptoms and signs, felt and observed. Signs and symptoms are the result of natural defence mechanism operating and in fact they are the representatives of curative processes to readjust the functions and maintain harmony of the mind and body.

Common cold and fever and such acute diseases are the reactions of our body, periodical cleansing work. But man is afraid of the deviations from normal condition. Fever is one such anxious problem for him. He must take rest, he cannot eat his usual food and he is confined to bed. He wants to get rid of it quickly. If a child gets fever both the parents will be in the grip of fear; esp. the mother will not sleep and she will bother the doctor to stop the fever. That the fever is a protective phenomenon, she cannot understand. These anxious parents would do anything and pay any amount for stopping the fever.

Let us study the nature of fever, the modern view points of fever, types of fever and homoeopathic approach to therapeutics with a few case reports.

Dr. J. D. Ratcliff says "Thousands of people each day slip thermometers under their tongues, wait a few minutes, then consult the little arrow. Most laymen believe that the higher the body temperature the graver the illness. Doctors are not so sure. For upward of two thousand years medical men have been debating the question: 'Is fever a friend or foe? Is it an indicator of how ill a person is — or of how vigorous an effort his body is making to get well?' What is fever? It is simply an indication that the body is generating heat faster than it is losing it. Your body's remarkable heating system is in many respects strikingly like a home heating system. The food you eat is burnt, mainly in muscle tissue. The resultant heat is piped round the body by the blood in blood vessels. Like a well built home, the body has its insulation — a layer of fat, under the skin — to cut down the heat loss. The entire system is controlled by cells in the hypothalamus, on the underside of the brain. This is the body thermostat. When it is pushed too high, there is fever. The sweating mechanism slows down and the skin becomes dry and hot.

"To-day's research men note that the body temperature varies widely during a day — being lowest in the early morning hours, highest in the later afternoon. Therefore, Doctors think it would be better to speak of normal "zone" from 97.2° to 99.5°.

"Although the blood is highly efficient, as distributor of heat, it does not do a perfect job. If the mouth temperature is 98.4° the rectal temperature is usually a degree higher. The liver, hottest organ in the body, is about 101°. The groin area is usually atleast a degree lower than the interior of the body. Survival of the human race depends on its rising no higher. Above this level, male reproductive glands are unable to produce sperm.

"What induces fever? A surprising variety of causes. Anxiety is one. Children frightened by going to the hospital often run fevers. One army Doctor found that the temperature of 324 call-up examinees anxious about their status, averaged nearly a degree above normal. Also, injury to the brain thermostat — caused by accident or by tumours growing into the area — often produce raging fevers.

"By far the largest producers of fever are bacterial and viral diseases. The exact means by which these microbes cause fever is not known. It may be that under a microbial attack white blood cells release fever-producing chemicals called pyrogens which prod the brain thermostat into action.

"Are fevers harmful? There is no cut-and-dried answer. Some fevers are clearly dangerous — particularly those caused by brain injury, tumours, sunstrokes. They soar to levels where temperature itself becomes a menace to life.

"A fever of 109° , for example, does irreparable damage to the brain if not brought under quick control by ice-water enemas or immersion in baths of ice water.

"Fevers following heart-attacks are also grave affairs. The danger here is this: in fever the rate of cellular activity in the body (metabolism) may be greatly increased. At this faster rate the cells require more oxygen. Thus there is an added load on an already damaged heart. These are exceptional cases. About the more common fevers that accompany colds, sore throats and such, one point should be remembered : fever is not a disease but a **symptom** — often a valuable and revealing one. Many doctors are to-day questioning the wisdom of fighting common fevers with temperature drugs — such as aspirin. Speaking mainly of childhood diseases, one professor of medicine observes : "Anti-fever therapy is often employed more for the benefit of parents, or the doctor, than the child. It is doubtful whether body temperature in the range of 104° is harmful, even if prolonged for several days.

"Fever may be the best, or the only available sign for following the course of an illness, as many diseases have readily recognised temperature patterns

"What are the safe limits for fever? There is no hard and fast rule. It has been observed that people rarely survive temperatures above 109°. However, temperature almost never rises above 106°. Apparently, the body has some emergency mechanism that takes over at this point. A chain of life-saving events gets under way. The patient usually goes into coma, blood flow to the blood vessels near the surface of the body is increased and sweating becomes profuse. These events produce a cooling effect, and the fever begins to fall to safer levels.

"Fearsome as a fever may be to laymen, it has many beneficial effects. It prods the body into greater production of bacteria-fighting white blood cells and bacteria-killing anti-bodies. Recent evidence indicates that it

increases production of the hormone ACTH, which in turn combats the stress placed on the body by disease. It appears to enhance the action of such antibiotics as penicillin.

"As wider knowledge of fever has accumulated, many old rules have been rewritten. A generation ago it was standard practice to starve a fever — which undoubtedly killed many badly debilitated patients. Since fever hoists the metabolic rate, the need for food and fluids is increased. Today's rule : a high-protein, high-vitamin diet with all the liquid the patient can take."

Hahenmann's lesson in the chronic diseases on the treatment of acute syphilis must be applied to fevers of all types and acute diseases of every name and every kind irrespective of habitat. If, as he affirms in the **Organon,** acute diseases "are generally a transitory outbreak, an explosion of a latent psoric affection," the symptomatic expression of this or any other dyscrasia must be included in the anamnesis, the remedy selected from the totality thus obtained.

It is the **patient** and not the **fever** that is chiefly and especially to be considered. It is the individual with his or her peculiar idiosyncrasies and constitutional inheritance with which we have to deal. The symptoms of the latent psoric affection must be analysed as fully and completely as the symptoms of the "transitory outburst" a fever paroxysm. As a rule, the family history is much more suggestive of the curative remedy than the rapid pulse and high temperature, and should be carefully studied. When discovered, the constitutional miasm — psora, sycosis, syphilis, tuberculosis — should be esp. noted, for here will often be found the rephasing tendency of the fever. It is the experience of the author the rephasin tendency of the fever. It is the experience of the author that if the remedy be selected from the totality of the objective, subjective and miasmatic symptoms, the patient may be cured in any stage of the fever. It is not necessary for a typhoid or any other fever to 'run its course' (H. C. Allen).

"The name is not important, the patient is everything. It may be and often is **Sulphur** in which "complaints that are continually relapsing is a marked characteristic. When **Sulphur** or the best selected remedy fails to relieve or permanently improve, **Psorinum** or **Tuberculinum** selected upon the symptoms and peculiarities of the family history and inherited diathesis, will cut short the acute attack and prevent a future relapse. (Antipsoric remedies in typhoid cases are very helpful)" (H. C. Allen).

"Remember that the **Simillimum** will cut short any disease at any time and will act at once and rarely needs repetition. If it does need repetition it is **not** the simillimum. The farther away you are from the simillimum, the oftener you will have to repeat. Whenever a disease must run its own given course it is a sign that you have at no time had

the simillimum and that the patient would have been fully as well off, if not better, had he had no medical interference whatever" (Pulford).

INFLUENZA

First remedy is **Gelsemium**. Dull, drowsy and dizzy, thirstless, wants to cover all over, trembling, heavy head and eyelids, sneezing, pain all over. Wants stimulants. Better after urination. Chill and fever chase each other. The patient may have diarrhoea.

Second is **Baptisia**. Sudden tiredness, high fever, fetid mouth, lips may be blue, confused state of mind. Feels limbs are detached. Pain all over, bed hard, pressure < , restless. Case looks dangerous but a few doses of **Bapt.** remove all the toxic condition and the patient gets complete relief. Unlike **Gels.**, **Bapt.** has thirst. Diarrhoea, tenesmus, colic and bileless stool are present.

Third is **Bryonia. Bry.** is Dry. **Bry.** patients do not want to speak and do not want to be spoken to. They do not want to answer because speaking annoys them, not because they are too tired to do so. They are worried about their condition, depressed, anxious about their business. The **Bry.** patient is difficult to please and satisfy. Sometimes they are restless and uncomfortable, and move about in spite of the fact that the movement increases their pain. If the restlessness increases their trouble, it is **Bry.** If better **Bapt. or Rhus tox.** They like cool air, with desire for large quantities of cold water. They sweat more — hot sweat. Joint pains are > by hot applications. This is a local contradiction to the general heat ∠ . Bitter taste, coated tongue and thirst. Very intense headache in the forehead in "flu suggests **Bry.** Headache from pressure and by any movement, talking etc. Head must be raised with more pillows to be comfortable. Running of the nose is less, nose burns, is full and congested. Constipation and lack of appetite are expected.

If the patient does have a pneumonia attack, it will be a typical **Bry.** pneumonia, with violent stabbing pains in the chest ∠ on movement.

Eup. perf. is a cross between **Bry.** and **Ip.** Whenever the pain is complained of from the bones — bone-breaking pain, this should be the first remedy.

Restlessness, esp. physical, is a leading symptom in the **Rhus tox** patient. Extremely anxious patient gets no peace at all, mentally worried, depressed like **Puls.** and weeps also. Violent sneezing is a **Rhus.** symptom. Red lip or dry tongue, burning hot and painful, nodular urticaria and irritation also belong to **Rhus.**

Pyrogenium — Five in one; 1. Has a sore bruised condition as marked as **Arnica**. 2. An aching pain in the bones as marked as **Eup.** 3. A restlessness heat and motion as marked as **Rhus.** 4. Is irritable,

loquacious, confused about the body like **Bapt.** 5. The eyeballs are sore to touch, has fanlike motion of the alae nasi, like **Lyco.**

The face is pale, sunken and covered with cold sweat, cheeks red and burning hot, tongue has a brown streak down the centre, stool has a cadaveric odor, patient is anxious, has a sinking sensation about the heart, pulse is rapid, irregular and fluttering, the bed feels hard.

The greatest and most positive indication is: Lack of relation between the pulse and temperature, they do not correspond.

Now as to how I tackle acute fever cases. If the patient shows anxiety, I start with **Aco.** 200 on the first day. In a child I follow **Aco.** with a dose of **Sulph.** 30 the next day. Thirst and dryness point to **Bry.** and chilliness and sensitiveness point to **Nux vom.** For infants I generally give **Fer. phos.** 6x first day and the next day **Kali mur** 6x. If the child is breastfed, giving the mother the same medicine will hasten the cure of the child. If the patient covers all over including the head, **Gels., Nux.,** or **Hepar.** come to my mind. I make further enquiry, fix up one of these, give it and generally succeed. We must think of stomach upsets, weather changes or infections as causative factors. In marriage seasons **Ant. c.** and **Puls.** are handy.

A boy had fever for 5 days without much response. I found that he had good appetite and liked cold things. Appetite during fever, in **Kent's Repertory,** showed **Phos.** in bold type. With **Phos.** 200 the boy was normal in 24 hours.

A young lady had fever like "flu." The fever went on even after 4 days although body pains and restlessness cleared with **Eup. perf.** 200. She was lying quietly and would not complain. No headache, no pain, "I am alright." But temperature was 105°. I gave **Arnica** 1000 in water. every hour and by morning she was normal and had no further fever.

A patient was running fever with body pain and restlessness. He said that even the two beds are not sufficient for him as he feels so big. With **Pyrogen** 30 the fever came to normal in 24 hours but went up again. But with a dose of **Pyrogen** CM the fever was gone and he became quickly well.

An elderly lady had fever for 12 days. Her brother, an allopath examined and said there is liver involvement and gave a long prescription. The lady had complete faith in Homoeopathy. She had desire for cold and sour things and for somebody to be with her sympathising and rubbing the limbs gently. Averse to sweets. Old malarial background. All these gave me a clue for **Phos.** It was given 0/30 (50 millesimal potency) for 3 days. Gradually she became alright in every way.

In acute conditions such as fever, symptoms may change. We should have definite symptoms indicating a remedy; for this reason personal examination and mostly objective symptoms are necessary. Face, eyes, lips, tongue, chest, abdomen and extremities are to be care-

fully examined and changes observed. Then time modality, desires and aversions, hot and cold, thirst, sweat, sleep, restlessness etc., will help us to select a remedy which will give speedy relief.

THERAPEUTICS OF ARTHRITIS*

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

The treatment of any disease based entirely on diagnosis and pathological findings will often end in failure. But, if the problem is approached from the golden rule of individualising the patient on the basis of "total symptomatology" (which also includes pathological changes) we may expect better results Greater importance should be given to the "diseased person" than to the "disease" itself. This fact is equally true in the study of to-day's subject — "Therapeutics of Arthritis".

The word 'arthritis' means inflammation of a joint — big or small. One or more of its constituent parts may be involved in the process of inflammation, such as : the bony ends, cartilage, serous capsule, ligaments and the covering parts. The cardinal symptoms of inflammation: heat, redness, swelling, pain and loss of function are all present.

The main function of any joint is **movement** (Locomotion) and this function of movement is restricted or altered in all cases of involvement of joints. In acute conditions it is due to exudation of serous fluid into the joint cavity with stiffness of muscles and ligaments (nature's protective mechanism). In chronic conditions the movement may be either restricted or entirely lost due to ankylosis of the joint, either temporarily or permanently, depending upon the extent of bony changes.

The type of pain often indicates the main tissue most affected; for instance, tearing or pricking pain of serous membrane, burning pain of mucous membrane or skin; sore or aching pain of muscles and shooting pain of nerves.

A few cardinal points which help us to individualise a case of arthritis may be considered.

I place **Causation** first for our consideration. It may be a trauma. physical or mental, bacterial infection or the fundamental miasmatic stigma or metabolic disorder. The exciting causal factors are: exposure to strong weather changes — cold, dampness, sudden chilling (dry cold) or extremes of heat, or digestive upsets. The importance of the proper elicitation of family history cannot be over emphasised.

Basing upon the factors of causation, arthritis can be classified into two main divisions :

1) Acute arthritis — including traumatic

2) Chronic arthritis — which is again divided into three sub-divisions,

* Paper presented at Coimbatore Scientific Seminar, Dec. 24–25, 1972

viz., (a) rheumatic arthritis, (b) osteo-arthritis and arthritis-deformans, (c) gouty arthritis.

Rheumatic Arthritis: is supposed to be caused by bacterial infection. No one particular germ is named, but various germs are incriminated at various periods. Often it is attributed to an extension of the infection from a septic focus lodged either in tonsils or nasal sinuses or from a suppurating middle ear (S.O.M.), infected urinary bladder or kidney; or infected gall-bladder or appendix or bad gums and teeth. Depending upon the fancy of the surgeon one or many of these organs are blamed and removed.

This may involve more than one joint at a time or may rapidly extend from joint to joint. There is always the danger of the heart getting involved in acute rheumatic fevers.

Spondylitis is an arthritic condition of the spine and may be found in both young and old. It is often inherited (hereditary). All conditions of transmission by inheritance are 'chronic diseases' and all 'chronic diseases' are miasmatic by nature.

Osteo-Arthritis is a chronic degenerative affection of the joint, where the bony ends are involved. Radiological films show erosion of bones and the presence of osteophytes. The joint space is narrowed due to the thickening of the serous capsule and filling up of the joint cavity with inflammatory products. The involvement of the bones with erosion is suggestive of syphilitic miasm.

Gout is a metabolic disorder (like diabetes) and is recognised by the presence of excess of uric acid and purin bodies in the blood, which may also be excreted in the urine with its characteristic strong malodour. The condition of metabolic disorder and involvement of changes in the bones of the joint is suggestive of strong psoric miasm with added sycotic toxin.*

The second point for consideration is **Location**, which not only includes the various structures (tissues) of the joint, but also the several regions of the body affected, such as spine, shoulders; big or small joints, also the direction of extension; for instance, from below upwards, right to left or from left to right or alternating from side to side, or shifting from joint to joint.

The third and most important factor for consideration is the **Modality** the condition of < or > such as by movement, season, weather conditions, dry or wet weather, hot or cold; perspiration, pressure, sleep, posture, thirst, menses, stool, urination etc.

Sensation is the character of pain, such as aching, burning, bursting, cramping, numbness, tearing, throbbing etc.

* Depending on the seat of trouble, gouty-arthritic conditions are named as follows: When finger joints are affected it is called chiragra, when toes are affected podagra; knee joint gonogra and shoulder joint omagra.

The last but not of least importance is the presence of **concomitant** symptoms, like the presence of warts, excess or want of perspiration, high coloured or offensive urine, constipation or diarrhoea, leucorrhoea, vomiting, fever etc.

'Mental symptoms' when well marked are of paramount importance. Emotional upsets give a clue to the indicated remedy.

Radiograms and blood tests (E.S.R., leucocytosis, uric acid excess), where possible can also be made use of in assessing the prognosis and cure.

With this background, I wish to place before you a few therapeutic hints. If I were to describe the treatment of arthritis in the classical way, I have to go through the entire materia medica, which is neither pleasant nor possible. Instead I place before you a few remedies (which I have used in my practice) in groups for study.

If you look into **Kent's Repertory Extremities,** Pain — under the rubric **Joints,** you will find two main divisions — Rheumatic and Gout. Boger in addition gives two useful rubrics — (1) Joints arthritic; and (2) with cracking. The presence of grating or cracking condition in a joint indicates that the bones are involved.

Relief of pain from movement, though worse at the beginning is an indication that not the bones but the ligaments and muscles are involved. It is purely a rheumatic condition. Agg. by movement and a desire to keep the parts at rest, indicates that all the parts of the joint are actively inflamed.

In **Kent's Repertory** under the rubric, 'Pain, Joint' about 125 remedies are listed — capitals 22, italics 65 and the rest in ordinary type. **Lithium** salts, **Syph., Tub.** and a few of the new and rare medicines are not included (**Osteo-arthritic nosode, Rawolfia** etc.)

In **Boger's** book and **Sankaran's Pocket Repertory,** about 37 drugs are mentioned — 10 are in capitals. They are all worth studying carefully.

For the purpose of eliminating and fixing the most likely indicated remedy, we have to study the auxiliary rubrics given in a alphabetical order beginning with time, hour, day or night, sides, air, conditions — wet, cold etc., to the last rubric of extension. A few such conditions are listed here.

Agg. Warmth: Bry., Led., Phos., Phyt., Puls., Sabi., Thu.

Amel. Warmth: Ars., Caust., Colch., Colo., Lyco., Merc., Nux. v., Rhust. Sulph.

Agg. Cold Wet: Arn., Colch., Dulc., Rhus t., Nat.s. Verat., Puls.

Agg. Cold Dry: Aco., Bry., Caust., Hep., Kal. c., Nux. v.

Amel. Wet (Agg. Dry): Asar., Bry., Caust., Hep., Kali c., Nux v., Sep., Spo.

Amel. Warm Wet: Caust., Hep., Nux v.

Amel. Cold : Led., Puls.
Agg. Motion : Bry., Fer., Phos., Lac. can., Led., Sal. ac., Shel.
Amel. Motion : Cham., Dulc., Rhod., Rhus t., Pul.
Shifting, rapidly : Kalm., Lac. can., Puls., Kali bi.
Ascending : Led., Bil.
Numbness with Pain : Acon., Cham., Pul.
Agg. touch : Arn., Bell., Bry., Cham., Colch., Hep., Led., Med., Nux. v., Pul., Rhod., Rhus t.
Agg. light touch and better pressure : Chi.
Agg. Jar : Arn., Bell., Bry., Hep., Led., Nux. v., Rhus t.

If you compare the remedies listed under the two rubrics -- rheumatic and gout, you will not fail to observe that most of them are found in both the lists.

Among the bi-organic compounds, Calcium salts, Kalis, Magnesiums, Sodiums appear prominently, but lithium compounds, which are often indicated, are not mentioned. Among the metals Arg., Aurum, Ferrum. Stannum are important. The leading remedies from the vegetable Kingdom (i.e. large in numbers) are Aco., Bell., Bry., Colch., Colo., Dulc., Kalm.. Led., Puls., Rhod., Rhus t., Sabi. etc.

Calc carb : is more a gouty remedy than rheumatic; chronic arthritis with swelling of the joints; ∠ every change of weather to cold, getting wet. Right shoulder. Lumbago, after **Rhus t.** (**Calc.** completes the action of **Rhus**). Other characteristic features like sensation of coldness in vertex, easy and profuse sweat, coldness of feet etc.

Calc phos : Esp. affects the sutures and joint-unions **(symphyses)** Is chilly, in cold weather, arrests suppuration and promotes healing of bones.

Kali carb : is a dangerous drug in acute gout, esp. in old people. Tubercular diathesis. Kali salts are not to be used where there is fever (T. F. Allen).

Kali iodide : is useful in chronic arthritis with spurious ankylosis — rheumatism in neck, back, esp. heels and soles of the feet. Fluid in the knee joint.

Austicum : is a Kali salt and a very prominent remedy for **arthritis-deformans.** Apart from its paralytic effects, it is indicated by the flaring, drawing pains in the muscular and fibrous tissues; stiffness, swelling and deformity of the joints, flexors are contracted (**Plumb-extensor**). The characteristic modality is a strong guide — worse in dry cold winds, clear chilly weather, chilling, but better in damp (wet) weather and warmth. (See Margaret Tyler's case).

Among the Natrums: **Nat. mur, Nat. phos.,** and **Nat. sulph.** are important.

Nat. mur. is mentioned by Kent in small type under both the rubrics, rheumatic and gouty. It is a very useful remedy for the compli-

cations setting in the heart like tachycardia, fluttering, palpitations and missing heart beats. It causes dryness, cracking and bony changes in the joints. **Nat mur.**, like **Plumb.** produces atrophy and sclerotie changes in muscles. It is often indicated in arthritis after malarial fevers.

I learn that Dr. Elizabeth Hubbard had placed **Nat. mur.** at the top of her trio-remedies for rheumatic pains, the other two being **Sulph.** and **Rhus tox.**

Ammonia phos. and **Sabina : Ammon. phos.** is a remedy of choice in gouty patients with nodosities in the finger joints and back of the hands; shoulder joints painful, tendency to bronchitis. It is a chilly remedy and coldness is felt by least draft of air. Here it is the opposite of **Sabina,** which is a hot remedy and feels better in cold weather.

Kalmia and **Ledum :** The pains in **Kalmia** are shifting suddenly changing location; deltoid pain, mostly right side; tendency to affect the heart; pulse is slow; worse leaning forward (opp. **K. carb)**

Ledum: Rheumatic and gouty pains in lower extremities, esp. when they commence below and go upwards. This upward direction is more characteristic of the remedy than its > by cold; but **Ledum** is worse by warmth.

The other three shifting remedies are **Kali bich., Lac can.,** and **Puls.**

Formica : Formica is an arthritic remedy often indicated in old patients of gout and articular rheumatism. It's modalities are like that of Bry — < motion, cold weather, > by pressure. Pains come on with suddenness and much restlessness. No relief from sweat (**Merc**).

Fagopyrum : Has rheumatic bruised pains and stiffness in joints. It causes spasms of the arteries and produces streaking and cramping pains in fingers and forearm while writing (use of fingers). It has also terrible itching of the skin. Pruritus vulvae (with yellow leucorrhoea). Vehement itching in arms and legs.

Lactic acid: is useful in diabetes with articular rheumatism. It can cure both the conditions.

Benzoic acid : A very useful remedy has the peculiar odour and colour of the urine. The pains may suddenly change their locality; gout alternating with heart pain or with asthma. Pain in tendo-achilles, a very chilly remedy, is worse by cold and exposure to draft; it is a sycotic remedy.

Bryonia and **Rhus tox** are good examples to illustrate the importance of modality of motion. **Bry.** is more indicated in acute arthritic conditions with the inflammatory sign of < of pain by movement. **Rhus tox** is > by motion (though < by beginning motion). **Bry.** needs **Sulph.** and **Rhus tox** needs **Calc. carb.** to complete their action.

Thuja and **Medorrh :** Both strong sycotic remedies are useful after suppressed gonorrhoea, or bad vaccination. Sweating of the parts when

exposed and dry when covered is a useful indication. Suppressed gonorrhoea or sycotic family history; tenderness and egg-shell crackling feeling in soles of the feet is met by this remedy.

Arbutus andrachne — Arbutin was once popular with the old school. (arbutin is found in **Kalmia**). It is useful if the rheumatic condition follows eczema of the skin.

Osteo Arthritic Nosode (O.A.N.) is a new nosode prepared from the arthritic concretions. It holds great promise.

Rawolfia is also newly introduced into our materia medica. Its characteristic guiding symptom is that the patient when standing puts all his weight on one leg only (may be right).

Arnica is very useful for the aching sore pain in the muscles of the back, after much physical strain or a long and tedious journey. (**Rhus t.** for over-stretching and over-lifting.)

Drosera, Stan. met. and **Tuberculinum** are the leading remedies for the joints, whether articular or suppurating. **Calc. phos.** is a supporting remedy and builds up bones. **Calc. hypophos.** is useful in chronic suppuration of the joints.

Ignatia and **Nat. mur.** are required when the articular pain has appeared after mental trauma, emotional upsets or suppressed grief. Hysterical joints.

Fer. phos., Calc. phos, Kali and **Nat. phos** are all important tissue salts. **Calc. fluor.** is the bone salt of Schussler.

In acute rheumatic conditions with or without involvement of joints, a metastasis of the infection to heart is very common. A careful watch over the condition of the heart is very essential. Whenever it gets involved remedies which have an elective action on the heart — like **Kalm., Arn., Dig., Rhus tox, Spig., Sang.,** or **Cractegus** have to be considered.

TREATMENT OF ACUTE ASTHMATIC ATTACK *

By Dr. V. Sundaravaradhan, d.h.s. Madras **

It was Oliver Wendell Holmes who asserted that "Asthma is the slight ailment that promotes longevity." In other words, though the acute attacks are troublesome indeed for the patient, yet in the majority of cases, there is no danger to life. Many of the Asthmatics live to reach old age and they learn to live with it.

The management of acute asthmatic attacks poses a serious problem, which is often of an emergency nature and taxes the resources of the physician. This is more so for a homoeopath. Unless the homoeopath has at his finger-tips the salient features of the acute episode as

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well as that of drugs and is aware of the ways and means to apply them, success will be seldom got. The responsibility becomes more when one deals with cases of Status Asthmaticus. The intense respiratory agony in both the types threatens the patient as if his life would come to an end, with profound anxiety and apprehension and both the patient as well as his relatives pressurise the doctor to do something immediately to relieve the acute paroxysm.

Since I am dealing with diagnosed cases of Bronchial Asthma, I assume that other clinical entities simulating the same, viz. tropical eosinophilia, cardiac diseases, thymic enlargements, retrosternal goitre, malignant deposits in mediastinal glands, etc., have been excluded.

Homoeopaths all over the world are placed in a piquant situation, since they have to manage the crises with homoeopathic drugs which should be able to relieve the acute spasms, as well as the known allopathic drugs like Adrenaline, Corticosteroids etc.

While acute diseases or acute manifestations generally present a clear-cut clinical picture, which enables the Homoeopath to select the appropriate drug, it is not often the case with Bronchial Asthma. Very often it is difficult to work out the totality of symptoms or to base the prescription on the principle of Hering's three-legged stool. Further, the respiratory distress of the patient in an acute episode demands quick relief, say within a few minutes — and it is important to prevent the patient going into Status Asthmaticus stage.

In the light of the above, we shall consider the following aspects :

1. The general aspects, of the acute stage and that of Status Asthmaticus, incidence of these attacks and the etiological factors.
2. The relative value of drugs used in allopathic practice.
3. Clinical assessment of the drugs used in homoeopathic practice.

I have had the opportunity to treat a number of Bronchial Asthma cases in all the age groups. The results are furnished below.

Now let me consider the above topics as follows :

1. **The General Aspects :** Chari states that "Little worries produce asthma, big ones relieve it", and explains that big worries release more Adrenaline and thereby relieve an acute attack. This denotes the psychic and emotional factors involved and furnishes also a clue to prevent such acute phases by proper psychiatric advice. Also no drug is found to afford permanent relief or cure; and a drug which relieves one patient may not help another, thus confirming the homoeopathic tenets.

Bull advises that the severity of the acute attack may be reduced by asking the patient to breathe into a paper bag, to increase the CO_2 content of the blood.

Though no age is exempt, the disease manifests itself more in young age. Constitutional factors, various allergens like food, dust, chemicals, drugs etc. may excite acute attacks. Finding out and eliminating the

same may ward off such attacks. Emotional factors and conflicts may trigger and maintain the attacks.

Wolff says: "An unusually strong childhood conflict between wanting to please parents and wanting to rebel against them, is an essential but not in itself sufficient cause of Bronchial Asthma. Many of these patients have remained afraid of asserting their independence, easily feel themselves to be oppressed and suffocated by their environment and have to a greater or lesser degree failed to develop an independent personality of their own".

We know that Bronchial Asthma can result from suppressed eczema. This is accepted by Allopathy also.

Wolff further confirms the value of the homoeopathic approach as follows: "It is essential that whatever treatment is decided upon, the Doctor must establish himself in the patient's life as a helpful, supporting and reassuring personality, who is willing to listen to his problems. This supportive role of the doctor alone may be of great therapeutic benefit. Sometimes it is equally or even more important for the doctor to exert his influence on other members of the family as well as on the patient himself — and this is, of course, particularly so in Asthmatic children, where the parents need to be helped to change their attitude towards the child. Each asthmatic patient must be approached **as a whole person**, which means that the psychological aspects are at least as important in understanding and treating the patient as are the physical ones. We should learn to understand that the patient's wheezing and his struggle for breath indicates not merely that his bronchioles are in spasm, but that he — **as a whole person** — feels himself for environmental or inner psychological reasons oppressed and suffocated and is appealing to us to understand him and to help in his struggle towards greater freedom in living and self-expression."

The present era is a preventive era and hence instead of simply affording some palliation we would do well to concentrate on the above aspects.

Asthmatic attack triggered by infection from Adenoids may be relieved by inducing vomiting. It may also be prevented by giving an ounce of glucose in a cup of water at noon.

Asthmatic Bronchitis in Children: Asthmatic Bronchitis usually date back to some earlier illnesses like Influenza, Pertussis, Bronchopneumonia etc. In Homoeopathy, we have got the indication "Never well since...." Hence, by administering the appropriate antidote for the past illness, we will be able to relieve and cure.

Status Asthmaticus: When the acute attack does not respond to the usual drugs and the severity of the bronchospasm increases and continues for several hours or a few days, the condition is called 'Status Asthmaticus'. Occasionally there is a fatal outcome.

2. **The relative value of allopathic drugs:** In allopathic practice, to tide over the paroxysm, Ephedrine, Adrenaline, Aminophylline etc., are used depending upon the severity. In Status Asthmaticus, the corticosteroids frequently help and often become life-savers. Oxygen is needed if there is cyanosis. These drugs definitely relieve but the difficulties faced with these are: (a) They become habit-forming in the sense that they are required very frequently. (b) They produce side-effects like palpitation, anorexia, nausea, etc. (c) In some cases, even repeated administration becomes necessary and a stage comes when they no longer hold. (d) The Steroids have only a temporary suppressive effect.

Further, it is difficult to withdraw them later on. Also no clear-cut indications may be available for a homoeopathic remedy and the patient may not respond to his remedy. I have verified this in many cases.

Frank Bodman also confirms this as follows: "Treatment by Cortisone will sabotage the efforts of the tissues to deal with the offending antigen, and in actual practice, homoeopathic physicians have found that there is little, if any, response to well-chosen homoeopathic remedies, if the patient is also taking Cortisone or one of its derivatives. The outlook for allergic patients treated with Cortisone is not favourable for homoeopathic treatment. I know from experience the difficulty in finding an effective remedy in patients suffering from Asthma and Eczema who have already had Cortisone preparations for sometime."

Walsh and Grant, after treating 273 cases with Steroids, found that it was possible to reduce the dosage during the trial period ranging from 1 to 10 years, but in only 5% could treatment be stopped.

Considering the above, Steroid therapy may be resorted to as a life-saving measure in moribund cases or cases in extremis and Status Asthmaticus where the deranged vital force requires a gross stimulation. And after the patient rallies, chronic treatment based on constitutional, etiological and psychiatric aspects, may be resorted to homoeopathically. Hahnemann had clearly instructed about the place of physiological medication in emergency cases. In these emergencies, we seldom find any 'totality of symptoms' to prescribe upon.

3. **Clinical assessment of homoeopathic drugs:**

Homoeopaths have been employing various drugs to tide over the acute attacks such as **Ars. alb., Ipec., Grind., Lob., Blatta o., Nat. sul., Nux vom.**, etc.

But in many cases, these remedies relieve only after a long time or sometimes not at all, thus placing the Homoeopath in an embarrassing situation. Even remedies which seem definitely indicated like **Ars. alb.** sometimes fail to relieve. Ferrandiz of Barcelona, observes that in treating this condition we must **correct and treat** first all general disturbances, anatomic defects, the diet, physical disturbances of function etc., and then only go on to homoeopathic medication.

I shall describe my own experience.

Drug	Potency	Dosage	Time taken to relieve	Route of medication	Response
Acon. nap.	30	Subcutaneously 1 cc	10-15 mts.	Parenteral	Good
	ϕ	Vapour inhalation		Inhalation	Good
Acon. radix	ϕ	1 drop in water, 1 teaspoonful every 5 mts.	10 mts.	Oral	Good
Ars. alb.	30 200	i) 10 globules in water, 1 teaspoonful every 5 mts. until relieved	30-60 mts.	Oral	Satisfactory
		ii) 1 cc subcutaneously	10-15 mts.	Parenteral	Good
Blatta o.	ϕ	In several drop doses every 5-10 mts. until relieved	No, in thin patients; in obese	Oral	Unsatisfactory
Grind	ϕ	,,	Slow; more— than 1 hour	Oral	,,
Ipec.	30	As in Ars. alb.	30-60 mts.	Oral	Satisfactory
Lob.	ϕ	,,	Slow relief more than 1 hour	Oral	Unsatisfactory
Nat. sul.	6x	3 tablets every 5 mts. until relieved	2-3 hrs.	Oral	Satisfactory
Nux vom.	30, 200	As in (i) Ars. alb.	1 hours	Oral	,,

From the above, it may be noted that when *Acon.* and *Ars. alb.* are indicated, quicker relief followed after parenteral administration than by the oral route. *Ipec.* followed *Acon.* and *Ars. alb.* well, complementing their action. I also found *Sul.* 6x proving useful. If it is continued for a few months, it prevents further attacks. When used in 200th potency it relieves in 1 or 2 hours.

I found that both *Acon. nap.* and *Acon. radix.* as well as *Ars. alb.* relieve as well as Adrenaline, when administered parenterally. Prof. Ramanathan corroborates me and says that any homoeopathic remedy in potency, given subcutaneously, will work well and that *Ars. alb.* subcutaneously in acute asthmatic attacks is a gem. The value of parenteral route for giving the indicated homoeopathic remedy had also been confirmed by a series of clinical experiments conducted by Julian of Paris and his observation is as follows :

"Actue Asthma requires intravenous injections of *Ant-ars., Astragalus excapus, Cuprum ars, Nicotiana tabacum,* which will premit us to abort the crisis without resorting to the certainly powerful but also harmful drugs of modern pharmacology."

I have found that *Sycotic Co,* the bowel nosode is of value when *Ars. alb.* is indicated but does not relieve. This nosode has also got 2 a. m. aggravation.

The efficacy of *Acon.* in relieving the acute attacks was noted by Ruddock who also obtained relief in 10 mts. I give *Thu.* IM, after *Ars. alb.* relieves, and this prevents recurrence.

A quiet night's sleep is absolutely needed for all asthmatic patients. Whatever indicated remedies might have been given, 1 or 2 doses of *Aran. diad.* helps to achieve this.

I find *Psor. IM*, a few infrequent doses, is able to prevent recurrent colds which may lead on to the attack. *Tub. bov.* IM may be needed infrequently in refractory cases.

4. How best to utilise Homoeopathic drugs.

In addition to the remedies mentioned above, the following are also found useful.

Drug	Potency	Results	Remarks	Authority
Adrenaline	200, 1M	Very quick	—	Hom. Rec. Feb. 24
Cuprum met	Any potency	– do –	Nervous asthma	Russel
Mephitis	– do –	– do –	Marked coughing & at night	L. Redeld
Morgan	200 to CM	– do – & also a cure	Asthma of children esp. when Nat. s, Ars & fail	W. B. Griggs
Ocimum sanct.	Q in drop doses	V. Good	When Blatta or Aral., Lob. etc. fail	S. C. Ghose
Pertussin	6CH, 5CH			
Pulmo vulpis	900 th	– do –	choking coughing spasm	Julian
Sumbul	2x, 10 drops in hot water	Quick relief	—	R. F. Rabe
		– do –		Mott
Thyroid,	200 or 1M	– do –	Allergic cause	M. B. Ghosh

Morgan is very efficacious in Bronchial Asthma from suppressed eczema esp. in childern.

Mephitis and *Pertussin*, which are used in whooping cough and for its sequelae, have in their drug pictures tough glairy difficult mucus. *Adrenaline* in high potency relieves the acute bronchospasm. It is devoid of side-effects and does not lead to habit formation. After relief *Ars. alb.* acts as its complemetary and removes any weakness.

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SOME INTERESTING EXPERIENCES *

By Dr. K. J. Shivadasani, L.M.S., Bombay **

Once, when I was in-charge of a hospital in Sind, the government had supplied to us an irrigation apparatus for the treatment of V. D. But I never opened the apparatus. Once the Asst. Surgeon General came for inspection and I told him that without the use of this apparatus I can cure gonorrhoea in two days. He asked me with disbelief "You can cure this disease in two days?" I said "Yes" and then I narrated to him two cases I had treated earlier.

One day when I was looking after the out-patient department, I heard the pitiable crying of a small child. A man had brought a little child covered with a cloth. He removed the cloth and I found that there were innumerable abscesses on the body of the child. I took the child to the operation room and I opened the abscesses at the rate of one every day. On the third day the father came and asked me "Doctor, excuse me for asking you so rudely. But are you a doctor or a butcher?" I felt he was genuinely upset. Then I got a brain wave. I had read a book by name **Auto-therapy**. The author of that book had said "You see a dog with an injury in the back and it becomes septic. But if the dog has a wound in the leg it never becomes septic because the dog licks the wound". So, this gave him the idea that if you administer the same discharge to the patient he will improve. So, I told this man, "Today will be the last operation." I opened the wound and I took out some pus without using any anti-septic, put it in a little water, stirred it, passed it through muslin cloth, added some colour to the liquid and asked him to give one dose every hour to the child. Next morning he came smiling. He said "Doctor, you asked me to give three doses but after the first dose itself the abscesses started bursting and the child went to sleep for the first time after 3 days. By the time I gave him all the three doses all the abscesses had burst." This is one case cured.

One day I was consulted by the wife of an executive Engineer. She brought her daughter who was three years old, opened the child's thighs and showed me the pus that was coming out of her vagina. I asked the mother to find out if any one had touched the child's genitals. She said, the peon used to take her child out and it seems he had tried to penetrate the child's private part. He had then run away. Now I took a bit of cotton-wool and kept it in the vagina for a few minutes, then put that in water, stirred it with a spoon, passed it through muslin and asked the mother to give this water to the child four times a day. Within one day the child improved 50%. In three days she was normal. I narrated this case to the Asst. Surgeon General who was specialist in V.D. He told me that there is a doctor in Jalgaon who was curing cases wonderfully and gave me his address. Thereupon I wrote to him. This doctor

* Extracts from a tape recorded interview.

** Retd. Civil Surgeon, Sind.

sent to me literature about a treatment in which the main ingredient of medicine was only dilute hydrochloric acid given intravenously and this treatment was called HCl therapy. The doctor had made some improvements on this and called it the acid-mineral therapy. I also started treatment with this and I found very remarkable cures in all kinds of diseases.

The first case was an old man, a hakim himself about 65 years old. He had lost his memory. He said "I do not know anything. My mind is vacant". He was also very constipated. Then I remembered this HCl therapy. I gave him one injection. Next day he came and said "Doctor, I am feeling much better mentally. I am even passing stools". After three injections he was perfectly fit. That was my first case of HCl therapy.

One day a very respectable old man came with his son who was 45 years old. He had consulted doctors all over India. The son was getting six fits a day with involuntary stool and urine during each seizure. The poor wife therefore had to clean him several times a day. I did not want to take up the case. But he had heard about my injections and was eager to have them. I gave the patient one injection. When the old man came with his son next day he said "Good news, doctor. Since we left your door, he has had no fits!" The person who had been suffering for 15 years with convulsions had become free from fits, with one injection. He came on the next day and said "Better news. Now he does not spoil his bed; he sits in the lav. and passes stools." Third day he came and said "Still better news; he has started taking bath himself." On the fourth day the son called his father and said "You have been taking me to the doctor. Have you given him any fees?" This way his mind went on improving. He even started discussing politics.

(The narrative was now continued by Hira Shivdasani who had treated some cases under the supervision of his father)

I am not a professional man. But I used to give homoeopathic medicines under the guidance of my father. As a layman I have also come across very interesting cases. One case was of T.B. He was a peon in my office and was suffering from T.B. and no hospital was prepared to admit him as in-patient. He had all the symptoms of T.B. He was coughing and spitting blood. He came to me asking me to use my influence to get him admission in some hospital. I thought of giving homoeopathic medicine. So, I gave him **Tub. bov.** 1M three doses to be taken in one day. After a week he reported 70% improvement; there was no blood in the sputum. After 15 days he reported further improvement. There was no blood, no temperature. One more dose was given after the 4th week. In between he had gone to the hospital. The doctor there screened him and told him that there was much progress and asked him to continue the medicine that he had prescribed. The patient told him "I am taking not your medicine but homoeopathic medicine." The

doctor said " O. K. whatever you are taking you are better. So continue the same." In six weeks he was completely well and rejoined duty.

Another interesting but simple case. The patient was a peon in my office and he used to get recurrent styes. Once he came to me with a stye on a Friday. I gave him **Puls.** 200 and told him not to worry as it would subside. In case there was aggravation, I asked him to see me. He did not report for work the next day i.e. Saturday. I was feeling nervous as to why this patient has not turned up next day. He came on Monday and said "Sir, I took the medicine and next day I found my eye swelling up. It went on swelling till the eye became completely closed. My people got frightened and took me to some doctor. He made a little cut and all the pus came out. I am now completely well." After that for four years I have not seen him getting a single stye.

ACUTE PRESCRIBING IN HOMOEOPATHY*

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

Among what I may call beginners in homoeopathic practice, there is always a lurking fear that they may be confounded in some acute situation where they may not be able to pitch upon the right remedy, This is mainly due to three things :

1. The study of the vast materia medica, with hundreds and thousands of all sorts of symptoms, is supposed to be a very complicated and arduous affair, meant only for geniuses and giants.

2. The so-called rule of totality of symptoms, which is not actually any definite thing, can vary from person to person, and

3. The difficulty in understanding which particular aspect deserves urgent consideration in a given case.

I really wish there were many more teachers like Nash and H. C. Allen today. I was lucky to learn from great "Gurus", my own uncle Dr. D. N. Koppikar, and Dr. N. M. Choudhari, a direct student of Dr. H. C. Allen, and of course Dr. S. N. Sengupta, who all guided me in those early years and taught me many things that I learnt, and am still learning, regarding this acute prescribing.

The first and most important point to remember is that all that we see in an acute case does not need treatment. If the central (what we may call Key-note) condition or group of symptoms is tackled, the other things will go off by themselves. Suppose it is a case of typhoid or pneumonia etc., in the particular case, what exactly is troubling the patient most? Only see this picture and forget the rest. And usually there is another thing. The more acute the suffering, the more clear is **this** picture. I underline the word **This.** We must never lose sight of the prominent guiding condition. It always **looks** like some remedy

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* Gist of a talk given before the Society of Homoeopathic Physicians, Madras.

we know, and believe it or not, it will be a fairly well-known and simple remedy. If you have only **Allen's Keynotes** or some small book like **Boger's Synoptic Key** (which has a small and generally reliable repertory) you can get the picture in 5 minutes.

This brings me to the second point. I mentioned just now that the case **looks** like some remedy we know. But will it not depend upon how well and how many remedies we know? Somehow, I feel that a carpenter who cannot use his tools and a Doctor who does not know his remedies are quite alike. It is really wrong to neglect the study of the Materia Medica. And here I must again ask you to use your precious time in reading the essential things first. Now **Nash's Leaders** is a most wonderful book, which must be read and studied. But that again is pretty big. So after **reading** (not studying) the whole book once, read in **Allen's Keynotes** at least **one** remedy per day for about six months — only fifteen minutes please. Then, read these in **Kent's Materia Medica** — reading them as if you are reading a novel description of some persons, I am sure, within one year there will be no case of acute trouble which cannot be identified by you as similar to some particular drug. **Allen's Keynotes** and **Kent's Materia Medica** are complementary books, especially for acute prescribing. What Kent describes in two pages, a marvellous pen portrait of a patient, Allen will describe in one small para. Kent will describe all the indifference of **Acid phos.** or **Sepia** in large paragraphs. Allen will say the same thing in three lines. Try to **picturise** the remedy as a living human being. This is the only way to remember the Materia Medica and use it.

Never doubt your system or your remedy or your own judgement. Even if you may not be 100% accurate, even if the remedy covers only part of the case, it will help the patient and you. Give the remedy time to act. Here I wish to stress one more point. The best method I have found for getting quick results is to dissolve the medicine (say 7 or 8 pills) in half a tumbler of cold water and give it in spoonful doses frequently, the frequency depending upon the urgency. I have used **Aconite 30** every 3 minutes with extremely beneficial effects.

And lastly never overlook that auxiliary treatments like proper nourishment, hot and cold applications, massages and cheerful encouragements will all help.

I wish to be excused for a very brief period on a matter which perhaps needs more explanation.

HOMOEOPATHY IN INDIA *

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

On behalf of my Government and the Homoeopaths of India, I convey to you all our good wishes and greetings.

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* Speech delivered at the International Homoeopathic Congress, Vienna May 1973.

** Hon. Adviser for Homoeopathy to the Govt. of India.

It gives me great pleasure to present before you, Sir, a resume of the development of Homoeopathy during the last year and its present status.

The last year was the 4th year of the 4th Five Year Plan. During the 4th Five Year Plan, the Government of India had originally provided over ten million rupees for the development of homoeopathic education, apart from separate funds for research. Apart from the Central Government funds, the State Governments had also provided separate funds for development of homoeopathic dispensaries, hospitals and some help to the educational institutions. During the last year the Central Government has dispersed about two and a half million rupees for helping some of the homoeopathic colleges. The State Governments too have come forward and participated with the Central Government in developing these colleges. Although there are 77 homoeopathic colleges in India, only 47 colleges conform to the minimum standards laid down by the Central Government. Six of these institutions are run by the State Governments. Three more States are considering actively the starting of Degree colleges. The number of graduates who have qualified from those institutions is about 10,999 although those registered on the basis of experience in different States are about 50,000, apart from an equal number of enlisted practitioners. In addition, there are a large number of lay homoeopaths running into lakhs, who practise homoeopathy without any restraint so far.

To regulate the profession on an All-India level, the Central Government has recently introduced in Parliament a Homoeopathy Central Council Bill. This will bring about uniformity of desirable standards of homoeopathic education and will ensure that the practitioners of Homoeopathy observe a code of ethics. In future no one will be allowed to practise without having qualified from the recognised homoeopathic institutions. The Government has also constituted a special Committee with the Adviser as Chairman to suggest and to revise various courses of study for Diploma, Degree and Post-graduate courses. The Committee has finalised its report which may later be circulated to the office of the International League.

In the matter of medical care, Central Government has opened a number of homoeopathic dispensaries under the Central Government Health Scheme. The State Governments, too have opened some hospitals and dispensaries. The State of Orissa, for example, has got 108 dispensaries. At present we have 27 homoeopathic hospitals in different parts of India having more than 1000 beds. There are more than 300 homoeopathic dispensaries functioning in the rural areas. The number of patients attending these dispensaries and hospitals is more than 30,000 every day and a million during one year. In its anxiety to provide medical aid to our countryside, the Central Government is planning to recruit homoeopathic physicians for manning some of the sub-centres. The thinking of the Government is to utilise this system for providing

medical care to the rural population in their every-day ailments. There are certain other proposals now under the active consideration of the Government. To satisfy the scientific enquiry of the top physicians of the other school, it has been proposed to conduct clinical experiments for scientific evaluation of homoeopathic remedies in some hospitals or dispensaries. In this connection, we are having a dialogue with the All-India Institute of Medical Sciences, the premier institution of education and research, regarding this evaluation so that our colleagues from the other school can have convincing evidence and later use homoeopathic remedies at least to some extent in their departments. In this context they have formed a special committee with one of the most prominent professors of medicine as the Chairman.

I have tried to impress upon the Government that in a large number of common ailments like virus diseases, common infections of upper respiratory tract like rhinitis, tonsillitis and sinusitis, diseases of childhood, allergic ailments, skin eruptions, certain digestive ailments and diseases of blood vessels, Homoeopathy can offer effective agents and it should be our policy to employ homoeopathic remedies for these 70 to 80% of the total human sickness. It could be tried as the first line of treatment. It has been proposed to set up homoeopathic departments in various Allopathic hospitals and dispensaries. The Government is also thinking very seriously about starting a National Institute of Homoeopathy, the highest educational institute which will train and provide teachers and research workers. This might be taken up during the next Five Year Plan, in the coming year.

In the matter of research, we have made a small beginning. The time of individuals carrying on research is long past. Pioneers of homoeopathy have contributed to the development of homoeopathic research etc., by their individual efforts. But now, in our country the Government has set up the Central Council of Research in Indian Medicine and Homoeopathy. This Council has, under its homoeopathic department, set up a Central Research Institute in Calcutta, a Regional Research Institute at Delhi and a number of research centres for drug proving and clinical research in different parts of the country. An Asst. Director, Dr. K. P. Muzumdar, is looking after the work of Homoeopathy in the Council and I am sure, before long we shall be able to present the fruits of our research before this August Body. The Council is advised by a Scientific Advisory Board with Dr. J. N. Sarkar as its Chairman. At present, we are conducting provings of **Kali mur.**, **Abroma augusta** and **Cassia sophora** and very useful data has been collected. Apart from that, we are also carrying on the work of standardisation of homoeopathic mother tinctures (**Aconite, Belladonna, Berberis vulgaris, Cina.**) In the clinical research, apart from certain other diseases, we have taken up Amoebiasis which is a scourge in our country. We are experimenting with certain indigenous drugs in relation to this particular disease complex. The drugs that are being inves-

tigated are **Cynadon dactylon, Atista indica** and **Holarrhena anti-dysenterica.** The Council has reported significant results esp. with the first two remedies. It is too early to give a final evaluation. In the meanwhile, we have planned to carry on extensive Hahnemannian provings of these drugs before we complete our investigations. In one of the Research Centres in Banaras, **Caulophyllum** 30 and 200 potency was given to albino rats and it was found that it prevented implantation of the foetus in the mucous membrane of the uterus. Histological and Histochemical analysis of the uterus, pituitary and thyroid were made. This study can be taken as a biological method of standardisation of high potencies. In another interesting experiment in a research, healthy young guinea pigs were given **Variolinum** 200, before and during artificially induced vaccinia by live vaccinia virus. In the controlled experiments all the stages of vaccinia were noted and lasted for 12 days but in the experimental pretreated animals all stages were arrested except slight erythema in some. From the experiment, it appears that the preventive effect appears to be more pronounced than its curative effect. The small experiment seems to have given us an evidence of an anti-viral activity of **Variolinum.** Further experiments are indicated.

We are also engaged in the formulation of the official Homoeopathic Pharmacopoeia. A Committee consisting of eminent homoeopaths, botanists, chemists and representatives of the pharmaceutical industry has been formed. We have listed about 2000 drugs for their likely inclusion in the Pharmacopoeia. To lay down the standards of finished products we have planned to set up a central well-equipped pharmacopoeal laboratory. A tiny nucleus of the same has already started working. The first volume of pharmacopoeia has already been prepared and will be out of the press shortly. The second volume is in active preparation. This is one more sphere in which we would like international co-operation with the international organisations as well as regional societies of the countries. I have been deputed by the Government to make a short exploratory trip to some countries, visit important centres, laboratories and units.

I apologise for giving a lengthy speech. I hope some of you would one day visit our country, may be in an International Congress and share with us, our hopes and trials of building up a strong edifice for homoeopathy.

SILICEA *

(A Discussion)

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

SANKARAN : Some years back there was an excellent paper on **Silicea** by Dr. William Gutman published in the American and British Homoeopathic journals. It was a wonderful paper. I do not know whether you have read it. There he starts by saying that **Sil.** is derived from the earth's crust. He starts from this point, and then he goes on building up and explaining the symptoms of **Sil.** The crust consists of sand or grit and the patient shows lack of grit. The earth's crust gets easily heated by the sun and easily chilled also. The **Sil.** patient is also sensitive to cold and heat and is worse by cold and heat. Some people think that the **Sil.** patient is only worse by cold. This is not true. The earth's crust was originally soft consisting of lava and then gradually it became harder and harder. In **Sil.** also the soft parts become hard e.g. glands, muscles etc., can become hard and hard parts become soft e.g. cold abscess, decay of teeth etc. There is an irregular distribution of matter. For instance, the **Sil.** child has a big head and small body. There may be over-development of some parts and under-development of others. The patient may be mentally sharp and physically poor. If you study the mind also you have got peculiar combination of timidity and obstinacy. Timidity means lack of courage. So, when you find children with lack of courage, you think the children cannot have will power. But they prove to be obstinate.

SARABHAI : It may not be lack of will-power, but lack of grit i.e. the ability to hold on. The child may be obstinate, but yet may yield easily. Here is the difficulty of understanding of our drugs.

SANKARAN: Yes, the child may be stubborn or hard outside but soft or yielding inside like a coconut or an oyster in its shell. The oyster shell is only the hardened secretion of the oyster and consists of silica. Boger uses the word "Stubborn" in a general sense. The disease may be stubborn, or the patient may have stubborn non-healing fistula and stubbornness in mind.

People say that **Sil.** represents the fibre of the plant, the back bone of the plant which keeps it erect and it also affects the back-bone of the patient mentally making him cowardly and physically producing curvatures. It has another good symptom i.e. nervousness. The patient is quite nervous and this may be exhibited in so many ways — cold perspiration in the palms, soles etc. I had once seen a boy who was the son of an High Court Judge. The boy was appearing for his law examination. He would start vomiting violently every time three days before his final examinations — so much so he could not appear at all for the exams. For three years, year after year, this went on and the father got very

* A free private discussion

much worried. Ultimately when he consulted me, I prescribed for him **Sil.** and this set him completely all right. He appeared and passed in the examination. His father was so pleased that he took up the study of homoeopathy and when he retired he himself started his consulting homoeopathic practice, in the building next to mine!

Recently I had a very peculiar case. A boy has cold perspiration in the palms and nervousness and he says if the perspiration in the palms stops, he becomes generally dull and mentally unable to concentrate.

BHANU DESAI : When I started my practice I used to prescribe Biochemic medicines and I had a case of perinephric abscess. It was diagnosed by putting the needle and finding pus there. I went on prescribing **Sil.** 6x and after about one or two months the swelling bulged out in the kidney region and it opened and two kidney-trayfuls of pus came out.

Another case was a case of chronic headache of many years' duration. The peculiar symptom was that after midnight she would get headache. For aggravation after midnight, **Sil.** was the only remedy given in third grade in **Boger-Boenninghausen's Repertory.** This headache was worse in open air. I gave **Sil.** and I was surprised to find that in two or three days the chronic headache of so many years was stopped. She was staying opposite to my dispensary and she said there was no recurrence.

SARABHAI : Dr. Maganbhai used to differentiate **Sil.** from so many other remedies by saying that in **Sil.**, the affected glands may become fistulous and may refuse to heal etc., but the other glands draining that area will never become affected.

In **Thuja,** suppose there is an eczema even if the patient scratches slightly the glands in the draining area will swell up. This may happen in **Thuja, Graphites, Mercury** etc. but not in **Sil.** This was emphasised by the late Dr. Maganbhai. The action of **Calc.** and **Sil.** are very similar and close and their actions merge into each other.

SANKARAN: I forgot to mention that a very large number of children are found to improve on **Sil.** if they have a large head, shyness and obstinacy, tendency to suppuration etc. Borland describes that **Calc.** is dull almost like **Bar.c.** but **Sil.** is extremely sensitive and alert.

SARABHAI: There are certain symptoms present in **Sil.** but not in **Calc. Sil** has a peculiar semilateral sick headache which starts in the occiput and settles down in the eye. **Sil.** is more nervous which nervousness is esp. of an anticipatory type. It has also constipation during menses. **Calc.** feels better when constipated. Of course, **Sil** is sensitive to heat and cold and is worse by heat and cold but the **Sil.** patient decidedly lacks in animal heat and he is chilly. But he wants cold food like **Thuja** and **Calc.** Kent has described a very interesting case of **Sil.** in which the causation is also matched. The patient was over-heated and got chilled and developed a chronic disease. **Sil.** has a very prominent symptom viz. localised sweat esp. on the head. Allen says this is the reverse of **Thuja,** which perspires everywhere except on the head. There was a very inter-

esting case of brain tumour in which the patient developed retention of urine. The patient was in Surat. The relatives had no hopes; they were only hoping for a peaceful end. But I was asked to see the patient. I went to Surat and I found that the patient was unconscious, she had paralysis of several parts and other symptoms. But she was having perspiration only on the head. For this reason, I prescribed **Sil.** 1000 every 2 hrs. This relieved the retention very quickly. Thereafter she lived for six or eight months comfortably. **Sil.** has got another symptom and that is leucoderma. Of course, **Calc.** has also got this symptom but I have found **Sil.** more useful esp. as a complementary remedy of **Thuja. Sil** forms a trio with **Thuja** and **Flu-acid.** In these cases I often get a history of suppuration. When **Sil.** is clearly indicated I expect some septic focus in the body. Even if there is no such focus I tell the patient that a suppuration may take place anywhere. And I do find that when I put the patient **on Sil,** the patient improves and then some sort of a purulent discharge appears somewhere e.g. pus from the ear. It may come after two or three months or six months but it is bound to come. If we meddle with that then the skin improvement stops.

SANKARAN : Have you ever given **Sil.** for head injuries? I have used **Sil.** in head injuries resulting in convulsions. They may be worse in sleep and during moon phases. Sometimes there is a history of late teething, walking etc. There are more remedies for head injuries than those given in **Kent's Repertory.**

SARABHAI : Usually **Flu. acid** is complementary to **Sil.** and **Sil.** is complementary of **Phos.** I do not think you can achieve a complete cure by **Phos.** unless you follow it with **Sil.** and **Acid flour. Phos.** deals with disorders of the blood. The general modalities many times depend upon the climatic conditions. You will find most of the Bombayites taking hot bath and Punjabis and Bengalis taking cold bath by habit irrespective of the weather. I therefore depend more upon the effect of cold and heat to the part affected. In all painful conditions I try to apply heat and cold and see the difference to see which one helps. By and large **Calc.** is generally an over-nourished person. There is one basic fact pointed out by Kent. Kent says that basically **Sil.** tends to throw out matter like **Phos., Kali. c etc.** Suppose there is an abscess of a lemon-size, the discharge will be of five-lemon size (in quantity) whereas in **Calc.** you may find in a lemon-size abscess only a small amount of discharge, of say pepper size. Therefore it is better to use **Calc.c.** first and then give **Silica** because both are complementary; otherwise they are very similar. The discharge in **Calc.** is whitish but in **Sil.** it is muddy or dirty. Dr. B. K. Bose of Calcutta used to say that the **Sil.** perspiration is corrosive. He would ask the patient how long his socks last. He would even remove the patient's shoes and look into them to see if they are corroded inside. **Calc.** is centrifugal in action while **Sil** is centripetal. **Calc.** is sluggish while **Sil.** is alert.

SANKARAN : In one case when I could not clearly distinguish between **Calc.** and **Sil.**, I gave **Calc. silicata** with good results.

SARABHAI : **Calc. silicata** has its own symptoms just like **Antim-ars.** has got its own symptoms as distinct from **Antim tart.** and **Ars.** The **Antim. ars.** patient lies down quietly in one place like **Bry.** The only difference between **Antim-ars.** and **Bry** in Pneumonia cases is that in **Bry.** there is no flapping of alae nasi. If flapping of alae nasi starts it shows that consolidation is taking place and here **Bry.** will not help but only **Antim-ars.** By the way **Sil.** is also indicated in stone cutters and industrial workers. It can be also be used in smokers who inhale carbon particles. How do you treat the chronic cough of smokers? I think the cough is a good thing and the patient is trying to bring out the foreign particle. I have found that with the development of cough the patient remains well. If the cough is suppressed, he becomes worse. Of course the smoking should be banned but if a person has been smoking for 30 or 40 years there is no idea in asking him to stop because he cannot stop it though he may promise or pretend to do so.

SANKARAN : I had a patient who told me that he did not know when he had started smoking because he said by the time he was aware of himself he was already smoking!

SARABHAI : I think when the cough continues they are better off. I have found in these cases that **Kali chloricum** is useful. The expectoration is first whitish, then becomes gray and then black and then they start feeling better. In olden days when there were no antibiotics there were not so many cases of lung cancer. After the antibiotics came, the cough has been suppressed and cancer has increased. Elimination is an essential process in the cure of a patient. Uuless the patient eliminates the toxins by any route he is not going to be cured.

SANKARAN : Suppression of any symptom can never help the patient.

SARABHAI : How and where the elimination takes place we cannot say. He may bring it out by vomiting. Suppose a patient has taken bad food, if he vomits he will improve. You don't give something to stop the vomiting even though the patient may psychologically ask for it to be stopped. On the other hand you may use a stomach wash to throw out the poison.

MERCURY *
(A Discussion)

(PARTICIPANTS: K. PRAHLAD, RAMESH UPADHYAYA (OF SURAT), P. SANKARAN SARABHAI KAPADIA AND S. R. WADIA)

SANKARAN : **Mercury** is a very interesting drug to study. To confess the truth I did not realise its full potentialities in the beginning. Only later I was able to understand its virtues.

* A Free Private Discussion

In acute cold and coughs due to constant change of weather from heat to cold, it is an excellent remedy esp. in Bombay.

I must also tell you my personal experience about **Merc. sol.** For some years I used to get repeated attacks of cold and coughs (tonsillitis) esp. coming on if I took iced drinks. Therefore though I was very found of cold drinks, I could not take them. The symptoms of the attacks were: Severe pain in the throat worse empty swallowing, worse cold drink, worse at night with fever and chill. I would feel chilly but if I put off the fan I would feel hot and perspire. Complete thirstlessness. Normally I would take 6 to 8 glasses of water a day but during the attacks I would not like water at all. I used to work out my case and in the repertory and it would come to **Puls.**, but **Puls.** would not help at all. I did not consider **Mercury** because of the thirstlessness. But once I took by chance **Merc. sol.** (or **Merc. iod. rub.**) and I felt immense and immediate relief. So the absence of thirst fooled me as I felt it was a contra-indication for **Merc.sol.** Since then I am able to take a lot of cold drinks with impunity and even if there is slight throat trouble, a dose of **Merc.sol.** or **Merc.i.r.** puts me all right at once.

I have particularly chosen **Merc.sol.** for discussion today because I went through a lecture given by Dr. Sarabhai and I must say I learnt many things about **Merc.sol.** from him. I think he has excellent experiences about **Aur.met.**, **Merc.sol.** and **Zinc.** (By the way these drugs are in the beginning and middle and end of the materia medica in the alphabetical list of remedies).

I would like to report a recent case treated by me. The patient was a boy aged 10 yrs. He was having nocturnal enuresis. He would pass urine in bed but continue to sleep over it. The urine was generally offensive. Sometimes he would pass urine involuntarily even in daytime and sometimes he was not even aware that he had passed urine. I repertorised his case taking the symptoms 'Urination involuntary' in bed, 'Urination unconscious' and 'Urine offensive' — and found **Merc. sol.** alone coming through. **Merc.sol.** put him all right.

PRAHLAD : If you were thirsty in general before the attack, that is also a symptom of **Merc.** That means you are a **Merc.** patient.

SARABHAI : The thirstlessness during the attack is not important. It is said that the **Merc.** patient becomes chilly during attack and constitutionally he is thirsty with salivation or with moist mouth.

PRAHLAD : In sudden changes of weather to cold, I have found **Dulc.** more useful because the days are hot and the nights are cold. Particularly it is useful in children, whenever they have cold, cough, fever, diarrhoea etc. due to such seasonal change. Once I had a case, the father of a student. He had herpes. He was restless day and night for 10 days with acute pain and the pain would not subside with any remedy. Then on deeper enquiry, I learnt that the pain had started

when there was a sudden change in the weather (to cold). I gave **Dulc.** and with the first three doses, he got immediate relief.

WADIA : Why didn't you try **Rhus tox**?

PRAHLAD : I think **Dulc.** is much more suitable because it was a change to cold and not to wet.

UPADHYAYA : **Merc. sol.** covers the same symptoms also.

PRAHLAD : In **Merc. sol.** you must remember five salient points viz Agg. by cold and heat; agg. by night, offensiveness, perspiration and tremors esp. in the advanced stage. Here **Dulc.** is out of question for this picture. Another important thing is that perspiration does not give relief but causes aggravation.

SARABHAI : In acute cases where you have to prescribe immediately you may not be able to wait and discover the night aggravation. As regards the changes of weather, Mercury is very sensitive to the slightest changes of weather. As you know in Bombay, we do not have sharp changes but only slight variations. But even if slight changes upset a patient **Merc.** should be considered. However, in tropical weather perspiration generally makes a patient uneasy — very rarely you will find people feeling better by perspiration.

PRAHLAD : On the other hand I feel there is more sudden change of temp. in Bombay than in places like Delhi.

SARABHAI : Some four years back there was a period during monsoon where there were no rains but only continuous breeze and cases used to come with irritation in the eyes and sneezing. I used to give **Merc.sol.** without good result. But when I gave a patient **Euphrasia** it gave tremendous relief. Thereafter I was able to relieve most cases with **Euphrasia.**

PRAHLAD : Children coming with constant running nose dirty noses or with green diarrhoea, straining for stool etc., require **Merc.** If there is cyclical vomiting along with diarrhoea, they require **Merc. dul.** For infants getting their nose blocked — they cannot suck the milk — **Dulc.** or **Amm. carb.** is preferable. One more preparation which has helped is **Merc. iod. flav.**

WADIA : When the patient gets inflammation of glands, e.g. mumps going from right to left or left to right, I generally succeed with **Merc. i.f.** or **Merc. i.r.**

PRAHLAD : But I have cured a case of tumour in the left breast with **Merc. i.f. Merc. i.f.** is often indicated in breast tumours.

SARABHAI : Whatever it is I have used in the last 10 years **Merc. i.f.** for right-sided and **Merc. i.r.** for left-sided complaints. I have preferred the iodide salts more for acute conditions of fever because the iodine element increases antiseptic power and it can be used as a routine medicine for all kinds of fevers.

SANKARAN : I have a problem with **Merc. i.f.** It is said that in **Merc. i.f** the throat pain is better by cold drinks. But I have rarely seen throat troubles better by cold drinks.

SARABHAI : Warm drinks and cold drinks both amel. the patients in **Merc.**

I want to give a dramatic case of **Merc. sol.** At that time I did not know much about **Merc. sol**. It was a case of Hydrothorax in Surat in which they had done some operation on the chest and three ribs had been removed. When the fluid started accumulating again, I gave him some medicine which I did not remember now but the process of filling up of the fluid became slow. Then gradually all of a sudden after some 4-5 months, he became aggravated and the fluid started filling up fast. At that particular stage I also became anxious because the entire chest was dull on percussion. The patient was taken for screening and the consulting physician said that the entire chest was full of fluid and advised operation and removal of two ribs on each side which the patient refused. The patient said that he would prefer to die rather than go in for another operation. This was a pathological condition and I had no symptoms to prescribe. He had come to me at a rush hour when I had to see many patients. So I made him sit near me and asked him to tell me whatever other symptoms he had. He told me "Doctor, one of my teeth is paining very badly." Then I got him a glass of ice water and hot water for gargling and asked him to try both. With warm water gargling he felt better and then again it was aggravated and the same happened with cold water also. The tooth was on the same (right) side where he had the fluid. I gave him **Merc. i.f.** Then I came to Bombay for four days. I asked my compounder to see him daily and ask him whether the feeling of weight in the chest is better and to continue the same medicine. **Merc. i.f.** was given every half hour dissolved in water. The allopathic doctor told me that I should not be very dogmatic. So, I told him that I have no objection if they could do something for this patient and if the patient wanted their treatment. But the patient wanted only homoeopathic treatment. The patient already told me in the morning that he was not feeling the weight in the chest. In the afternoon, screening was done and they found that the fluid was not there. The fluid had dried up in five days. The patient remained completely normal for four years and then died.

PRAHLAD : Once the fluid forms in the chest after it is dried up, there is a fibrosis. Then if the fluid forms again it is not there in the whole chest or the whole lung is not involved and that is why that case cleared up in five days.

SARABHAI : In Bombay we cannot make out whether a patient is chilly or hot because all Punjabis take cold water bath, Maharashtrians take luke-warm bath and Gujaratis take hot water bath in all the seasons. People sometimes take ice-cold water the whole day and sit under

the fan all the time. So, my suggestion is that whenever there is a suffering part you can always perform a test with warm and cold water. I always take this local modality and do not ask any other question.

PRAHLAD: One patient came to me. He was sitting in the bus and the side of the face which was exposed to cold air got paraylsed. As it is one-sided paralysis, we will think of **Causticum.** I did not give **Causticum** because whenever there is paralysis of face due to cold, either right or left side, I give **Merc. sol.** I gave him **Merc. sol.** and the patient was better within three days.

SARABHAI: When you go in the sun and start sneezing, the medicine is **Merc. sul. Merc. cor.** is a thirstless salt of Mercury **Merc. i.f.** and **Merc. i.r.** have tenderness of the glands. If the glands of the throat are affected, whether right or left, these drugs play a very important part. **Merc. sol.** has got a typical flabby tongue.

SANKARAN: I read in **Guiding symptoms** that **Merc. sol.** has an excessive desire to travel and go abroad. I was wondering if our ministers may require this remedy!

PRAHLAD: It has also got home-sickness. **Mercury** has a wavering type of mind. It is both suicidal and homicidal.

SARABHAI: **Merc. i.f.** has a brownish coating on the posterior part of the tongue and **Merc. cyan** has white coating. Even in advanced conditions if offensiveness is not there but if the tongue has white coating, I give **Merc. cyan.** I have cured many such cases with **Merc. cyan.** The colour of the coating is very important.

PRAHLAD: **Merc. cyan.** is a preventive as well as curative against diphtheria. In diphtheria there must be a swelling of the glands, including the parotid gland. It has a malignant type of look.

WADIA: When there are mercury symptoms with glandular involvement, the iodides are better.

PRAHLAD: I will now describe to you an early experience of mine, a failure. Every time we should not talk of success only because we have failures also. A patient of gonorrhoea had come to me with symptoms of **Merc. sol.** and I treated him with **Merc. sol.** for many days without any improvement. Ultimately, he felt disappointed and told me that I could consult my father if necessary. I consulted my father who was a well-known homoeopath. He prescribed the same Mercury but gave **Merc. cor.** instead of **Merc. sol.** This patient improved within one day and was then cured. See what a difference it can make.

SARABHAI: **Merc. cor.** has nearly the same symptoms as **Merc. sol.** but they are sharp and develop fast. In case of piles with condylomata with **Merc. sol.** symptoms, **Cinnabaris** acts better. In cases of phimosis, I have used **Mercury** with great success.

PRAHLAD : I had a case of a person who developed phimosis after an attack of gonorrhoea. **Merc. sol.** was able to relieve him but was not able to cure him.

SANKARAN : Phimosis in children — should it be treated medically or surgically? I can tell you that originally I was taught and so I used to believe that phimosis is a surgical condition. But I had chances to treat three or four patients with phimosis. They had retention of urine, pain etc. Even though they were all relieved with homoeopathic medicine I had advised the parents to have the children operated. They, for various reasons, postponed the operation and went on giving the medicine whenever there was trouble. The boys have grown up but they have no trouble at all. Therefore, I am nowadays thinking seriously that phimosis is medically curable with homoeopathic medicines.

SARABHAI : I used to tell my patients with phimosis that the operation is not necessary which opinion of mine was contradicted by their own family physicians. But just now I have read a surgeon's opinion that operation is not necessary for phimosis*. In my opinion phimosis is due to lack of sufficient elasticity of the prepuce. If we can restore the elasticity, the condition will be cured.

PRAHLAD : In some cases the prepuce is so small that the bladder is not able to empty completely and so they get retention of urine, severe pain etc. In these cases circumcision is advisable.

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* CIRCUMCISION ..... ???

My sympathies for those who have suffered because of the conflicting advice given on the subject by the medical people and the public at large alike. This has been going on for centuries because the subject did not receive scientific thinking.

As a surgeon I feel strongly that no operation however minor or harmless it may appear, be performed thoughtlessly without its proper indication. That is the only way to remove the time old myth of the claimed benefits of the operation.

It is rarely that the operation is indicated in a child. At birth the child has what should be called physiological phimosis and not anatomical phimosis. The nature has provided the prepucial skin covering to protect the delicate glans from the ammonical trauma of the urine-wet nappies. Hence routine circumcision should be contra-indicated till the child is out of nappies, otherwise unnecessary complication of meatal ulceration and stenosis can result. At birth the prepuce is not fully retractile, only the tip of the glans can be seen on gentle retraction of the foreskin, full retraction is achieved gradually by the age of 4-5 years, and at times delayed till puberty. Forceful retraction of the prepuce prematurely by the doctor or the parent should not be practiced because this leads to circumferential cracks in the delicate skin of the prepucial orifice which heal by fibrosis, leading to phimosis, a man-made indication for circumcision. And also it may cause paraphimosis. —Dr. Vinod K. Kapur, F.R.C.S. writes as follows in the **Bombay Hospital Journal, Oct. 72.**

Nature has provided a gentle way of achieving full retraction of the prepuce in a gradual way by the way of periodic penile erections in a child. Have patience and not unnecessary patients.

Some recommend circumcision for aesthetic reasons but simple local hygiene can achieve the same when the prepuce is fully retractile. Smegma is mainly composed of desquamated cells, its relationship to carcinoma penis and cervix is without sound basis. Local wash can achieve smegma-free penis, one does not have to resort to surgery. That the circumcised have greater sexual pleasure and produce a Master race is a myth. The most sensual part of the penis is the corona glandis which is exposed during coitus even in the uncircumcised provided that the prepuce is fully retractile.

So, as surgeons, let us not interfere with the nature but intervene when indicated."

SARABHAI: I think it is not necessary. Even here our medicines will work. I have seen this many times.

UPADHYAYA: I think if you apply a little vaseline and pull up the prepuce, it may come round.

SARABHAI : There was a case in which the doctors had injected local cortison to reduce the inflammation but the injected area itself become so much swollen that the patient was in acute distress. So they could not operate. He was treated with homoeopathic medicines and then he became all right without operation.

WADIA : What is the difference between **Merc. viv.** and **Merc. sol?**

SARABHAI : They say the indications are the same. Actually they are mixed up in the Materia medica but they say the **Merc. sol.** is better for men and the **Vivus** for women.

PRAHLAD: They say that in dysentery and gastro-intestinal conditions the **Vivus** helps better.

WADIA : Have you observed many mental symptoms in **Mercury** cases?

PRAHLAD : No

SARABHAI : As Dr. Prahlad says, **Mercury** is both homicidal and suicidal.

PRAHLAD : In all syphilitic conditions of the eye such as iritis, choroiditis etc., **Merc.** is often needed. Cellulitis is not usually covered. In iritis the pupil must be dilated. Otherwise it will get adherent and it will lead to complications even though the symptoms may subside. In blepharitis I would prefer **Petroleum** or **Bacillinum** rather than **Mercury.** For blepharitis I have found **Merc. precip. albus** as also **Merc. precip. darius.,** useful. For nocturnal enuresis if the urine is offensive you can try **Benzoic acid.** It is a wonderfully effective remedy.

FROM OUR CASE BOOKS

SOME CASES

By V. Paulose, Madras

1. **Stramonium in Whitlow:** One night I saw a boy aged 18 yrs. having a whitlow on his left middle finger. The tip of the finger around the nail was purple in colour, with intolerable pain which made the boy run about like a mad man, crying loudly, and asking us to cut off the finger. He and his family members had no faith in homoeopathy but due to heavy rain the father could not reach any allopathic doctor or hospital and so he requested me to give something for relief.

I thought of many remedies but remembered a tip of Dr. Rau that **Stramonium** will relieve the pain of whitlow instantly. I gave two doses of **Stram.** 30 each one drop in sugar of milk and asked him to take one dose immediately and another after ½ hr. if the pain did not lessen. Next morning the boy reported that within one minute after taking the medicine the pain subsided and that he slept well. The abscess burst in his sleep. He was well in two days.

2. **Arnica in Bee Sting:** One morning when I was out, a good gathering of bees stung my wife on her face and hands. She cried out with pain and the bees were somehow driven off. In the meanwhile she fainted. My daughter brought **Arnica** and applied it on her face and hands. Within a few seconds my wife got up as if nothing had happened as the pain disappeared entirely.

3. **Ledum in Scorpion sting:** One evening my young daughter aged 12 yrs. was stung on the foot by scorpion. The pain was intolerable, burning as if on fire and reached upto the hips. Immediately I took a pill of **Nat. mur.** 3x powdered it and kept on the wound and dropped 2 drops of **Ledum** over it. Within no time the pain already above the hips started descending. In a few minutes she became all right.

SOME CASES

By Dr. Bhanu D. Desai, M.B.,B.S., Bombay

1. I had once a case of an adult who had severe body pain worse in the morning and severe weakness also worse in the morning. The bodily pains were better after movements. There was no response to **Rhus tox., Kali carb., Sep., China,** etc. But he responded to **Syphilinum.** I gave him the remedy because Boericke in his **Materia Medica** gives under **Syphilinum** the symptom. (P. 627) "Utter prostration and debility in the morning."

2. In a case of diarrhoea in a very hot summer **Podo.** 30 seemed indicated but failed but **Acon.** 30 relieved. On page 7, Boericke in his **Materia Medica** says **Aconite** is indicated "in complaints from **very hot weather,** especially gastro-intestinal disturbances."

3. Three cases of burning in urethra during urination responded to **Uranium nitricum** 30. The frequency of urination was not increased but there was burning only during the day time esp. in summer heat. From these symptoms, I concluded that the burning was due to acidic urine. Therefore I gave **Uran. nit.** (Refer Boericke's **Materia Medica,** P. 660-661 "Burning in urethra with very acid urine.")

4. In cases of patients who have severe throat pain but where the throat when examined looks normal, I give **Lachesis** and succeed.

A CASE OF SUSPECTED MALIGNANCY COLON

By Dr. R. R. Bharucha, Bombay

Shastri, C.L.R. aged 71 yrs. a vegetarian, consulted me on 15-5-1971 with a history of loss of appetite for last 3 or 4 months. He has constant urge for stool but he is unable to expel it even by exerting all the pressure possible. He has become irritable.

X-ray after Baruim enema on May 8, 1971 had shown large irregular filling defects in the redundant loop of the sigmoid colon. The strong possibility of a malignancy in the colon was suspected and the consultant had advised a biopsy. But as the patient believed in Nature cure and homoeopathy, he had refused to have a biopsy done. He came to me for homoeopthic treatment.

After trying out several remedies with poor results, I selected for him **Sanicula,** and gave it in 30 potency, thrice a day for 4 days. There was a remarkable response. He improved and became well with some more doses of the same medicine.

RANDOM READINGS

Analgesics: Unfortunately all analgesics have serious side-effects. Even the most popular one, aspirin, may play a part in abnormal haemostasis, pancytopenia, encephalopathy, and abnormal renal function in rheumatoid arthritis; intolerance to it is common and is characterised by asthma, rhinitis and nasal polyps. Gastric haemorrhage of some degree occurs in 70% of all patients, is sometimes massive, but can anyway be especially dangerous in the aged patient.

Narcotics may produce coma, interfere with sphincter action, and cause dehydration and respiratory distress. Codeine is constipating and can cause dizziness and drowsiness. Morphine has a strong depressant action and is probably contraindicated anyway in patients over 70.

— Prof. Peter Lamy from **Documents Geigy**

The Complex of clinical pain: H. K. Beecher, in classical studies, still less well-known than they should be, examined the use of morphine in relieving pain. He found it had no effect on other sensory modalities,

NEWS & NOTES

Homoeopathic Research under the Central Council for Research in Indian Medicine and Homoeopathy *

The Central Council for Research in Indian Medicine and Homoeopathy was constituted by the Govt. of India with the idea to initiate, aid, develop and co-ordinate scientific research in different aspects, fundamental and applied, of the Indian Systems of Medicine and Homoeopathy and Yoga therapy. The Council is an autonomous organisation registered under the Societies Registration Act and is fully financed by the Ministry of Health & Family Planning, Govt. of India.

The President of this Council's Governing Body is the Union Minister for Health & Family Planning and the Vice-President is the Union Secretary for Health. Apart from others there are official members — the Director General, Indian Council of Medical Research & Director General, Directorate of Health Services and the Honorary Adviser (Homoeopathy), Government of India. The Governing Body is assisted in its functioning by the Executive Committee which guides the day to day work of policy making from time to time. Under each discipline there is a Scientific Advisory Board with its Chairman and Members who are drawn from the respective professions, persons of eminence and persons who devote their time for research work. The Scientific Advisory Board (Homoeopathy) draws out priorities based on the needs of the country and as well as of the profession and earmarks the research programme for implementation.

In the Council the Asst. Director of Homoeopathy co-ordinates the various research programmes, scrutinises them and keeps the S.A.B. (H) informed with the activities and the performance-cum-achievements of these programmes.

While considering the need for research in Homoeopathy, the priority was drawn by S.A.B. as follows :

1. Standardisation of crude drugs and mother tinctures.
2. Proving of drugs, indigenous and otherwise.
3. Clinical confirmation of these proved drugs.
4. Clinical verification of drugs already known about which very little literature is available.
5. Drug Research orientation with relation to the diseases.
6. Literary Research Work.

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* Extract from a report submitted by Dr. K. P. Mazumdar, Asst. Director for Homoeopathy, C.C.R.I.M.H. to the International Homoeopathic Congress at Vienna, May 1973.

The policy of the S.A.B. was to have its own Institution to conduct research on the above lines and secondly to institute such research enquiries in the voluntary homoeopathic organisations in the country in order to create a sense of participation amongst the teachers and the students of the institutions and to inculcate the research aptitude to draw more and more research workers in future from the students' and teachers' community.

With this policy in mind the Council started the Central Research Institute for Homoeopathy at Calcutta and Regional Research Institute (Homoeopathy), New Delhi under its direct control, five Drug Proving and two Clinical Research Units in the various homoeopathic institutions in the country and two Drug Standardisation Units, one in a homoeopathic institution and the other in the All-India Institute of Medical Sciences, New Delhi.

1. The Central Research Institute (Homoeopathy) was started in Calcutta and was entrusted with the study of indigenous drugs with clinical efficacy in Amoebiasis in order to establish therapeutic potentiality of these indigenous drugs. The programme was particularly taken up in Calcutta because of its known endemacity in Amoebiasis. The results obtained uptill now are very interesting and encouraging. The programme has been well drawn-out with full-fledged pathological, biological and biochemical analysis to corroborate the clinical results obtained. In addition to this programme the C.R.I. engages itself in standardising these drugs through chemical, pharmacological, and pharmacognostical methods. Later the drug provings will be introduced of the same drugs which has been taken up for clinical trials.

2. The Regional Research Institute at Delhi was commissioned in 1972. It was the desire of the Govt. of India to study and compare the efficacy of homoeopathic drugs in respect of certain common ailments in which modern medicine utilises the highly potent antibiotics and chemo-therapeutic drugs which are found to have undesirable side-effects besides being too expensive and prohibitive for our country. With this object in view the R.R.I. has taken up the study of certain conditions like tonsilitis, allergic manifestations, acute hepatitis, eruptive fevers, acute sinusitis etc.

Literary research was also taken up earnestly. The review of **Kent's Repertory** was taken up immediately since the existing editions of **Kent's Repertory** were found to have many deficiencies. **Boericke's Materia Medica** and its repertory was taken up for verification in respect of chapters in the **Kent's Repertory.** These chapters on completion will be circulated to the various research workers and professional men for their comments.

Drugs which are standardised in the standardisation Units will be subjected to provings in the R.R.I. in order to authenticate the salient features of the drug's activities.

3. Drug Proving Units : At present five drug proving units have been located in the homoeopathic institutions and the students are taken up as provers. Two drugs have been proved so far. One is **Abroma augusta** and the other is **Kali mur.** Our proving gives many more symptoms adding to those already existing in the materia medica. In order to confirm these proving records it has been proposed to reprove them in some other units. Certain clinical conditions were picturised through these provings and it is proposed to try out these drugs to verify their clinical validity in practice. Clinical investigations are being carried out at two homoeopathic institutions—one to study the efficacy of the homoeopathic drugs in rheumatic diseases and the other in schizophrenia and anxiety neurosis. In the latter unit a psychologist is associated who assesses the improvement in the cases independently.

The aim of drug standardisation is unquestionable. In any of the programmes, may it be clinical, drug proving or clinical verification, no proper results can be achieved without standard drug material. So quality control is an essential requirement of all research programmes. There are two aspects of standardisation. One is to standardise the available drug material in order to obtain the good quality drug and the other aspect is to introduce and substitute more and more indigenous drugs for unavailable ones. At present India is the largest importer of homoeopathic crude drugs and potencies. But we have a huge herbal wealth which can be tapped and utilised. The drug standardisation Units at present functioning have been able to arrive at preliminary standardisation of about ten drugs. More survey units will be started in the coming years.

An interesting work is being done at the Banaras Hindu University on the study of effects of **Caulophyllum,** on reproductive metabolism of rats. The results have proved so interesting that we may consider this as a contraceptive. Clinical trials will follow. A full paper on this work was read at the International Biological Conference in Bombay in Dec. 1972.

Cancer Research Hospital : The All India Baldeo Prasad Memorial Homoeopathic Cancer Research cum Treatment Institute has been established in Lucknow with 120 beds. They report having treated 5000 patients till 31st March 1973.

Homoeopathic Bill passed in Rajya Sabha : The Rajya Sabha has passed the Central Homoeopathy Council Bill. The Bill will now go before the Lok Sabha and when passed will become an Act. This Bill seeks to standardise the teaching and practice of Homoeopathy.

Laymen's League formed : Mr. M. P. Polson informs us that the All-India Homoeopathic Laymen's League has been formed and its constitution approved. Those persons interested in the progress of Homoeopathy but who are **not** registered practitioners are invited to become members. Particulars may be

obtained from Mr. M. P. Polson, the Secretary at Moti Mahal, Churchgate Reclamation, Bombay–20.

We hope enthusiastic and influential admirers of Homoeopathy will join the League in large numbers and strengthen it.

International Homoeopathic Congress, Vienna : Among those who participated in the last International Homoeopathic Congress held at Vienna were Dr. & Dr. (Mrs.) Devendra Mohan of Chandigarh and Dr. & Mrs. Bhandari of New Delhi and Dr. A. K. Asthana (presently in Germany). We regret that their names were left out in our last issue.

International Homoeopathic Congress : Dr. Raymond Seidel of Philadelphia writes to us that the International Homoeopathic League will now meet at Washington D. C. from May 31st to June 10th 1974.

Dr. Sarabhai's Resignation : Dr. Sarabhai Kapadia who has been a joint editor of the JOURNAL from its very inception has resigned his editorship for personal reasons. His resignation has been accepted with regret.

We wish to record our deep appreciation of the valuable help and guidance given by him during his joint editorship.

BOOK REVIEW

Hahnemannian Healings: Qrtly journal published by Dr. Mrs. J. Mohanty from 3, N.A.C. Bldg., Uditnagar, Rourkela 1, Orissa, Chief Editor Dr. Amar Singh, Annual Subscription Rs. 7/-.

We have received the first issues of this new Journal with the irrepressible Dr. Amar Singh as editor in chief. The issues are full of informative material and hold out promise of a good future. We hope this journal will grow and flourish without becoming a victim of group politics as has happened to some journals.

Gastritis, Gastric Ulcer and Gastralgia: by Dr. P. S. Kamthan, published by The Indian Homoeopathic Gazette, Med. House, Chavakkad (Kerala), Pp 24. Price Rs. 1.25

This is one more useful booklet from the prolific compiler. The paper used could have been better.

Systematic Materia Medica of Homoeopathic Remedies: By Dr. K. N. Mathur, M.B.,B.S., M.F.Hom. (London) (with a foreword by Dr. Diwan Harishchand) published by B. Jain Publishers, 55/1 Arjun Nagar, New Delhi 16, Pp. 1033, Price not stated.

This fat well-printed nicely-bound (in cyclostyle form) book written by Dr. Mathur, who is a well-read person, and published by B. Jain Publishers, who are well-known for bringing out useful homoeopathic books, will gladden the hearts of homoeopaths. The detailed Materia Medica of 200 well-known remedies along with their indications dosage, repetition, duration of action, relationship of remedies and comparisons puts in the hands of the homoeopaths all the required information in a concise form. There was a need for such a good book and we congratulate the author and publishers for bringing it out.

LETTERS TO THE EDITOR

HOMOEOPATHY *

Sir,

I was horrified to read that the Royal London Homoeopathic Hospital may be adversely affected by the reorganisation of the National Health Service.

Thanks to the help and encouragement of my broad-minded GP. (Not herself an homoeopath), for the last six months I have been treated at this hospital for an incurable disease. They really are helping me.

If this hospital has to close, I might as well be in the middle of the Gobi Desert as far as obtaining further treatment is concerned, as I would refuse to accept any of the dangerous drugs offered by orthodox medicines for this complaint.

At a time when a cascade of costly and dangerous tablets is being poured down the throats of NHS patients by many orthodox doctors, it is surely the height of folly to interfere in any way with the one place where they are treating patients with natural medicines.

Sd/- Nora Hearne, East Grinstead.

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* Reprinted from **The Sunday Times**, London, June 3, 1973.

HOMOEOPATHIC PRACTICE

Dear Sir,

It was a pleasure to read your Editorial "The Need for Publicity" in the Jan-March 1973 issue of the journal giving good suggestions, but I feel what we really need are true homoeopathic practitioners. I regret to say that 60 to 70% qualified registered and enlisted homoeopaths are doing allopathic practice. This should be stopped. If the Government can pass more stringent laws, this can be done successfully. Then we will have enough homoeopaths for the spread of our science.

Secondly, in teaching institutes the staff should be pure homoeopaths capable of attracting, convincing and assuring the budding homoeopaths.

Sd/- B. M. Nanavati, D.M.S.

Municipal Bldg. Patthar Kuva,
Relief Road, Ahmedabad-1.

Dr. B. K. BOSE

Dr. B. K. Bose, born in 1888, is the only living disciple of the great Dr. J. T. Kent. He began his career as a revolutionary and had to flee to France to avoid arrest by the British Government in India. From there he went to the U.S.A. where he joined first the New York Homoeopathic Medical College, then the University of Michigan and last the Hering Medical College of Dr. Kent. He came in contact with Drs. Dewey Smith, W. T. Helmuth, J. H. Allen, H. C. Allen etc. He received his M.D. from Kansas City University. He also did his Diploma in Osteopathy there.

On his return to India, he started his practice in Calcutta but was soon invited to Benares for practice and stay. But on a call from Dr. D. N. Ray, the founder and Principal of Calcutta Homoeopathic Medical College, Dr. Bose left his established practice at Benares and returned to join the institution. Though an ardent patriot, Dr. Bose did not engage himself in politics on return to India. His love for Homoeopathy submerged all other interests. He has served the Calcutta Homoeopathic Medical College with a singular devotion and tirelessly for over 50 years. Hundreds of his students are scattered throughout India as members of the Homoeopathic profession serving Homoeopathy in different ways. It is estimated that out of more than 600 teachers employed in various Homoeopathic colleges, more than half are his students.

Dr. Bose is known not only for his extraordinarily successful practice resulting from his brilliant prescriptions but also for his extremely vigorous championship of the cause of Homoeopathy. When he talks about Homoeopathy his whole body and soul seem to be on fire. He has completely identified himself with Homoeopathy and has served it sincerely and seriously throughout his long life. He is one of the few living masters of the great science. We salute him.

His numerous students have decided to felicitate him on his next birthday which falls in August this year. A committee has been formed for this purpose. The immediate objective of the committee is to raise a fund of Rs. one lakh which is to be offered to Dr. Bose in recognition of his selfless services. The committee has issued an appeal accordingly. Donations, which have been granted exemption from income-tax, are to be received by Dr. B. K. Bose, Felicitation Committee, Calcutta Homoeopathic Medical College and Hospital, 265-66, Upper Circular Road, Calcutta-9.

Homoeopathic practitioners and institutions are urged to contribute liberally to this fund.

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Editor : P. Sankaran

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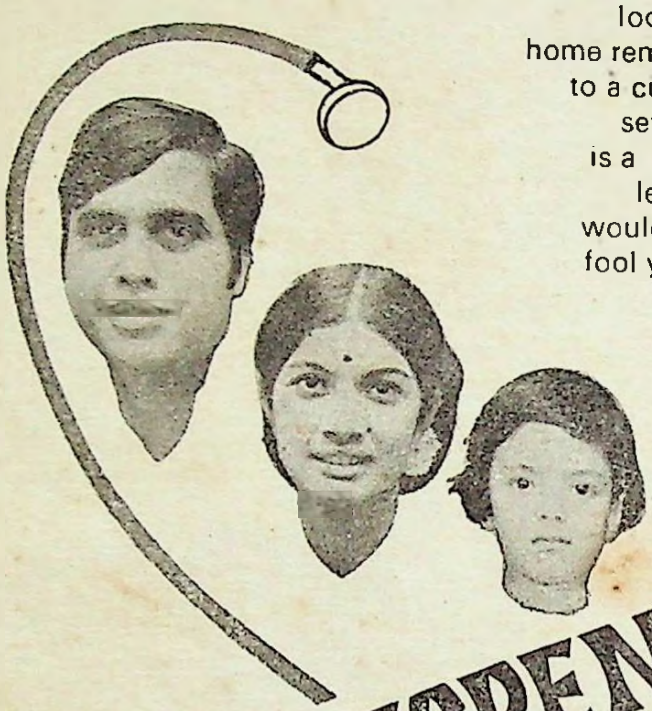

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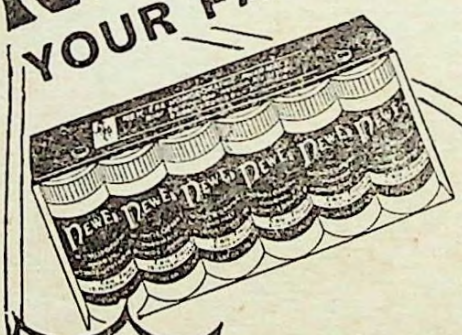

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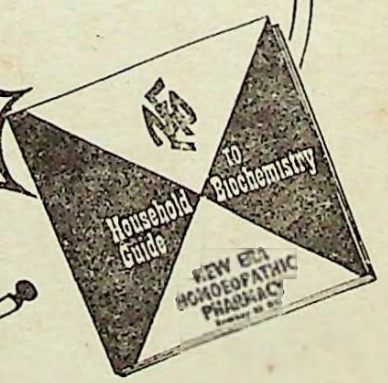

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ARNIFLOR • GASGON • TONIC POWDER • TONSILON
ALFALFA TONIC • EASIDENT • PILEN • KOFGON • ENLACTO

golden pub