INDIAN JOURNAL OF HOMOEOPATHIC MEDICINE

(Published by the Homoeopathic Education Society)

Published Quarterly

Aude Sapere
(Dare to be wise)

Vol. 7 **OCT.—DEC. 1973** **No. 4**

Dr. B. G. DESHPANDE

Rs. 2.50
Single Copy

Annual Subscription : { India & Ceylon Rs. 8.
Foreign $ 2.40 or £ 0.80

INDIAN JOURNAL OF HOMOEOPATHIC MEDICINE

Near Irla Naka, Vile Parle (West), Bombay-56

Phone No. 571135

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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ACKNOWLEDGEMENT

The following Journals were received :

Athurashram Homoeopathic Medical College Magazine (Eng.), Kottayam; Centre calling (Family Planning), New Delhi; The Hahnemannian Gleanings (Eng.), Calcutta; Homoeopathy (Telugu), Madras; The Homoeopathic Bulletin (Eng.), Calcutta; The Homoeopathic Sandesh (Eng. and Hindi), Delhi; Homoeopathy (Tamil), Kumbakonam; Homoeopathy (Eng.), Kumbakonam; Homoeo-Doot (Marathi and Eng.), Nasik; Homoeopathic Vikas (Eng. and Hindi), Gwalior; Homoeopathic Reporter (Telugu), Eluru; Homoeo Bulletin (Tamil), Tiruvarur; Homoeopathy Navnit (Eng. & Hindi), Lucknow; Honey (Eng.), Hubli; The Indian Homoeopathic Gazette (Eng.), Chowghat; Karnataka Homoeopathy Bandu, Bangalore; The Madras Homoeopathic Journal (Eng.), Madras; News from Israel (Eng.), Bombay; Orissa Homoeopathic Bulletin (Oriya), Calcutta; Orissa State Board Homoeopathy Journal, Bhuvaneshwar (Eng. and Oriya); Kerala Homoeo-Journal, (Eng.), Kottayam; The 50 Millisimal (Eng.), Kottayam; The Torch of Homoeopathy (Eng. and Hindi), Jaipur; Homoeo Review (Eng.), Madras; Homoeopathic Uplift (Eng. and Hindi), Lucknow; Homoeopathic World (Eng.), Calcutta; Rogi Chikitsa (Beng.), Calcutta.

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

HOMOEOPATHY IN INDIA — A FRANK APPRAISAL*

Just as free India has completed 25 years of its existence, the Indian Parliament has just passed the Central Homoeopathy Council Bill for standardising the education and practice of Homoeopathy. Therefore this is an appropriate opportunity to look back to evaluate the progress and assess the present position of Homoeopathy in India.

Only 25 years back the Homoeopaths of India were an unrecognised race. Their lot was an unenviable one for they were treated like Harijans because Homoeopathy itself was unrecognised. Therefore, these practitioners had no legal status or even existence. They could practise merely because the Government had benevolently ignored them and had not prohibited them from practising. And because Homoeopathy was an effective system, there was a demand from the people and so the practice flourished.

However, the situation has changed considerably. Homoeopathy has now been accepted and recognised in almost every State of India and by the Union Government also. Large numbers of homoeopathic practitioners have been registered or enlisted. There are 77 homoeopathic colleges in India, many of them with hospitals attached. There are numerous homoeopathic journals and many useful and valuable books are being printed or reprinted. The Union Government as also several State Governments have appointed Advisers or Directors of Homoeopathy and Homoeopathy Boards are functioning in most States. The Union Government has also created a Central Council of Research in Indian Medicine and Homoeopathy, which is aiding, guiding and conducting research in several institutions. Some funds are being allocated for homoeopathic education and research by the Central and the State Governments, though these amounts appear proportionately very low when compared with the allotments made for allopathic medicine. India has the largest number of homoeopathic practitioners in the world. Therefore, it would seem that we have every reason to be contented, happy and even proud.

However, it is necessary to take a closer look, make a deeper analysis and carry out a careful assessment to establish whether everything is as satisfactory as it seems on the surface.

Homoeopathic Practitioners :

Though the number of homoeopathic practitioners, even those on the rolls of the State registers is fairly high—over a hundred thousand—the number of those who have actually received regular training and possess institutional qualifications is relatively low—about 10%. Even among this small number, the persons who actually practise Homoeopathy is lower because many are tempted to practise the allopathic system of medicine. These persons are largely adopting and accepting the use

* Published by arrangement with the 50 Millesimal.

of the other systems not because they have found it superior but because they say they find it easier to practise and more lucrative. Even among those who practise Homoeopathy the proportion of persons who practise it scientifically is still lower. Below the large canopy of Homoeopathy, there seems to be all kinds of practices existing ranging from the use of the single similar medicine to polypharmacy and use of combinations, specifics, patents etc. There are persons who use these patent and specific medicines without any understanding of the basic principles of Homoeopathy. Many of these practitioners can be called as homoeopaths only because they use the potentised medicines. Therefore these will be homoeopaths only in name. Again if the cases as found reported in some of our Indian Journals are any indication of the standard of homoeopathic practice, we have to conclude with regret that in general the homoeopathic practice itself is of a very poor scientific standard.

Homoeopathic Education :

We have mentioned that there are 77 homoeopathic colleges. This number seems to be increasing very rapidly. Whereas to establish an allopathic college, a very large amount of planning seems to be called for, homoeopathic colleges, it seems, are esablished very easily. We are told that an average allopathic medical college and hospital require a capital investment of at least a hundred lakhs of rupees whereas there are homoeopathic colleges which have been started with only Rs. 20,000/- as capital. Of these numerous homoeopathic colleges only about half the number may come up to some kind of a standard, and if the rigid criteria of present day medical educational requirements are applied, less than half a dozen may be found passable. The fault may not be with the institutions themselves because modern medical educational requirements necessitate a huge investment of funds and these institutions have neither such large private funds at their disposal nor do they receive adequate Government support. These institutions are founded only because of the excessive enthusiasm of the organisers. Also considering the comparatively poor emoluments given to the teachers in these institutions, these institutions cannot attract the best talent in the field. The hospitals attached to these colleges do not have enough beds nor are they sufficiently equipped. The students who are attracted to these institutions are not the best in the field because Homoeopathy is still being considered only a second best system and is often the refuge of those who cannot get admission into the allopathic colleges. Therefore, the number of homoeopathic institutions in India reflects only an expansion in volume and not a growth in quality, so that as Dr. Kanjilal says, this one-sided growth if allowed to continue may be compared to a filarial limb, bulky but useless.

Literature :

In the field of homoeopathic literature again, there seems to be a healthy competition. We can boast of publishing over 50 journals. Every

year new journals are being started. But if one were to go and examine carefully the contents of these journals, there is bound to be much disappointment. Original matter is generally found to occupy only a minor part of the journals and even this original matter that is found is not up to the standard. Sometimes, there is often a lot of verbiage with well-worn cliches explaining the principles of Homoeopathy or alternately reprints of articles from other journals. The editing and printing also leave much to be desired and will not come up to international standards.

The books that are published are usually reprints of well known foreign editions so that a casual observer would conclude that Indian homoeopaths have very little original thoughts or experiences to contribute. Even these books it would seem are published only with a commercial idea and not with a view to advance the science.

Research :

We have already discussed elsewhere the rigid requirements of research. Proper research requires very talented and capable persons who have mastered the subject in which they are attempting to do research. However the data provided in the research reports are often insufficient and the conclusions drawn faulty and questionable. The equipment available for research purposes is quite inadequate this again being due to want of funds. The institutions in India which are involved in research lack almost all the requirements though it may be due to no fault of theirs. Research is a very costly adventure and unless there is enough support financially it is not possible to do proper research. In the field of allopathy, the huge pharmaceutical cartels which make tons of money are willing to expend some of their profits on research because research promises to bring in new discoveries and these new discoveries may open up further avenues of profit. But this is not possible in the homoeopathic field because firstly homoeopathic pharmacies are not so big financially and secondly the very principles of homoeopathy go against private profit making. Therefore homoeopathic research can be conducted only if the Government gives enough support. The Government, though often very vociferous in its support of Homoeopathy, does not match its action with its words when it comes to actual allocation of finances. We are informed that indigenous systems of medicine and Homoeopathy do not receive even one per cent of the allotment that allopathic medicine enjoys. Under the circumstances, research is bound to suffer and is likely to be of a haphazard nature.

Our contribution as homoeopathic practitioners in general and leaders in particular is also very disheartening. It would appear as if we are in state of somnolence. We are satisfied with very superficial achievments and do not care or dare to look deeper. We are busy with our own petty problems forming associations, jockeying for position and power or pontifying while the science suffers. The one hundred thousand of us could not prove even ten remedies in the last 25

years while one silent dedicated worker — Dr. Raeside of England — has proved several remedies with a few volunteers. Can there be a sadder commentary on our indifference and indolence?

To summarise, it will be seen that the general picture of healthy and rosy development of Homoeopathy is not confirmed by a closer examination. Homoeopathy in India is almost like a *Calcarea carb.* child, fat and flabby but with no inner strength. No amount of Acts of legislature is going to bring progress unless we the homoeopaths develop our inner strength and vitality and closely coordinate our work and work together sincerely. If we honestly desire the advancement of Homoeopathy as we proclaim from house tops, it is high time that we start working earnestly and silently, not to advance our personal ambitions but to promote the progress of Homoeopathy.

NATRUM MURIATICUM AND OUR CONVULSIVE AGE*

by L. R. Twentyman, M.B., Ch.B., F.F. Hom., London**

We live in an age of continuing crisis. It is of course true that all ages of history are times of crisis, but some are more overwhelming in scope than others, just as in the life of the individual puberty and adolescence and again menopause are such moments of transformation on the grand scale. Birth and death or perhaps rather conception and death, mark the greatest of the turning points but the crisis of the noon-tide is the greatest between birth and death. Gutkind wrote of the crisis of the noon-tide.

"The terror of noon-tide is more frightful than any terror of night. It is extreme of tension, when the height has been reached the day can rise no more; there must be a decline. Today there is this tension; we are experiencing the suffering of limitation, of finiteness, of being able to grow no more — the suffering of death. Yet this time is no time of decadence—it is the mightiest of all world crises. The world is passing its noon-tide height; it will change, and a new thing, unheard of before, will come to pass".

From this critique of modern man we can gain a deeper insight into our troubled times. There is an immense tide of energy, a spiritual momentum gathering in the so-called unconscious. Yet this gathering pressure of libido can fundamentally find no outlet within the established forms and order of our present intellectual establishments and their embodiments, the modern nation-states. All current forms are too narrow, too limited for the vast currents of our time, and crack under the great pressure. In the midst of it all, feelings of despair and exhaustion arise and even characterise our time as one of overwhelming depression and importance. Yet it is only the despair of the old modes of thinking

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* Paper presented at the International Homoeopathic Congress, Vienna, May-June 1973.

** Consultant Physician, The Royal London Homoeopathic Hospital; Hon. Editor, The British Homoeopathic Journal.

unable to cope with the unheard-of-new life seeking birth. The terrible crises of our days are birth-pangs. The grim and shattering experiences of the two world wars lie heavy still, unrepented, on our human conscience; in the life-time of my generation uncountable millions, probably hundreds of millions, have met their deaths in the wars and revolutions through which we have lived. Yet we must try and see these catastrophies, spasms, convulsions, more in the light of birth-pangs than of decadence. It is only the fact that the new cannot be grasped with our cold intellects that accounts for our despair and sense of impotence. "Life has not weakened upon the earth. More vehement than ever before seems the thundering of secretly yoked suns and worlds soaring through ages," affirmed Brezina, the poet of Czechoslovakia.

The gathering hurricane of spiritual life breaks again and again against the rigid concepts of tradition, habits of thought, dead rituals of bygone times. The faces of our time betray our plight. Even a century ago the faces of our forebears were strong and full of content, whilst today the term "faceless" has been coined to characterise a whole civilization. The old spirituality is gone and now into the faces of emptiness must come the new spirituality, born truly in the hearts and souls of the mere individuals men, women and children. It must be a spirituality which is the expression of the free individuality not possessed by tribal oversoul or instinctive unconscious forces. To those still seeking to be possessed, driven, moved by vast collective forces, it will therefore appear as weak and insignificant.

Against this background of our time we must seek the expression of the universal crisis in the experiences and diseases of the individual. There is no doubt that the forms of disease have greatly changed in this century and very particularly since the last war. Epidemic febrile diseases have declined in severity. Deaths from carcinoma of the bronchus death from rheumatic carditis have given way to deaths from coronary thrombosis, myocardial infarction. Accidents are now the commonest cause of death under twenty years of age. Nervousness and sleeplessness have become well-nigh universal, so that universal sedation by day and night seems necessary for the full enjoyment of the benefits of the welfare state.

The concept of stress was introduced by Selye to cover the non-specific syndrome which occurred in response to all sorts of specific injuries at the same time as the specific responses also developed. The post-war years have seen the accumulation of enormous new factual knowledge about the functions of the suprarenal glands and their hormones. Much of this has been in relation to the stress adaptation syndrome. There is little doubt that many disorders regarded today as stress disorders have increased in occurrence during recent decades, and the growth of the researches into these hormones seems to correspond to the growth in their importance.

At the same time, during and after the second world war, the late Dr. John Paterson was noticing, in the course of his work on bowel bacteria, that an increasing number of patients showed the organism Proteus in their stool cultures. (It should be noted that the nomenclature and method of typing these organisms is according to the technique described by Dr. Paterson, and based on Bach's original description). Before the war Morgan had been the commonest organism, but Proteus became more and more common. Now in his work on the bowel organisms and nosodes, Paterson was gradually able to associate the various non-lactose fermenting organisms in the stool with specific groups of homoeopathic remedies. The main remedy associated with Proteus was *Natrum muriaticum*, and Paterson associated the greater frequence of indication for these remedies with the long stress of the war crisis. The use of the word stress by Selye is of course not quite the same, but their relation is obvious. Paterson therefore noticed that the type of reaction in the host organism resulting in different organisms in the stools had considerably changed from the twenties and thirties of the century, at the same time as clinical observation showed such changes in the forms of disease, and at the same time as the interest in the suprarenal glands had exploded in the medical world.

Now John Paterson considered the keynote of the Proteus nosode and its associated group of remedies to be "brain storms". An obvious example of what he means is migraine. Leaving alone all the detailed maze of physiological mechanisms in the migraine attack, the term brain storm fairly characterises the phenomena from the patient's point of view. There is often a prodromal period of tension, followed by the lightning flashes of visual spectra and the thunderclaps of headache, cumulating in vomiting and followed by peace. Here, in Vienna, we may perhaps recall the storm from Beethoven' Pastoral Symphony.

Now it seems to me that in these symptoms we can follow a certain conflict between the cool awareness of our head, very much become in our day an onlooker consciousness, and the irrational forces buried in our unconscious depths. These dynamic, ultra-dynamic forces are frustrated of expression, the onlooker's world becomes more and more shadowy and unreal and yet is unable to accept the life-giving impulses from the blood in other than recurrent convulsions, storms, crises. In English literature the figure of D. H. Lawrence gave expression to this conflict and the sexual reaction against cerebralism. Today all this has become symptomatic of the age. Youth is in rebellion against the unreal, shadowy mirage of our culture and civilisation, and seeks in sex, drugs and oriented in these lights. Often very nice, very sympathetic persons, in orditalism to reach reality, experience. The question is whether what is reached is not yet still more illusory.

The characteristic *Natrum muriaticum* patients can be interprenary life mild, they find the proximities of family life and the challenge

of strong emotional relationships unbearable. As Paterson observed, they make bad wives. Under the stronger emotional challenges they become irritable, even impossible, and I think this accounts for the oft-repeated phrase that they object to sympathy. It is not sympathy discreetly, tactfully, offered that they object to, but they fear being involved, overwhelmed in an emotional situation beyond their control. They excel in a gentle sympathy which keeps uninvolved and hence many go to them with their troubles. But the deeper currents erupt in migraines and the emotional outburst which we recognise.

When we turn to associated remedies, we find *Ignatia, Cuprum, Chamomilla, Secale*. The same idea runs through them. In *Ignatia* it manifests in nervous instability and contradictoriness, in *Cuprum* in sudden cramps and angers, the cramps appearing in varied organs; in *Chamomilla* mainly in fevers and tempers. *Secale* offers a most important contribution to our task. *Secale* itself, extract of the Claviceps purpura growing on rye, gives rise mainly to cramps of digital arteries, though history suggests that the epidemics of St. Anthony's fire also gave rise to acute insanity. From the crude extract, chemical sophistication has produced many substances. ergometrine acting primarily on the uterus, ergotamine with its selective use in migraine, and lysergic acid with its characteristic psychic phenomena. Could we not call an LSD trip a psychic migraine ?

John Paterson related the Morgan nosode and associated remedies particularly with the liver. The Dysentery Co. nosode, he related to the heart and epigastric regions. It seems to me reasonable to relate his Gaertner to the lungs and I wish to suggest that Proteus and its remedies, including *Nat.mur.*, find the basis of their reaction in the kidney and suprarenal system. I think the empirical findings of modern research justify taking kidney and suprarenal as parts of a common function. Their closely inter-related actions in the renin-angiotensin mechanisms of hypertension, the peculiar kidney phenomena in the adaptation syndrome, the role of the kidney in maintaining electrolyte balance and homoeostasis and the suprarenal influence on sodium and potassium do, I think, give a basis for thinking of these organs together. It is not by accident that the suprarenals sit like hats on the kidneys. Rudolf Steiner and his school have pointed to a higher function of the kidney, other than urinary excretion. This they have called the kidney radiation. If urine is excreted, there must be a counterthrust into the organism, the kidney radiation. Some of the phenomena of this are mediated through the suprarenals.

The kidney mostly performs an eliminatory and katabolic activity the suprarenals more an inliminating, or incretory, and anabolic action. The pictures of Cushing's and Addison's diseases can serve quite usefully to focus our attention in an extreme form on hyperadrenal and hypodrenal syndromes, overactive complex and varied though these are. The

hypertensive, florid, overactive pyknic Cushing contrasts with the hypotensive, pale and pigmented, fatigued, depressed, asthenic Addison.

Embryologically, both the kidney and the suprarenal gland are formed by a combination of polar forces and systems. The kidney originates in the pronephros at the cephalic pole which, as it were, calls forth the metanephros from the sacral pole. The adrenal gland also combines a nervous medullary with a metabolic cortical portion.' From thin-inner tension of origin and function arise the rhythmic phenomena of the kidney and suprarenal function. I would draw attention particularly to the rhythmic changes in cortisol level. This level rises during the morning and there is a corresponding fall in the number of eosinophils in the peripheral blood. By 10-11 a.m. these have reached a minimum, the cortisol a maximum, and this is maintained over noon-tide. In the afternoon reversal begins, and by 10 p.m. eosinophils are nearing a maximum, cortisol a minimum. Now *Natrum mur.* is characterised homoeopathically by a 10 a.m. aggravation and *Chamomilla* by a 10 p.m. aggravation. I suggest that the depressed, often hypotensive, fatigued, wasting picture of *Natrum mur.* lies in the direction of hypo-adrenalism, as has often been suggested before, but also I suggest that the strong, angry, flushed, screaming *Chamomilla* who by contrast wants to be held points rather to the hyperadrenal side of the balance.

That *Natrum mur.* quite often proves of value in rheumatoid arthritis is now understandable, and its great value after times of emotional stress, bereavement, unhappy love, when depression, fatigue, emaciation supervene, is justified. Migraine has found its place and the peculiar combination of gentleness and irritability. *Natrum mur.* patients often have a tendency to watery secretions. They weep easily, or have watery nasal secretions, suggesting allergic rhinitis; they may have pale, watery polyuria. The water drops and drips from them, they cannot hold it and stress incontinence also arises. The whole picture is a drooping and a dripping, and this is one aspect of the condition we are studying; it represents the exhaustion of the upbuilding invigorating adrenal forces. Near to it is the hypoadrenalism of *Sepia*. We can also relate the water retaining tendency of sodium chloride.

Finally, I should like to mention the occurrence of aphthous ulceration in the mouth. I know of no other remedy so likely to relieve the severe recurrent cases of this painful condition. Is it related to the equally common recurrent herpes simplex on and around the lips? The virologists say so. Are they psychogenic from the reluctance to kiss or be kissed? Do they point to a state of actual nervous exhaustion? But they come in crops, explosively, probably from the nervous system, and bring us back to Dr. Paterson's brilliant characterisation of this group of remedies and disorders associated with his Proteus nosode "brain storms".

I have attempted to see how far one can understand this remedy *Natrum mur.* as the mirror of our age. The terror of the noontide is the

terror of our time, and we have seen how this is corroborated even into detail of empirical research. Empirical research, traditional homoeopathic drug pictures, the researches of Dr. John Paterson come together and even help to throw light on and build a bridge of understanding towards the remarkably illuminating ideas of Steiner and his school. I hope also I have not strayed from the injunction of our League President Dr. Paschero to pursue the Holistic Path.

CASE HISTORIES SHOWING THE SUCCESSFUL ACTION OF PHOSPHORUS IN HOMOEOPATHIC POTENCY*

by Dr. N. J. Pratt, Norwich, England

This paper describes 32 cases from the author's own practice, all cured or much improved after the administration of *Phosphorus* in homoeopathic potency.

Diagnoses : They include 8 cases of Epistaxis, 5 cases of Gingivitis, 5 cases of Dyspepsia and Vomiting and 14 cases of other illnesses.

Age and Sex of patients : The ages of the patients ranged from 3 years to 91 years. There were 22 females and 10 males. Perhaps it is of some significance that all the patients with Gingivitis were females, and the patients with Epistaxis were 7 females and 1 male, whereas in contrast all the 5 patients with Dyspepsia and vomiting were male.

Potencies used : The 3x potency was used in 29 cases. The 6x potency was used in 3 cases. The 30c potency was used in 4 cases, and the 200c potency was used in 1 case —a girl aged 17 years who complained of sore gums and loose teeth, with bleeding from the gums "ever since I can remember".

Phos. 3x pills made her "go hot all over", so she stopped taking them, and 6 days later I gave her one dose of *Phos.* 200 and healing was complete in 3 weeks, and there was no recurrence in a follow up of 10 months.

Duration of Illness : In 6 cases the illness had lasted for more than 1 year, in 7 cases for between 3 and 12 months, in 6 cases for between 4 to 8 weeks, and in 12 cases for between 1 to 8 weeks, and in 12 cases for between 1 to 20 days. The most acute case was a case of a boy aged 9 years who had an attack of vomiting attributed to tinned jam. He vomited about every hour while awake — at least 12 times, and there were streaks of blood in the vomit. Every little drink was returned after a few minutes. I prescribed *Phos.* 3x pills, 2 to be taken every 2 hours. He vomited once more, then made a quick recovery to normal health.

One of the most chronic cases was a man aged 32 who had blood in the nasal mucus nearly every day for about a year, never more than 2

* Paper presented at the International Homoeopathic Congress, Vienna, May-June 1973.

days without some blood. He mentioned that his face and ears frequently became hot. I prescribed *Phos.* 3x pills, 3 times a day for 3 days, then at progressively longer intervals. He had blood in the mucus only once in the next month, and took only about 20 doses of pills. There was a slight recurrence 9 months later, then no more blood in the following 8 years.

Time of response to Treatment : Response to treatment was noticed in an average of 10 days. This may sound slow to doctors who use suppressive allopathic treatment, but it seemed quick to most of the patients. On average the time in which response was noticed was one tenth the time the illness had lasted. Most patients were completely cured; 6 patients were much improved, but not completely cured. We have to admit that Homoeopathy cannot always cure diseases which are caused by degenerative changes in old age, but we can claim that Homoeopathy can alleviate most of those diseases.

10 cases improved within 3 days, 8 cases improved within 1 week, and 7 cases improved within 1 month. In the remaining 7 cases, for one reason or another, the time of response is not clearly stated.

In my experience, in all types of cases treated with many different remedies, I find the commonest time in which response to homoeopathic treatment begins is 2 to 3 days; perhaps this is the time needed for the elimination of toxins or the correction of disturbed enzyme systems.

Burning Feet : A woman aged 53, working as bottler at a brewery, complained of hot painful feet for three weeks. She had to wear clogs at work. The soles of her feet were "burning hot". I prescribed *Phos.* 3x t.d.s. and in five days the improvement was marked, in spite of her continuing at work, in spite of a heat wave with temperatures up to 79° in the shade, and more in the brewery. She could then wear her ordinary shoes again, after having to wear sandals or slippers for 3 to 4 weeks. There was no recurrence of the trouble in a follow up of 14 years.

Haemoptysis : A young woman, a teacher, aged 31, complained of coughing up "little lumps of blood" for about 12 years, for 2 to 3 days at a time with intervals of freedom for about a week. She had received treatment from a number of doctors and at least 2 chest specialists. Her chest X-rays were normal. No definite diagnosis had been made. I prescribed *Phos.* 3x t.d.s. for 3 days. She coughed up a little blood only twice in the next month, and never again in the following 16 years

Follow up : It is important to complete the case history with an adequate follow up. Unfortunately, patients do not always take the trouble to report that they have been cured; perhaps they think the doctor is not really interested, and they do not like to bother him. I always want to know how they respond, and was able to follow up all these cases but one.

Reasons for prescribing Phosphorus : Some of these patients needed careful and full repertorisation in the Kentian manner. Others needed

little more than a reference to one or two rubrics in the Repertory to confirm the choice of *Phos.* and to glance at related remedies. Others notably the cases of Gingivitis and of Epistaxis, were so clearly similar to the toxic effects of Phosphorus that the correct remedy, the simillimum was in no doubt.

Quite recently a member of the audience to whom I had given a lecture on homoeopathy said that she had been told that every patient needed, at the first consultation, an hour for "taking the case". This is often true when the general health is disturbed, and the constitutional remedy must be found. But in other cases, with some experience, only a few minutes are needed to find the correct and successful remedy, as above.

NATRUM MUR.*

(A Discussion)

[Participants : Bhanu Desai, M. B. Raut, Miss H. A. Merchant, R. R. Bharucha, P. Sankaran and Sarabhai Kapadia.]

Sankaran : Considering the fact that three-fourths of the earth's surface is covered by water in the form of the sea and that the major solid constituent of this water is ordinary salt and considering also that almost all human beings require and consume salt in their food, I think *Nat. mur.* should be a very important remedy for many disease conditions and perhaps should be used more extensively. We have, of course, treated many cases with *Nat. mur.* but I shall describe a few peculiar ones, particularly some treated by Dr. S. R. Phatak.

Some years back he was consulted by a gentleman for his wife who was behaving in insane manner. She would weep and laugh alternately without cause. She would also clap her hands and sing suddenly. She was generally incapable of looking after herself.

There was a history that three years back a child of hers has fallen ill and had died on her lap. This had given her a shock but she could not and did not weep then. A few days later she had exhibited an abnormality of behaviour as described above. Some physicians were consulted and she had been relieved by Electro convulsive (shock) therapy. Three years later i.e. now, she has had another child born to her and this child resembled exactly the previous one. Perhaps it brought back to her forgotten memories and also perhaps produced internal anxiety about the safety of this child. As a result she became insane and started behaving irrationally as described above.

In treating her, Dr. Phatak took the cause as the first symptom viz. that she had suppressed grief. *Kent's Repertory* under the rubic "Sad cannot weep" (p. 78) gives only *Gels.* and *Nat. mur.* Out of these *Nat. mur.* covered the alternate weeping and laughing. So he prescribed

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* A free private discussion.

for her *Nat. mur* IM, 2 or 3 doses and it cleared up the whole trouble. For several years now she has remained normal.

Once I was treating a child for some complaints. As the improvement was slow I consulted Dr. Phatak. The parents had given the history that when the child was born he had not cried for a long time so much so that the doctor had been seriously worried. On this indication Dr. Phatak prescribed *Nat mur.* There was very good improvement in the child's health. I asked him how this can be taken as an indication because the *Nat mur.* patient *is sad* but cannot cry. To this he replied that when the child was expected to cry, it did not cry. This is an indication of *Nat mur.* Then he asked me jokingly "How do you know the child was not sad ?" Perhaps it is so. I remembered that the child's first cry is said to be a cry of protest because it is pushed out from a cushy warm environment into a cold cruel world.

In another case the symptoms were practically contradictory and hopelessly mixed up. Boger gives an indication under *Nat mur.* "Thin, thirsty and hopeless." Giving a broad interpretation of this word 'hopeless', Dr. Phatak prescribed *Nat mur.* which gave relief to the patient.

While going through *Hering's Guiding Symptoms*, I noted that *Nat mur.* has got a crack on both the upper and lower lips, whereas all the materia medica people only emphasise the crack in the middle of the lower lip. I wonder why they have omitted the crack in the upper lip. By the way, I also wonder how the various materia medica compilers pick out and give some particular symptoms out of the large group of symptoms found in the provings. I wonder what is their criteria of selection. Incidentally the biochemic practitioners I think use *Nat mur.* extensively. Biochemic people say that *Nat mur.* is the remedy for disturbances of fluids, either excessive fluidity or dryness e.g. lacrymation, diarrhoea, constipation etc. There is lacrymation or weeping with laughter or laughter ending in weeping.

Bharucha : Just like we use *Nux vomica.*

Sarabhai : Some leading homoeopath has remarked that he used *Nat mur.* more than any other two remedies put together.

Sankaran : I think this kind of statement is given about many remedies. I have read a prominent American homoeopath saying that if he were allowed only one remedy he would prefer *Sepia.* I think ultimately people start developing a preference or fancy for some particular remedy, just like Dr. Wadia uses *Thuja* more.

Sarabhai : When people get tears from laughter it is generally a sign of internal grief.

Sankaran : This may be so. Dr. Elizabeth Wright once asked me "Sanky you are always making jokes, laughing and making others laugh. There must be some grief inside your mind". When I said I had no grief she would not believe it. By the way under "Sad but cannot

weep", besides the two remedies given by Kent I found *Boericke's Materia Medica* giving *Amm-m.*

Sarabhai : Yes. This *Boericke's Materia Medica* is a remarkable book. In his repertory section, he gives many remedies not even found in Kent and here we find many beautiful indications given.

Sankaran : I many times wonder how he wrote that book because the very mechanical part of writing the book, even without thinking and referring, would have taken 5 years.

Sarabhai : I was reading in the *Brit. Hom. J.* about a case—the case of a boy who had a perfectly normal family history and development. But he was found to be lying, cheating, stealing, absconding etc. He was even dismissed from his school. A careful history-taking showed that he had fallen down when he was a small boy and had been injured on the head. The doctor gave him *Nat mur.* which did not work but when he gave *Nat sul.* there was a slight aggravation followed by improvement till he became well. Even after 1½ yrs., the boy was found to be normal. It is said that when the boy fell down he was stunned and did not weep. The author remarks that *Nat mur.* has lacrymation while *Nat sul.* has dryness of the eyes. Therefore, the doctor thinks inability to weep should be more an indication of *Nat-s.* than *Nat-m.* I have seen some cases with a crack in the middle of the lower lip and I have prescribed *Nat m.* taking this as an indication but I have not observed whether this crack disappears. I too have wondered how the various materia medica writers select certain symptoms out of the thousands of proved symptoms while every proving symptom can be an indication. Of course, they might have selected those symptoms which were found more often recurring in practice. Kent says that in the proving of *Thuja* many valuable symptoms have been thrown away from the provings. This is a tragedy. Because Burnett developed a crack in the lower lip under *Nat m.* he emphasised that as a verified symptom.

Sankaran : Under *Nat m.* in the provings there are 34 symptoms given under the Face in *Hering's Guiding Symptoms.* Out of these 34 Boericke gives 3 symptoms and Boger gives 4. How did they select these 3 and 4 symptoms out of the 34 ? Who told them these are the important symptoms? Did it depend on their own experience?

Sarabhai : What are the *sine qua non* symptoms of *Sulph*? What are the symptoms which contra-indicate *Sulph* ? I have strained my mind over this for a long time. Will you not prescribe *Sulph.*, if certain symptoms are absent ? I may here quote a most interesting experience I have had last year. I generally used to prescribe *Iris v.* only on the indications given in the books of materia medica. But there was a case in which a patient had headache with salivation when talking. Under the rubric "Salivation while talking" only two remedies are mentioned in italics in *Kent's Repertory* viz. *Iris v.* and *Lach.* He had no acidity or burning anywhere. But *Iris v.* relieved him. Since then I have pres-

cribed *Iris v.* for a number of different types of cases on this symptom mainly and got very good results. In my experience this minor symptom of *Iris v.* has proved to be a major indication for this remedy and has given surprisingly good results in more than 20 cases.

Sankaran : Yes. Some homoeopaths ask "How can you give such-and-such medicine when such-and such symptom is not present? They don't seem to appreciate that the symptoms of the patient must of course be in the remedy but all the symptoms of the remedy will not be found in one patient.

Sarabhai : What is your idea, *Nat-m.* is chilly or warm-blooded?

Sankaran : They say *Nat-m.* is chilly but < by heat.

Sarabhai : In my college I was taught that the 3 characteristic features of the *Nat-m.* patient are that he is warm-blooded, weeps easily and craves for salt.

Sankaran : What about < consolation? Dr. Dhawale (Sr.) always used to emphasize that. By the way Dr. Gutman told me once that *Nat-m* has no dreams of robbers though it is given in *Allen's Encyclopedia.* It is *Nat-c.* which has this symptom.

Sarabhai : Burnett says *Nat-m.* is the test of dynamisation. The whole population of the world is consuming salt but it is not apparently making them sick in its crude form while it can disturb or cure in its potentised form.

Sankaran : That may be so but have you noticed that the ayurvedic physicians cut off salt and many of their patients improve due to this?

Sarabhai : Perhaps, it contributes to their sickness. Hahnemann says that even a simple item of food taken in excess can cause sickness.

Sankaran : What is the most important symptom which reminds you of *Nat-m?*

Sarabhai : A h/o grief and periodicity esp. agg. with the sun

Sankaran : Is it not due to the warmth of the day?

Sarabhai : No. "Stretching back > lumbar pain" is also a good indication. I had a case of jaundice in which the patient had craving for salt and backache > by stretching. *Nat-m.* helped him.

Bhanu Desai : They say that *Nat-m.* should not be given during a headache but I have given it then and find no. <

Sankaran : Dr. Phatak told me that in the beginning of his practice he used to give *Nat-m.* during fever and found very bad agg. But in my experience I have given it without agg.

Sarabhai : But you must have decided upon and given *Nat-m.* only after the headache has gone, when you noticed the periodicity. I have found it needed for headache during menses. I had a patient with a h/o

sun-headaches in childhood. Later it became chronic with irregular periodicity after a vaccination. I gave him *Thuja* and told him that later on you will get a sun-headache and on that day evening you take *Nat-m.* He did get the sun-headache after 1½ months and took *Nat-m.* and became well.

Bhanu Desai : In my experience *Sang.* is a better remedy for sun-headaches, even in lt. sided headaches.

Sankaran : Some people say *Nat-m.* is a good remedy for high B.P. You know these patients are by < salt.

Sarabhai : I have not had good results in high B.P. with *Nat-m.* But then high B.P. cases are difficult. They don't open out their mind.

Bhanu Desai : In one case I prescribed *Nat-m.* on other indication viz. giddiness when walking. Boger-Bonninghausen gives 4 marks for *Nat-m.* in this rubric.

Sankaran : I had one case. He could not forget an evil someone had done to him He went on thinking about revenge. Dr. Phatak prescribed *Nat-m.* Boger says "A thought clings and inspires revenge". The patients brood over old griefs and grievances.

Sarabhai : I have used it in fissure-in-ano when the stool is hard and tears the anus and the pain lasts the whole day. One patient could not sit due to pain. He stuck on to Homoeopathy and was cured by *Nat-m.*

MEDICAL TREATMENT OF THE SUICIDAL IMPULSE*

by Dr. Gallavardin of Lyons

I

In making known the medicines which are capable of dissipating the impulse to suicide, I consider I am performing at once a charitable and a social act; a charitable act in preserving members to thousands of families and often their most important members; a social act in preserving thousands of citizens to each nation. In France, for example, previous to 1830 there were only 1,500 suicides a year; to-day the rate is nearly 10,000. And the number will increase in proportion to the decline of religious education which teaches resignation to the unhappy of this world in the hope of future recompense. Thus the Mahomedans, in spite of their deplorable morals, do not commit suicide because they retain a religious faith.

In the French edition of my book on the Treatment of Alcoholism I said I had found six agents of moral and intellectual culture; three of them immaterial — Religion, Education and Instruction, and three material — Medicine, Food and Climate, Experience has taught me that we can only make daily use of two of these agents — Religion and Medicine, which can come to the assistance of the alcohol habit and sometimes replace it altogether. The present article is concerned with the suicidal impulse; when this is not dissipated by religion it must be done

* Reprinted from the Homoeopathic World, 1895; Translated by Dr. J. H. Clarke.

by medicines. This is what I am now going to teach in setting forth in what follows the differential indications of several medicines.

II

Medicines indicated against :—

1. The suicidal impulse : Aco., Alum., Aur., Bell., Carb.v., Chi, Grap., Lach., Nat.m., Nux. v., Op., Puls, Rhus t, Sep, Stap.

2. Persistent suicidal impulse : Give successively, and following in this order, a single dose of these five remedies in the 200th dilution, allowing each dose to act forty days :

(1) Bell., (2) Nux. vom., (3) Puls. (4) Aur. (5) Ars. This treatment would thus last two hundred days giving each medicine only once.

3. It may be cured in other ways; e.g. in paying regard to the disease which leads to suicide. Thus, when it is hypochondriasis which induces it, choose the best indicated amongst the following : Stap., Nat.m., Caust., Calc.carb., Grap., Alum., Sep., Sulph.

4. The following are indicated for the impulse to commit suicide by firearms : Alum., Calc carb., Carb. v. Chi. Nat m., Nux vom. Op., Sep., Sulph., Stap.

5. Suicide by throwing oneself under a carriage : Ars., Lach.

6. By drowning : Bell., Ars.

7. By dagger : Ars., Bell., Nux. vom.

8. By poison : Ars., Bell., Puls.

9. By leaping from a height : Bell., Hyos., Stram., Sec., Nux vom., Aur., Ign., Sil.

10. By suffocation with carbon fumes : Ars., Nux vom.

11. Cutting the throat with a razor : Aco.

12. Impulse to suicide with fear of death : Chi., Acid nit., Plat., Staph.

13. From the death of a lover; from unfortunate love; from the despair of love; Caust., Staph., Bell.

III

I will now quote a few observations of cure.

1. Eight or ten years ago Dr. Burnett of London, sent to me an English gentleman who had suffered for at least four years from the delirium of persecution, a repulsion against women and a strong impulse to drown himself. Two of his brothers actually had drowned themselves. I completely dispelled these three orders of symptoms by giving him at intervals of one, two, three or four weeks a single dose of each of the following medicines : *Stap.* 200, *Stap.* 10,000, *Nux vom.* 200, and *Nux vom.* 10,000.

2. A lady of 65 years of age, after a quarrel with her son-in-law spoke about nothing else but drowning herself. I caused to be given to

her, without her knowing a single dose of *Bell.* 300, in her soup. A month later she said to one of her neighbours, "Formerly I used to think of nothing else but drowning myself; I no longer think of it now".

3. A drunkard had hanged himself twice in one day. The first time at his own house, when his wife had cut the cord; the second time at the Parc de la Tete D'Or, at Lyons, when he was taken down by the police. I caused to be given to him in his soup, without his knowing *Bell.* 300, once every two days. It is now a year since he has attempted to hang himself.

4. I have often cured with *Nux vom.* 200, suicidal impulses in alcoholics.

5. It has been remarked in France that the soldiers who have committed suicide are chiefly those who have received no money from their relatives who are too poor to send it. I treated, unknown to himself, one of these soldiers who had a strong suicidal impulse, and who suffered, in addition, from insomnia. *Bell.* 30C given every two or three days, cured these symptoms completely. This remedy is the most efficacious of all against the impulse to suicide.

IV

The foregoing shows how superior homoeopathy is to allopathy from the social point of view, allopathy having, so to say, no remedies at all for the suicidal impulse. If, for example, the twelve thousand doctors of France employed our remedies, France would not lose nearly one hundred thousand citizens every ten years. When will Governments understand the social importance of Homoeopathy, which, besides, would diminish by more than half the number of criminals by curing them of their passions? This last result I frequently observe in my Tuesday Morning Dispensary, where during the last nine years, I have given more than 8000 consultations, of which more than 5000 were for alcoholics.

HOMOEOPATHY IN EMERGENCIES*

(A Discussion)

Sarabhai : To-day's subject is 'Emergency'. Emergency is a condition where death is evident unless some positive medical or surgical aid is given. There are pseudo-emergencies where it is imagined that something serious is happening or is going to happen. So it is always necessary for us to really understand and diagnose the proper situation which we are facing. But there are conditions where if the relief is not obtained in time there is possibility of serious consequences or even death. I had an occasion to see a child who had fallen down and was in coma. When I saw the child it was pulseless and the respiration was slow. I gave a few doses of *Arnica.* And the child recovered from the shock. *Arnica* is a very good medicine for primary shock. There are also surgical emer-

* Part of a tape-recorded discussion from a homoeopathic conference held in Poona.

gencies in which secondary shock may occur. The breath becomes cold, the respiration becomes slow. *Carbo veg.* has been found useful in many such cases. The *Carbo veg.* picture is well-known to homoeopaths. *Stront carb.* is more useful whenever there is an operation with heavy loss of blood. I had one case of an advanced cancer. There was a growth on the side of the neck. Biopsy had been done 3 months earlier. Since then the patient was worse. He was spitting blood all the time in increasing quantities. I gave him *Arnica* 1M every 15 minutes and gave *Calendula* diluted with water for gargling. After one dose and one gargle he said "I had a restless feeling in my throat which has disappeared now. Now I feel a small splinter-like thing in the throat". He felt better.

Sankaran : In spite of having practised for a number of years and even after having been attached to a hospital for a number of years, I must admit that I have not seen many emergency cases in the real sense. I have treated numerous patients who were in an extremely serious condition, numerous cases which had been rejected by other doctors in which death was considered imminent. These cases have responded to homoeopathy very well. But I have seen few real emergency cases. However I shall describe two or three cases from my experience.

Some years back we had admitted in our hospital a case of abdominal Koch's. The patient had been directed by a homoeopath from a mofussil town. The case was studied and the remedy was selected. I think it was *Puls.* It was given for 3-4 days without much improvement. On the 7th day the lady suddenly went into a state of collapse. Her B.P. came down to 70/50 or so. The pulse became very feeble and even thready, she became cold. The only remedy we could think of was *Carbo veg.* It was given. Within half a minute or so, she revived very nicely. Her pulse and general condition improved. We just gave her *Carbo veg.* for one or two days and then thought of giving her her constitutional drug but as she felt so much better even in her abdominal pain with *Carbo veg.* we continued the *Carbo veg.* You will be surprised to know that within one month she became normal. She went back to her town after putting on to 10 to 12 lbs. of weight. I have heard after 6 years that she is quite well.

What I want to say in this case is that the emergency was saved by *Carbo. veg.* no doubt but the same remedy also helped her in her chronic condition. There we can say that the emergency helped us to find out her remedy or we can say that the emergency was a kind of curative crisis which showed us the remedy which helped her. So if an emergency develops during homoeopathic treatment, even that might help us if we are alert. It may give us the indications for the remedy required.

I shall give you another case. There is a good friend of mine, a renowned E.N.T. Surgeon. I had treated his wife for sinusitis. She was completely cured. One day his mother a gynaecologist aged 72 years

became ill and gradually went into uremic coma. Her blood urea went up to 120 mgs. Her general condition was going down. Several physicians had come and had said that nothing could be done. The lady suddenly opened her eyes and said "Call a homoeopath" and then, went back into coma. She had great respect for homoeopathy. So I was called, I examined her pupils. They were pin-pointed. They pin-pointed the remedy to me. I gave her *Opium* 1M. Within 10 minutes her pulse improved and the B.P. improved. In one or two hours she passed urine and became completely all right $2\frac{1}{2}$ years later she died of something else. This impressed that E.N.T. specialist so much that when his mother-in law got a heart attack in Bhavnagar he wanted me to go and presrcibe for her. As we could not get seats in the regular flight, he tried to charter a plane to take me there!

About *Carbo veg.* I must tell you that Dr. Mistry, the Surgeon from Sholapur, writes that he has consistently seen that *Carbo veg.* is far superior to any allopathic drugs in post-operative shock. He has reported several remarkable cases in the issues of the *Indian Journal of Homoeopathic Medicine.*

CORONARY HEART DISEASE*

by Dr. K. K. Datey, B.A., M.D., F.R.C.P., F.A.M.S. F.A.C.C. F.A.C.P., D.C.H. D.T.M. & H., F.I.C.A., F.C.C.P.

Today coronary heart disease is the No. 1 killer in the western world. In India in 1952 it was the 9th killer and by 1960 it had become the 3rd killer, tuberculosis and infectious diseases being No. 1 and 2. Heart disease may become No. 1 killer when the other two are wiped out.

The physiology and anatomy of the heart and its blood supply are well-known to you. You know that the coronary artery is so named because it sits on the head of the heart like a crown. The blood which is inside the heart cannot supply to the heart; it has to come through the coronary arteries.

Coronary heart disease (C.H.D.) may occur without any symptoms (asymptomatic). It may be manifested by angina or a heart attack. This may end in cardiac asthma, pulmonary oedema or right-sided failure. There may be irregularity of heart or no symptoms at all — only a change in the ECG pattern.

Anginal pain may occur substernally and may radiate to both arms, one arm, neck or back. The patient feels as if the heart is held in a vise or he feels choked. The pain is worse on walking esp. after food and in cold weather. This is the classical picture but there are many atypical pictures. There may be burning substernally like acidity or aching or an expanding sensation. It may be also precordial. It may be sharp or lancinating or as if a knife is struck into the heart or a numbness in the shoulder and in the hand. It may be felt in the wrist only as if there is a wrist band or around the ear or in the lower jaw or in the teeth. Many

* Extract from a lecture delivered at the Bombay Homoeopathic Medical College.

times carious teeth have been thought to be the cause and have been extracted when it was actually anginal pain. Or it may be a discomfort in the nipple or in the lt. scapula or in the epigastrium or the pain may come after food and be relieved by belching and so they may think it is due to gas. Or the pain may come during rest or at night or on emotional excitement only.

There was a case of a gambler who used to get pain whenever he won in the cards. So when he had very good cards, to avoid the pain he used to take some tablet. So the other players used to throw down the cards whenever he took a tablet because they knew he had winning cards. These are rare cases.

Angina Pectoris Inversa : The pain here is of a longer duration and does not come on on exertion but during rest. The pain may appear after cardiac infarction. It comes on at the same time often in the day or at night, not precipitated by exertion or emotion. There was a case of a farmer. The man would work the whole day in the field but get pain at night, month after month. It was diagnosed as a case of neurosis but the ECG showed typical changes of angina.

Sometimes the ECG is normal. There was a waiter aged 55 years. He used to get typical pain while carrying a tray. It was suspected as a case of angina but the ECG at rest and during exercise was normal. X-ray of the cervical spine showed that to be a case of cervical spondylosis. With traction and collar the pain disappeared.

In a heart attack when one coronary artery is involved and there is occlusion, the area of the heart muscle supplied by this artery dies but in due course of time collateral circulation gets established from the other coronary artery and that is how most people survive myocardial infarction. The diagnosis depends upon the clinical history of chest pain and ECG. The pain is present in 99% of people. In some cases none of those features may be present. The major complications which account for mortality are arrythmia with cardiac failure 30%, shocks 15%. You must control the arrythmia.

I.C.C. unit : In the Intensive Cardiac Care unit a monitor is present and we are able to detect arrythmia as soon as it starts. This has reduced mortality by 30%. The electrodes are fixed on the patient. We control this arrythmia with shocks.

We must tell patients what they should do and what they should not do. In the rehabilitation programme we also use *shavasana* which leads to mental relaxation. Modification in way of work and physical active reconditioning will lead to less cardiac strain. With *shavasana* even a high B.P. comes down.

SOME QUESTIONS ABOUT HEALTHY LIVING

By Dr. M. M. Bhamgara, Bombay

(Since maintenance of health is as important as its restoration, we addressed some questions about healthy living to the eminent expert on Naturopathy Dr. Bhamgara who has recently returned from abroad after a very successful lecture tour. The questions and his answers set forth hereunder will prove very informative and educative to our readers. We are deeply grateful to the eminent doctor for his kindness in answering them—ED.)

Q. *Is a vegetarian diet more healthy than a non-veg. diet? If so, why?*

A. A well-balanced veg. diet is definitely better than a well-balanced non-veg. diet, nutritionally. However, an average Indian veg. diet is no better than an average non-veg. diet.

Veg. diet is better because it is first-hand, and the type for which our teeth, digestive juices and alimentary canal are made. Mutton, beef, etc. are second-hand foods (i.e. cow eats grass, and we eat the cow). However fresh they may be, mutton, fish etc. are dead creatures, and like all dead carcasses, they also contain a high concentration of uric acids, purins, and other toxic substances. Then there is also the fear of saturated fats, (believed to cause cardio-vascular conditions) which are present more in animal fats.

Veg. diet can, however, be very harmful, if it consists of (1) refined starch and refined sugar instead of unrefined carbohydrates (2) many fried items (3) much of pulses or cereals. Recommended daily diet may consist of one meal made of a little cereal and pulses, more of lightly cooked, lightly spiced vegetable and unsalted fresh vegetable salads. The second meal may consist of a cup of milk or curds with sweet fresh fruits and sweet dry fruits. By way of drinks, no tea or coffee is good, coconut water or fruit-juice may be taken. This may sound spartan; but actually our need for food is much less than we think it is (Refer to the writer's article "You Are What You Eat", for more dietetic hints.)

Q. *Is refined white sugar harmful to health? If so, why?*

A. Refined white sugar is harmful, because it is full of calories, but has no vitamins or minerals. It can be a factor in causing not only obesity and diabetes, but also colds, coughs, peptic ulcers, dental caries, polio, arthritis, etc. Dr. J. Yudkin blames sugar for the increasing incidence of heart disease in his country, U.K.

Q. *Are the soft drinks in the market harmful to health?*

A. Soft drinks are made with sugars, the harmful effects of which are given above, or sugar-substitutes which are also not healthy to use, whether cyclamates or saccharin. Besides, there are artificial colours, essences and flavours, the long-term effects of which are yet not known. Cold drinks contain caffeine and phosphoric acid; their harmful effects

include addiction, loss of appetite, loss of weight and increased heart beats.

Q. *Is the use of saccharine by diabetic patients in place of sugar harmful?*

A. Since the ban on cyclamates, research has been intensified on saccharine also. Saccharine is a coal-tar derivative, and can inhibit secretion of gastric juice, thus preventing digestion of protein in food, as also the lipolytic (fat-digesting) action of pancreatic juice. Some scientists have traced a casual link between ingestion of saccharine and incidence of goiter and caner.

Q. *Are tubelights bad for the eyes?*

A. Nothing is definitely known, but the flicker of fluorescent tubes may well be not good for the eyes. One thing known, however, is that there is slight emission of ultra-violet rays from the tubelights. These prove harmful to people with sensitive skins if they are much exposed at close range to the tubes.

Q. *Many heart specialists recommend that saffola is to be used to prevent high cholestrol in blood. Do you approve of this?*

A. Saffola may be used; it is high in poly-unsaturated fatty acids. I let my patients use sesame (til) oil or groundnut oil Everything depends upon the overall diet; and apart from diet, many other factors.

Q. *Do you think the diet taken by the average middle-class citizen is not health-giving? If so, can you recommend a suitable diet specimen for middle class persons which is balanced and nutritious?*

A. Yes, I do feel the diet of the average middle class is not wholesome. He may have too much of fried or sweet things, or may imbibe cups of tea and coffee daily; or the food may be very salty or spicy. He may simply be eating too much.

It is not possible to suggest a proper diet for the average middle class family, because the needs of the young and the old, male and female in the family will be different. A child should have more of protein; adult-less of it. However, I suggest 40 to 50% of total intake of food daily in fresh, uncooked form, say, by way of fruits and vegetable salads. Nobody is really hungry more than twice a day; so, if we think of two meals, they can be planned as in answer No. 1. Pulses are better taken sprouted, when they become more easily digestible, and their protein more balanced. A growing child's need for protein can be met from peanuts, cashewnuts or sprouted pulses. He may also be given cottage cheese. We Indians eat too much cereal, i.e. rice or chapaties or both, and too little of vegetables and fruits. The proportion needs to be reversed.

Q. *Is the use of toilet soap harmful?*

A. So long as it is not Carbolic or G-11 soap, any well-known Indian bath soap may be used. (Having used soaps of all kinds in many countries, I personally consider our Indian soaps the best in the world.) But even the most innocuous of soaps should be used sparingly, and prefe-

rably only on alternate days. If the skin is not oily and does not collect much grime, the soap may be used only once or twice a week. Other days, if necessary, *Multani Mitti* can be used.

Q. *Is Air-conditioning good for health?*

A. Air-conditioning has two advantages: The air is both cooled and filtered, i.e. purified of dust and other air-borne particles. But the disadvantage is that the filtered air is also stripped of its negative ions. Normal air consists of both — ve and + ve ions; and it becomes unhealthy if — ve ions decrease.

Q *Have you any experience of wheat-grass juice treatment, Are the claims of its protagonists true?*

A. I have no personal experience of it, but many of my patients have told me that it seems to do them good. Some, however, find it ineffective; and a few find that it aggravates their troubles. I would opine that it can not do any more good than any mono-diet of liquids such as coconut water, grape juice or carrot juice.

Q. *Have you any experience of auto-urine therapy? Are the claims made for it true?*

A. Unless double-blind control experiments are done on auto-urine therapy, nothing can be said conclusively. I feel the benefit derived by those who drink their own urine can be attributed to the strict diet they follow, and the massage and the sun-bathing that are usually adopted side by side. Main benefit is of the bland, wholesome diet or liquid, almost like fasting.

Q. *Do you approve of Max Gerson's diet for cancer patients?*

A I have no idea of Max Gerson's diet for cancer, but I do feel cancer patients can be helped by Sattwic vegetarian diet, mostly, if not totally, raw. Johanna Brandt cured her breast cancer by living on grapes only, and living naturally i.e. in sunshine and pure air. Dr. Kristine Nolfi, M.D., cured her own similar condition, and cancers of various types in other patients, by an exclusive raw dietary and open air living. There are books on and by these ladies. One other book which is a must for all doctors and all cancer sufferers is '*Victory Over Cancer*' by Cyril Scott.

Q. *Is the use of aluminium vessels for cooking and storage of food bad for health? Does this include pressure cookers?*

A. Aluminium cooking utensils have been considered bad for health by many. Stainless steel, glass and earthenware are by far better. If, however, for economy reasons, Al. has to be used, it is suggested that the vessels be not scrubbed or scoured with steel wool or metallic pads, but only washed with soap. Also that strongly acidic substances such as sour lime juice, tamarind or vinegar be not put in Al. utensils. Pressure cookers, I recommend for hard-to-cook or high protein items such as mutton or pulses.

Q. *Is sleeping on rubber beds advisable?*

A. Soft foam rubber mattresses are not conducive to spinal health if they are more than 2" thick. In supine and sidelying positions, body should be almost in a straight line, which is not possible with too soft and thick mattresses. If the mattress sags at the hips, over a period of months or years of its use, spinal deformities may arise. High pillows are no good either*.

IMPORTANCE OF PATHOLOGY*

Dr. Sankaran : Dr. Cherian has mentioned that pathology is of no value. During Hahnemann's time Pathology was a science which was not developed at all. But later, during the last 100 yrs., Pathology has become a highly developed science and we are now aware of many minute tissue changes that occur in diseases. This knowledge can be utilised and integrated into our system as far as possible to explain and illustrate our principles and approach. Again you will notice that we get nowadays a number of cases where the pathological aspect predominates. We cannot tell a patient "Since you have only pathological symptoms, we cannot treat you." We must be prepared to treat the patient at any stage of the disease. This is why Boericke and Boger in their books on materia medica have given a number of pathological indications for various remedies. And Boger was not only one of the most successful homoeopaths of this century but one who had assimilated the principles of Homoeopathy thoroughly. Therefore I think we must allow the pendulum to move to the other side and give importance to pathology at least where other symptoms are not available. If characteristic symptoms are available, don't take pathological symptoms. But if they are not available do consider the pathological symptoms.

About the evaluation of symptoms, I can give you a simple technique of evaluating them. If you do not know which symptoms are important in a particular case, take down the whole symptomatology and take this record along with the patient to an allopathic consultant. Ask him "Dr., which are the most important symptoms in this case?" If he marks them out and says such-and-such symptoms are most important, you can just throw away these symptoms because they will be the symptoms of the disease; the rest are most important for us (Laughter).

I shall give two illustrative cases.

There was an Income-Tax Officer whose child used to get attacks of temperature which used to go up very high, about 107° or so. They called in a child specialist. He came and told them that such high temperature may

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* More hints on diet, exercise, relaxation techniques, etc. can be obtained from the book ART OF HEALTH by Dr. M. M. Bhamgara—publishers Health Science, 16, Bharat Mahal, 86, Marine Drive, Bombay-2. Price Rs. 5/- only.

* Part of a discussion at the Scientific Seminar on Homoeopathy, Coimbatore, 24-25 Dec. 1972.

damage the central nervous system. And so he advised the parents to give the child half-a-tablet of aspirin every hour till the temperature started coming down. Accordingly, they gave the child aspirin the whole night and by morning the child was better. But a similar attack occurred again after one or two weeks and recurred a third and a fourth time at varying intervals. Since the attacks could not be prevented by the allopathic child specialist, they called me. I asked the mother how much water the child was taking. She told me that the child would take normally quite some water but during the fever the child did not want any water. Then I asked the mother what in her opinion was the cause of the fever. She said "No other doctor has asked me this question. But I know the reason for the fever. Every time my child eats sour pickles, she gets fever. But she is so fond of pickles that the moment my back is turned, she eats them. Though I was not asked this point I had mentioned this to the specialist but he told me this has no meaning."

I prescribed for the child *Ant. c.* and it completely controlled the fever which never recurred thereafter. After waiting for three months and finding the child completely alright the Income Tax Officer came to me and asked me "How is it, Doctor, the child specialist could not make her alright but you came and asked us two silly questions and made her alright" (Laughter)

Then he said "By the way I came to consult you on behalf of my friend who is also an I.T.O. One day in the office he just turned his head to look at something and got a sudden severe pain in the head. He took some analgesic but it did not subside. So he consulted the doctor in our dispensary and that doctor advised him to enter the hospital. In the hospital they suspected Meningitis and did various investigations and gave various treatments. But there is no improvement. So they have stopped all medicines and are only observing. I thought this may be a good case for homoeopathy. Can you come and see the patient?" I told him that I can visit the patient only with the permission of the Supdt. of the Hospital. The I.T.O. promised to get the permission of the Supdt. of the Hospital. But in the meanwhile he asked for some temporary medicine. I told him that I cannot prescribe unless I know the symptoms to which he replied that he had noted one namely that the headache became excruciatingly worse by the least movement of the head. Thereupon I gave him two doses of *Bryonia* 30. He took the doses and gave it to the patient and the patient was so completely relieved that the permission of the Supdt. was never required. And this is one of those many cases where I never saw the patient before or after the treatment. When the patient was discharged after a few days he asked the hospital authorities what was the diagnosis and what was the treatment that had cured him to which they replied that they did not know the diagnosis nor how he had become all right since they had stopped all medication. (Applause and laughter)

HERNIA AND HYDROCELE *

(A Discussion)

(PARTICIPANTS : EHANU DESAI, R. R. BHARUCHA. P. SANKARAN, SARABHAI KAPADIA)

Sankaran : In suggesting this subject I had three points in mind. One is to know (1) whether Hernia and Hydrocele can be cured by homoeopathic medicines? (2) And if so, can they be cured unconditionally? — By unconditionally I mean whatever the age of the patient, the degree of the lesion etc. (3) Thirdly, if we are not sure about it but we think medical treatment should be tried, how long shall we try it and when shall we say "Now this case is not curable; it is better to go for surgery"? I ask these questions because in many cases of hernia and hydrocele I have taken the case most carefully but I could not find real symptoms to prescribe upon. Is it worthwhile prescribing only for the hernia or hydrocele without any other symptom or is it better to tell the patient. "I am sorry I don't find any symptoms. You better go for surgery"? These are my doubts.

Bharucha : What is your experience about Hiatus hernia?

Sankaran : When I said hernia I was mostly referring to inguinal hernia I find very good results in hiatus hernia.

Sarabhai : Please describe the group of symptoms which you generally find in hiatus hernia.

Sankaran : In hiatus hernia, I generally get symptoms like pain in the abdomen, flatulence, eructation, discomfort, worse lying down with head low esp. after food, worse lying on left side, right side etc., and other general symptoms of the patient.

Sarabhai : How much importance do you give to the symptoms which arise from the mechanical condition and which are likely to disappear if surgery is performed? Every case will always have digestive symptoms whether it is hiatus hernia or inguinal hernia or umbilical hernia. As soon as you are able to relieve the digestive disorder, then you are able to relieve them of the acute troubles. But the question is whether the rupture which is responsible for hernia can be closed up.

Sankaran : In many cases of strangulated hernia, I find quick and complete relief with homoeopathic medicine. Formerly we were taught in the college that in strangulated hernia if you do not operate immediately, the bowel will become gangrenous and that the patient may die and so on. And so, originally I was always afraid of handling these cases. But after reading and hearing many reports of cures, I also treated many cases with extraordinarily good results. So I have no fear nowadays.

* A Free Private discussion

Sarabhai : Yes, the acute attacks are relieved but the damage or fear of strangulation hangs over the patient's head for many years and I think it advisable to tell him to get operated.

Sankaran : I think you are giving a lazy answer. What is your final advice to the patient who comes to you with hernia and asks you "Is it better to take treatment or better to get operated?"

Sarabhai : I do not give him any final answer. I tell him the pros and cons. I tell him the advantage of homoeopathic treatment and the possibility of cure and I also tell that it is easier to get operated. It is for the patient to decide what he wants and to take treatment as long as he wants. I have already reported two dramatic cases of hernia.* One was a case of strangulated hernia in which the preparations for operation had already been made but the patient went on taking *Nux vomica* and the strangulation was relieved before he was operated. In the second case I had advised him to get operated but he went on taking *Nux vomica* and never required surgery even though he was lifting heavy weights. There is no trace of the hernia. In both cases I had given clear-cut advice to the patients to get operated but they went on with the help of medicine and still remain well without getting operated.

I think in the homoeopathic literature few cases of Hernia are reported. Dr. Pulford has reported one case cured with homoeopathic medicine.

I will tell you of one case reported by Dr. Arvind Dode in one of our meetings. He reported a case of septal defect in the heart which completely disappeared under homoeopathic treatment. When Dr. Prahlad challenged that statement, Dr. Dode replied that if open fontanelles can close, why not septal defects?

Sankaran : I have read that a series of cases of congenital septal defects of the heart were observed for 10 years after birth without any treatment and it was found that in 7 cases out of 10, the defects disappeared without treatment.

Sarabhai : Yes, septal defect is only a defect in the development of the child or delay in the closure. Therefore, these delays can be removed by homoeopathic treatment. Similarly in hernia also. When the testes descends from the abdomen into the scrotal sac, the passage closes up normally and naturally. When there is a delay in this closure, then you get hernia. Is it not possible that homoeopathy can remove this delay or defect?

Sankaran : By the way, have you treated cases of undescended testes?

Sarabhai : Yes, successfully. But the number is not statistically significant.

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* Published in the **Indian Journal of Homoeopathic Medicine**, Oct-Dec. 1970, p. 141.

Sankaran : About hydrocele, I want to mention a funny experience of mine. Many years back when I was just starting my homoeopathic practice I had been to South India to attend a marriage. Someone casually consulted me in the marriage for his stomach trouble. He told me only that he had much trouble of flatulence between 4 and 8 in the evening. I did not ask any question. I merely prescribed *Lyco.* 30, one dose to be taken once a month. (In those days I was very conservative about potency and repetition.) He purchased the medicine and took one dose per month for one year and became all right. It seems, he had previously taken treatment for four years for suspected amoebic colitis and he said he had spent so far Rs. 800/- (because he could afford only Rs. 800/-!) without any relief but this medicine costing 4 annas completely cured him! He wrote to me thanking me and mentioned with surprise that a very big hydrocele that he had been having had also disappeared! His friends used to tease him saying that wherever he goes as a clerk, he did not require a table — so big was the hydrocele. The funny thing was that he had not mentioned to me about the hydrocele. If he had told me then I might have asked him to get it operated.

Sarabhai : I want to know if there was any desquamation. I find that the hydrocele becomes soft but may not reduce. In Surat there are a good number of cases and I have myself treated many cases. Early hydroceles can disappear. The extra connective tissues or fibrous tissue that forms cannot disappear unless there is suppuration. What will happen to the sac and extra muscle tissue that must have formed? I find that when it reduces there is generally an eczematous eruption which forms a scale first and then desquamates.

Sankaran : Now another very interesting case. A child had a hydrocele and I gave the child *Rhododendron* 6th potency daily once. I gave it for three months and nothing happened. So, when the child's father told me that there is no improvement, I asked him to stop the medicine. But 15 days after he stopped the medicine, the hydrocele disappeared (laughter).

Sarabhai : In cases of children, it can get contracted.

Sankaran : In children I think both hernia and hydrocle are curable. I give a case. There was a boy of 8 years. He had a brother aged 10 years. One day the elder brother jumped on the abdomen of this boy and as a result he developed hernia. That boy was completely cured. Mostly I gave *Arnica.* In children I can give a guarantee. In the middle aged it is doubtful and in old people I give no hope.

Sarabhai : In hernia where there is a rupture, I tell the patient to take complete rest in bed and allow me to treat him. I ask him to lie in bed because the gap cannot close if the hernia is allowed to protrude. I tell him to buy and use a truss and also take medicine. In several cases operation will have to be done — there is no harm. But there are some people who are afraid of surgery. There are some people who are unfit e.g. people with bronchitis, and all these can be treated by us.

Bhanu Desai : I had a case, a child of 8 years with right-sided inguinal hernia which responded mostly to *Nux vom.* and later on to *Lyco.* This child was completely cured and 10 years have passed. Recently I had a case of umbilical hernia in a child of two years, and he responded to *Nux vom.* very well.

Sarabhai : I apply a coin to the umbilicus and get it strapped.

Bhanu Desai : For Hydrocele one author has recommended *Ars. alb.*

Sarabhai : Dr. Kantilal Shah of Cambay says that *Calc. carb.* is the remedy for Hydrocele. Dr. Ramesh Upadhyaya of Surat went there and saw one case completely cured with *Calc. carb.* 200, with one dose.

Sankaran : Hughes says that *Apis* is the medicine because there is a dropsical swelling and no symptom.

Bharucha : I tried *Apis;* it did not work.

Sarabhai: I have read that application of a paste of the root of *Symphytum* can cure hernia—not the φ. This is given by Clarke.

Sankaran : Suppose a patient comes to you with hernia and he says I want to try homoeopathy, how long will you treat him to know whether he is curable or not?

Sarabhai : As long as he is ready to take treatment.

Sankaran : I want to know when we should decide in our mind that this case is not curable by medicine.

Bhanu Desai : I think in one month you will come to know.

Sarabhai : How can it be? You will have to treat all the three miasms; for each miasm you will have to select the remedy and give it in various potencies. How can you come to an end of it? Maganbhai's patients used to joke with him saying they might have to take treatment from him in the next birth also.

Sankaran : If they continue his treatment in the next birth, there are two advantages — their miasmatic load will be definitely less and Dr. Maganbhai also might be able to prescribe better due to his past birth's experience.

Bhanu Desai : I had a case of strangulated hernia. I was called to see the patient at 4 a.m. I suggested using cold applications and then removing him to the hospital. In the meanwhile I gave him some doses of *Nux vom.* 1M. By the time he was taken half way to the hospital, he felt completely relieved and he came back home without going to the hospital.

Sarabhai : *Nux vomica* is the medicine whenever a patient thinks that something should come out by any outlet — whether it is a renal stone, gall stone or retention of urine or strangulation or anything else. After the doses of medicine, the patient feels better in all directions — his sleep may be better, his digestion will improve and you will find overall improvement. When they start feeling better, along with that the hernia will also improve. The patients, when they start feeling better, they tell the doctor why not try homoeopathic treatment for one month more.

In one case I gave the patient the medicine for 2½ years. He had no trouble. He even carried heavy weights. Then he had a nervous shock. There was some raid in his house. I think the income tax officers raided his house. At that time he became nervous and he came to me. He was in the habit of overeating; Saturday nights he used to overeat and on Sunday afternoons he will have pain in the hernia. I attended on him on three such occasions. The last time I told him "Please lie down in bed, let me treat you or otherwise you get it operated." But he would not listen to me. The third time when I gave *Nux vom.* it took too much time. I wanted to wait till 6 O'clock and in the meanwhile I thought we should go to the hospital in this condition because otherwise he will postpone the operation again. The surgeon also came and tried to reduce it but he could not and he said "Come to the hospital, I will operate it". The operation was fixed for 7.30. The trouble had started at about 2.30 or so. And at 6 O'clock the hernia reduced itself and the the patient passed a profuse stool I had given *Nux vom.* 1M every time. **Aurum** is another remedy for hernia, esp. in children.

Bhanu Desai : What are the indications for **Aurum?**

Sarabhai : One of the indications for **Aurum** is that the person goes on questioning and does not wait to get his answers. Two remedies for this symptom are **Aurum** and **Ambra**. I have used **Aurum** successfully in two cases on this indication. He may go on thinking of suicide but you may not be able to know this because he will not tell you. But from the way he asks questions you can find the remedy. There is another important symptom of **Aurum**. A person wants to do too many things at the same time. See for instance, Dr. Sankaran is taking part in our discussion and at the same time he is reading some book (laughter).

Sankaran : I am able to attend to many things at the same time.

Bhanu Desai : If you give him **Aurum** you might remove this talent (laughter)

Sankaran : I would prefer it if you give me **Aurum** but in its crude state. Dr. Sarabhai, as you are very fond of repeating doses, you can give me crude **Aurum** repeatedly (laughter)

Sarabhai : I am not prescribing for you. I am just giving the symptoms of this medicine. A patient was having migraine headaches and Asthmatic bouts. The asthma was relieved by diarrhoea. I gave him **Pothos.** He started getting headaches and the headaches were severe. I told him whenever you get headache, you come and see me. One day he had headache and he came and sat down in my clinic. Then he told me "Yesterday it was so bad I could not bear any noise. I could not bear the noise when my wife started the water-tap in the wash basin." Thereupon I opened the water tap in my clinic and found he was oversensitive to the noise of running water. I gave him **Hydrophobinum** 200 and this cured him.

FROM OUR CASE BOOKS

TWO CASES

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

1. **Impotency** : Once a gentleman came to me for impotency. It seems that when he married and attempted intercourse he found that he could not succeed because of some obstruction in his wife's vagina. He got very much *frightened* that he was impotent. Later on his wife was examined by a gynaecologist who found the cause of the obstruction and removed it. But the gentleman continued to suffer from fear and impotency. When he came to me I gave him *Opium* and he became completely all right.

2. **Mastitis** : Once a lady consulted me for a pain in the left breast. Pain used to be worse in Bombay and better when she went to her parents who were in a place called Pen. She had consulted several doctors but found no relief with any of their medicines. Even the diagnosis could not be made by them though they suspected Mastitis. She discovered that she felt better by raising the arms up and also that the pain was worse in the evening. On these symptoms I prescribed for her *Sepia* which completely cured her.

SOME CASES

by Dr. P. Sankaran, L.I.M., F.C.E.H., D.F.Hom. (London) D-HT (U.S.A.), Bombay*

1. **Herpes Zoster** : This happens to be my own case.

Early this year I was planning to go abroad. While making preparations I got myself vaccinated to conform to the travel regulations. Normally vaccination produces no effect on me but this time for some unknown reason I got inflammation and suppuration of the vaccinated spots. They formed ulcers and then they healed very slowly taking in all about three weeks. One week after they had healed there was itching in the spots followed by suppuration again which subsided only after I took one dose of *Thuja* and one dose of *Malandrinum*. Even though the ulcers healed they left behind depressed dicoloured scars but there was still itching sensation in these scars which continued on and off.

A few days later we left for the U.S.A. and after three weeks in the States we went on to Europe. In Europe, while in Paris I developed a slight swelling of the glands in the right side of the neck with pain. I ignored this and went on to Switzerland and there I developed numerous small painless eruptions on my chin. I did not take any medicine but the painless eruptions spread slowly over the right side of the face affecting my forehead, head, ears, neck etc. Still I ignored it and went on to Vienna to attend the International Homoeopathic Congress. But while I was proceeding by train from St. Gallen to Vienna I started getting pains in all

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

these eruptions. These pains increased very rapidly and became extremely severe so that it made me restless and sleepless in the train. By the time I reached Vienna, the pains had become unbearable and I spent the day in Vienna in severe suffering. As it was a Sunday I found all the pharmacies closed. So I got the address of Dr. Dorsci the General Secretary of the Congress and reached his house. There, an important meeting of German Homoeopaths was going on but Dr. Dorsci was kind enough to meet me. He said that he was very glad to see me and showed me a book which he had written and in which he had made some honourable mention about me. But I was not in a state of mind to enjoy anything. I requested him to give me some doses of *Ran.b.* 200, which he was kind enough to give me at once. But this medicine did not relieve me.

Next day I was glad to meet my friend Dr. Jugal Kishore from India who prescribed for me *Puls.* on the basis of the symptoms I gave him but this remedy also did not give any relief — probably I could not give him a clear picture. I could not get any homoeopathic reference books in English nor any high potencies of homoeopathic medicines. For three days and three nights I suffered unbearable agony. Thereafter I decided to leave Vienna. I flew to Split in Yugoslavia where I joined my wife and son. Even here homoeopathic medicines were not available. I was nearly mad with pain and so my kind and anxious friends there insisted on calling a local doctor.. This doctor prescribed for me some antibiotic. I took this for two days and the pain became a little less but I completely lost my appetite and developed nausea. So I stopped the medicines. Then we came back to Bombay via London and New York. After reaching Bombay I studied my symptoms which were as follows:

Big crusty painful eruptions all over the right side of the face and head with severe stitching pains. The pains were as if a big brush made of red hot needles was being thrust into my face and head every second.

Severe shooting pain in the ear and on the face on the rt. side.

Severe itching and formication all over the rt. side of the face and head.

Severe burning pain in the face (right side) which was worse by warmth and covering and better by cold. Application of cold water relieved the burning pain but increased the stitching pains. The burning would be worse by covering the face, while on uncovering the stitching would be worse. All pains were worse by lying down and worse at night.

On the basis of the above symptoms I selected for myself the remedy *Mez.* and I took *Mez.* 1M, four times a day. I felt 50% better in one day and 90% better in three days. I had to take also three doses of *Mez.* 10M; then I felt 95% better. But there was slight residual pain for about three days. Then I consulted Dr. S. R. Phatak and he prescribed for me *Variol.* 200. This completely removed all the remaining pain. The eruptions had left behind black scars on the face. chin and cheeks but these also gradually disappeared.

I have the feeling that this attack could have been due to the vaccination which I had taken before my departure and which had troubled me even before my departure. After the doses of *Mez.* and *Variol.*, not only the pains of herpes disappeared but also the itching in the vaccination scars and the scars themselves which had been depressed became normal in shape and their colour also became that of normal skin.

2. **Natrum Mur** : Mrs R. S. aged 32 years consulted me on 17th Jan. 1969 with the following history :

She feels mental fatigue and pressure on head causing throbbing in head for last 5 to 7 years. She gets recurrent ulcers on the cervix which was torn at the time of delivery. She also gets profuse bleeding therefrom. Has got chronic colitis since childhood. She feels she is worthless and has developed indifference towards life. Bitter experience of delivery has caused some phobias and feeling of fright. Her gums are bleeding. Has got dry hair with split ends. Has dandruff, falling of hair and premature greying of hair. Headaches, throbbing in vertex. Her appetite is less. Has aversion to sour food, milk and cold drinks; cannot digest guava, cucumber. Hardly takes two glasses of water a day. Menses are profuse, clotted and black. Gets coldness of feet and lower abdomen, nervousness and weakness, lightness of head and loss of appetite during menses. Has itching leucorrhoea. Feels hungry and energetic before menses and relieved and healthy after menses. Has aversion for coition. Dust and humidity cause coryza. Noise and crowds upset her terribly prefers selected company. She has got fear of animals, being alone, darkness and thunderstorm. She is irritable, impatient, depressed, disgusted and timid. Gets dryness of mouth and churning in the stomach causing urge for stool when nervous. Feels frustrated for not being able to utilise her creative faculties properly. Has loss of memory. Past Hist : Had eczema in infancy, mumps in childhood, malaria and measles in adolescence and severe pneumonia at the age of 19 years. Operated twice for gynaecological disturbances.

Her case was repertorized in *Kent's Repertory* as follows :

Grief, ailments from (p. 51 + Injury (p. 1368).
= Con., phos., lach., lyc., nat:m., nit-ac., nux:v:; ph:ac: plat., puls:; staph., verat.
± Indifference (p. 54) = —do—
+ Coition, aversion to (p. 715) = Lach., lyc., nat.m:, plat., stap
+ Head, Pulsating vertex (p. 228) = Lach., lyc., nat.m.
+ Itching, leucorrhoea, from (p. 720) = Nat.m.

Nat.m. also covered the following symptoms numbers refer to pages) viz. Sensitive, noise to (79), Haemorrhage (1365), Hair falling (120), Menses during, agg. (1374).

Nat.m. 1M, three doses t.d.s. given.

18.3.1969 : Condition > Medicine repeated.

23.4.1969 : Feels much better mentally. Memory is >

Menses are better. *Nat.m.* 1M t.d.s., once a month given
16.1.1970 : Condition reported normal. Has joined the college for further studies.

3. **Addiction to Dexedrine :** Mrs. M. S. turned up for consultation on 5th Jan. 1970 with the following complaints :

For last 20 years she has been addicted to dexedrine and Methedrine. Used to take 100 Dexedrine tablets per day (as she and her husband told me) Got low blood pressure. When these drugs were not available she became irritable, aggressive, restless, violent and felt like killing somebody. When she became violent, she would resist with as much strength as 20 persons. Was sleepless for a long time while she was taking the drug. Now gets palpitation, sinking feeling, restlessness and vomiting of bitter fluid. Feels that she will die. Palpitation is < sitting, < walking < 1 p.m. to 4 p.m. and on lying down: She cannot bear hunger, cries when hungry; likes warm, spicy food, cold drinks and extra salt. Constipated. Feels drowsy all the time. Menses regular. She is now married a second time. She was upset as her first husband was giving her a lot of trouble and tried to make her insane. Was given electric shocks when she was nervous. She is afraid of being alone, of ghosts, thunderstorm, earthquake, darkness, death and sudden noise. Twice she tried to commit suicide. Weeps easily, contradiction makes her angry; she gets offended easily; emotional; jealous; puts on weight easily. Fam. Hist : Her mother had tuberculosis.

Her case was repertorised in *Kent's Repertory* as follows :
Fear, alone of being (p. 43) + Fear, ghosts, of (P. 45)
= Ars., bell., brom., dros., kali.c., lyc., phos., puls:, ran:b., sep.; stram:
-·- Fear, death of (p. 44) = Ars., bell., kali.c., lyc., phos., sep.; stram:
+ Fear, thunderstorm, of (p. 47) = Phos., sep.
+- Suicidal disposition (p. 85) = Phos., sep.
+ Desires, salt things (p. 486) = Phos.
+- Fasting, while (p. 1365) = Phos.

Nux-vom. 1M eight doses were given to be taken every 4 hours to remove the effects of the drugging. She felt slightly better. Then *Phos.* 1M eight doses given to be taken every 4 hours. With these doses she felt ⩾ Thereafter *Phos.* 1M was given as and when necessary. She went on feeling much better with *Phos.* and she was able to completely give up the addiction to Dexedrine tablets.

SOME NOTES

by Dr. H. Singh, Varanasi

Tarentula : In *Clarke's Materia Medica* (Vol. 3, p. 1378) under "Male sexual organs" (Line 5) a symptom is given "Difficult coitus followed by fatigue and cough". In my practice I have found this equally efficacious in females, where the least intromission causes violent cough and compels the party to withdraw.

Sumbul : In *Allen's Encyclopedia* (Vol. IX, 462, lines 24 and 25) a symptom is given "Sensation (painful), as if internal ligaments and coverings of right knee were loosened, on stepping; transient in the morning "with a foot note" Did not appear again; symptoms enclosed thus [ ] are doubtful". I have cured a case of arthritis of 10 years' standing with the abcve symptoms with 2 doses of *Sumbul* 200 given 2 months apart

Digitalis : *Kent's Repertory* (p. 849) a symptom is given "Pain : heart, coitus, after." In my experience, I have found that *Dig.* has this symptom both during and after coitus.

PYREXIA

By Dr. S. R. Wadia, M.B.B.S., M.F. Hom (London), Bombay*

Mrs. R. D., aged 48, consulted me on 16.11.72 for the following : She is having fever with chill and headache for the last 3 months. As she was a railway officer's wife, all investigations had been done at the railway hospital. Various diagnoses had been made such as viral infection of lungs, typhoid, urinary tract infection etc., and various allopathic medicines had been given all to no effect. When I saw her, her symptoms were : Intermittent fever; constipation; urine every half to one hour with lots of pus cells.

Appetite normal, thirst not much, prefers warm drinks. Though chilly, she has heat in the head, palms and soles.
Heaviness in pit of the stomach, with flatulence. Menses regular.
Past History : Some unknown infection after first delivery; Malaria treated with large doses of quinine. H/o Vaccination every year.

I gave her *Sulphur* 200, 3 doses on the symptoms of heat in palms, soles and head and frequencey of urination. This reduced the sensation of heat but the fever continued. The patient felt very weak. For weakness as well as for past h/o Malaria, *China*, 30, 2 doses were given on 18.11.72. After 2 days, it was found that the highest temperature was between 4 to 8 p.m. So, on 20.11.72, *Lyco.* 200, 3 doses were given on this particular symptom. On 21.11.72 the patent felt better and the next day temperature became normal. On 26.11.72 there was a phone call that the temperature had become sub-normal, for which nothing was done. Since then the patient is enjoying good health and there is no recurrence of fever at all for the last 8 months.

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* Hon. Lecturer, Bombay Homoeopathic Medical College; Asst. National Vice President for India, International Homoeopathic League etc.

THE REPORT OF THE XXVIII INTERNATIONAL CONGRESS FOR HOMOEOPATHIC MEDICINE

May 28 to June 2, 1973

by Dr. Diwan Harish Chand, New Delhi

This year's International Homoeopathic Congress was held at Vienna in Austria, a place which has always been famous as a centre for medicine in the world.

It is of great significance that the Congress was held under the Patronage of the President of the Republic of Austria, Dr. H. C. Franz Jonas. It had as the Presidents of Honour the Minister for Social Welfare, the Minister for Science and Research and the Mayor of the City of Vienna. The committee of Honour was constituted of the President of the League and all the National Vice Presidents. The President of the Congress and the moving force was Dr. R. Seitschek, the National Vice President of the League for Austria. He was ably assisted by the General Secretaries, Drs. G. Bayr and M. Dorcsi and treasurer, Dr. H. W Schwarz. Dr. R. Seitchek and Dr. M. Dorcsi are, of course, affectionately remembered in India, having participated in the 1967 Congress held at New Delhi. The Congress was organised by the Naticnal Homoeopathic Society — Osterreichische Gesellschaft Fur Homoeopathishe Medizin, with the blessings of the International Homoeopathic League.

As is the usual practice the Congress was preceded by a meeting of the International League Council. A special feature this time was that the council meetings were held for two days and a special meeting was held on the third day to finish the agenda. This was very satisfactory indeed as the agenda could be fully discussed and some positive decisions for future working of the league could be taken.

The meetings of the council were presided by the League President, Dr. Tomas P. Paschero, who was assisted by the Senior Vice President, Dr. Carl Eenhoorn. After a general survey report by the President, the Secretary General and the Treasurer presented their reports The National Vice Presidents of the different countries presented their reports on the State of Homoeopathy in their respective countries.

Dr. Diwan Harish Chand gave a concise but full survey of the great activity for Homoeopathy in India. He mentioned — the 300,000 whole time Homoeopathic practitioners; the 77 Homoeopathic colleges turning out 3000 to 4000 Homoeopaths every year; the patronage enjoyed from the Government and the great interest in Homoeopathy of the President of India, the Vice President of India and many of the ministers of the Government, a brief outline of the scheme conceived by the Prime Minister for utilising the services of Homoeopaths in the rural areas; the grant received by the different institutions of Rs. 2,400,000 (over U.S. $ 300,000) during 1972-73 etc., etc.

* National Vice-President (for India) International Homoeopathic League; Hony. Homoeopathic Physician to the President of India.

An important feature during the previous year was the evidence taken by the Joint Select Committee of Parliament which has subsequently drafted the Central Council of Homoeopathy Bill expected to be passed by the Parliament soon. This would ensure further rapid progress in the practice of Homoeopathy and improve its standards. He highlighted the fact that India is publishing the largest number of Homoeopathic books in English and at very cheap prices. Many of the old classics that had been out of print for long are being reprinted. The editors of Homoeopathic journals (of which there are about 50) have formed an Organisation — "The Homoeopathic Editors Guild".

There was also a report from the Dental Section of the League which was formed at the last Congress in Brussels. This wing had been very active and has even brought out a journal, Acta Dentara. There are a number of Dentists in Europe who use Homoeopathic remedies. In fact during the scientific sessions one special session in the group discussions was devoted to the subject of "Homoeopathy and nosodetherapy in Dentistry".

Future Congresses

The programme of future Congresses was discussed and the following decisions taken.

(1) 1974 in U.S.A. This would be held in Washington, D.C. and clinical meetings at the end in San Fransisco, California. The Congress would be from May 31st to June 10th, 1974. The themes of this congress are (a) How to take the case (b) How to follow up the case (c) Sepia (d) Lachesis.

It is to the great credit of Dr. F. W. Schmid, National Vice-President of League for U.S.A. that immediately after the decision of the League Council he was able to make the tentative programme and even print and distribute cards for the U.S.A. Congress.

During the Congress at Vienna it was more or less settled that there should in future be two or three main speakers on a subject and the others to take part in discussion only. The main speakers for U.S.A. Congress have been chosen by the organisers. They will present the subject in 30 minutes. The co-speaker will further elucidate the subject in 15 minutes. In the discussion to follow each discussant will be given 3 minutes.

(2) 1975 at Rotterdam (Holland). This will be the Golden Jubilee of the Congress as the league was founded in the same city in 1925. One of the themes of this congress will be History of Homoeopathy and another one Diseases of Liver. Already active steps are being taken in organising what is likely to be a very momentous congress. Even during Vienna Congress papers welcoming the participants to Rotterdam in 1975 and others giving touristic details were being distributed. The inaugural date is 28.4.1975.

(3) 1976 in Athens (Greece)

(4) *1977 in India.* This would offer us another golden opportunity to have in our midst a galaxy of Homoeopaths from all over the world and it is likely that there will be an even greater participation from abroad than was the case at the last congress. It is indeed gratifying that our organition of the Congress in 1967 has created a confidence in the League to accept the invitation to hold another congress here.

If we have to make a record congress the Homoeopaths of the country must start preparing from now so that the provisional programme can already be distributed at the Washington congress in 1974 and detailed plans at the Rotterdam congress in 1975.

(5) 1978 in Rome (Italy)

(6) 1979 in Munich (West Germany)

In view of the increasing activity of the League the question of representation of more countries was taken up. Countries particularly under consideration were Australia, Cameroon, Canada, Denmark, Ghana, New Zealand, Nigeria, Pakistan, Sweden, Singapore & Malaysia. To these Dr. Diwan Harish Chand additionally proposed Sri Lanka (Ceylon), Nepal & Bangla Desh. As Dr. Diwan Harish Chand has personal knowledge about most of these countries he was asked to submit a note on the position of Homoeopathy in these countries to enable the council to decide on the form of representation that could be given to the new applicants from these countries. He submitted the following note :—

To decide on the question of new countries seeking admission to the Liga we must understand the situation in these countries. As I have personally visited all these countries I know the exact situation. There are the following classes of Homoeopaths in these places :—

1. M.D., or its equivalent in British Commonwealth M.B., and converted to Homoeopathy after Post Graduate study by himself or in an institution.

2. Studied in Recognised Homoeopathic Institutions of the type as exist in India and Mexico and used to exist in U.S.A.

3. Self taught (has no medical qualification) but practised Homoeopathy for long and acquired some proficiency.

4. Part timer (practices Homoeopathy in spare time, main occupation is different).

5. An absolute quack who styles himself as a Homoeopathic doctor for some status or source of income.

In India — all types, 1 to 5
In Nepal — 2 to 5
In Ceylon — 2 to 5 & type 1
In Burma — 3 to 5
In Thailand — 3 to 5 (Mentioned in Telephone Directory but I could not find any)

In Singapore & Malaysia — 3 to 5
In Indonesia — Did not find any ? 3 to 5
In Australia — 1 and 3. Naturopaths and Osteopaths also use Homoeopathy
In New Zealand — One of No. 1 type, 3 to 4
In Pakistan — 2 to 5, few No. 1 (Mostly 3-5)
In Bangladesh — 2 to 5, ? Few No. 1 (Mostly 3-5)
In Africa (other than S. Africa) — to my knowledge only 3 to 5 but I stand to be corrected."

This note was discussed at length and other members of the council felt that full members could only be the No. 1 category. After considerable persuasion from Dr. Harish Chand it was agreed that although No. 2 category may remain as full members but only where they are recognised by their own state or country i.e. by the law of the land. But as this recognition is confined to their country and not internationally they may not hold an office in the International Homoeopathic League.

Finances

Because of the not so comfortable position of the finances of the League it was proposed to increase the annual subscription. The representatives from the more prosperous countries were favourable to making the annual subscription anything between U.S. $ 5 to 15 which would have been 5 to 15 times of the present subscription.

This was vigorously protested to by Dr. Harish Chand who felt that it would be difficult to have any member from India as the subscription would be exorbitant to the pocket of the average Homoeopaths here. He proposed a sliding scale according to the economic condition of the different countries and to make it even more equitable to fix the subscription for a country at the average of the consultation fees charged by the Homoeopaths in their country as advised by the National Vice-President. This matter will be considered by the general council of the League at the meeting in Washington.

It was also proposed that the National Homoeopathic associations should make some contribution to the League.

India was well represented at the Congress by Drs. A. K. Asthana (Presently working in Germany); R. K. Bhandari-New Delhi; Devendra Mohan, Mrs. Devendra Mohan, both from Chandigarh; Diwan Harish Chand (National Vice-President of League for India); Jugal Kishore, (sent by the Ministry of Health) — New Delhi; P. Sankaran-Bombay.

Another notable feature was the publication of all the papers in a book form which was given to all the participants at the time of registration. This book is available from the office of Intercongress Werbegesellschaft, Stadiongasse 6-8, A-1010 Vienna, (Austria) at a cost of Austrian Shillings 500 (approximately Rs. 200/-). However, most of the papers are in German and French with only a dozen papers in English and to that extent its utility is considerably limited for India.

The cost of the Congress was 1950 Austrian Shillings (Approx. Rs. 650). Many of the social functions had to be paid for separately. The Farewell Banquet cost 700 As (approx. Rs. 300) and as such none of the Indian delegates could attend. The high cost of the Congress was the only negative feature, especially for participants from India with limited foreign exchange, to an otherwise superb Congress.

NEWS & NOTES

Maharashtra Homoeopathic Board Dissolved : Dr. S. R. Wadia, President of the Maharashtra Homoeopathic Board (now dissolved) writes :— "Ever since the finance of the Maharashtra Homoeopathic Board and Court were separated and two separate budgets were made, the Board has been running into loss. The only income of the Board is through the annual registration fees collected every two years, which amounts to Rs. 40,000/-. In the past, the Ex. Chairman of the Court used to give a loan to the Board and the Board used to repay it no sooner the usual fees were collected. Recently, the Board asked for a loan from the Government, as well as the Court of Examiners, but could not get it. The Government advised that the Board should be self-sufficient. Now, as there were no finances, the Board could not hold the elections, as per schedule after 5 years. As such, the Government has dissolved the same.

"The Government was not very happy with the functioning of the Board, probably because a large number of meetings of the Board and the Executive Committee were called at Bombay while as per rules, only two meetings in a year are to be held. There is a provision for extra-ordinary meeting, but it was found that instead of two meetings, 10/12 meetings were convened in one year. There is a rule that important items can be circulated to members and lot of saving can be had. But here, most of the members were interested in coming to Bombay for even the most minor problems and extra-ordinary meetings were requisitioned. Not only that, but some members insisted that meetings should be held at Matheran, Mahableshwar (Panchgani). As the majority of the members wanted the same, the meetings were convened in these places with further financial loss to the Board. All the members of the Executive Committee were from Akola, except the President, who is ex-officio Chairman of the Committee. Had these members given a thought to the same, the meetings could have been held at Akola and there would have been a lot of saving.

"According to many, the Board has not done any useful work for the progress or uplift of Homoeopathy in these 5 years. It was more a political body, where the unqualified element was pitched against the qualified. There are about 9 colleges now existing in Vidarbha. Most of them are there for the past 20 years. Orginally, there was a two year's course which was upgraded to 3 and now they accepted truncated DHMS course, but the position of the colleges and the teachers remains the same. The number of subjects for the course have only increased on paper. There is no hospital attached to any of the Institutions, which is very vital for training the students of Homoeopathic medicine."

BOOK REVIEW

Homoeopathy cures Asthma : by Dr. S. R. Wadia, M.B.,B.S. M.F. Hom. (London); Published by Hahnemann Homoeopathic Pharmacy, Parangot, Malekal, Kodimatha, Kottayam, Kerala State; Pp. 14, Price Rs. 1.20

This booklet is one more written by the author describing the attitude and approach towards asthma and the benefits of homoeopathy in that condition. Besides giving the homoeopathic remedies for this condition he also mentions the Naturopathic and Yogic methods. He describes three cases to illustrate the efficacy of Homoeopathy. The booklet is well-written and will be useful.

Notes on Homoeopathic Pharmacy and Dispensing, by Dr. Prakash S. Kumta, L.C.E.H., Pp. 24, Price Rs: 2.50, Published by the Medico-Homoeopathic Research Institute & Clinic, 427/A, Somwar Peth, Poona-11.

This book (in cyclostyle form) is a welcome addition to the existing literature. Dr. Kumta who is a teacher in the Poona Homoeopathic College has brought out these notes for the benefit of the L.C.E.H. students. It is a good attempt though it is capable of further improvement. The author can add some notes on the preserving, and dispensing of medicines, which we consider deserves as much importance as making them.

ABSTRACTS AND EXTRACTS

Blue Bottles : The Portuguese man-of-war, known around Bombay as the blue bottle fish, is not a fish. The word 'Portuguese' was prefixed by the Spanish because of its brutality.

A single blue bottle, or Physalia, is a conglomeration of several organisms. The different members of the colony perform different functions e.g. one set forms the float, one digests food, another provides the tentacles, and so on. The float is filled with gas (secreted by the organisms) which can be expelled at will.

It is a common sight on the seashore, esp. during monsoons. The powerful winds drive them to the shore. And when the tide recedes, the little blue balloons dot the sands. Nature has armed this spineless creature with a deadly poison. The poison cells, are situated on the long tentacles.

The poison cell is microscopic. Inside it lies a coiled barb. The barb can easily penetrate the soft human skin. On the outside of every poison cell is a hair-like trigger which responds to the slightest stimulation and the barb lashes out with lightning speed, opening out by inverting itself like the finger of a glove. The spikes grip the victim and the toxin is injected into it. Each barb can be used but once. However, they are replaced constantly.

The victim gets excruciating pain, dyspnoea, nausea and cramps; cramps may be similar to epileptic convulsions. Though the bite in itself is not usually fatal, the cramps may prevent the person from swimming, and death from drowning follows.

The proteinaceous poison causes cardio-respiratory failure. Coma may follow. According to some, the poison is similar to cobra venom. And the symptoms may be remarkably similar to those of the black widow spider. The toxicity does not end with the death of the animal. Even two year old dried tentacles were shown to retain their toxicity.

The stings are numerous. The severity of the poison depends on how long the person is in contact with the tentacle. You have to forcefully pull off the clinging tentacles. (However using bare hands invites more troubles)

It leaves a line of bruises that may turn into angry red rashes and later into purple, livid discoloured patches The persons may feel faint and weak. The pain (in the abdomen) is unbearable.

—Summarised from *Science Today*

The Skin : When one looks at the human body in an objective manner one is convinced that the skin contains us, the collagen supports us, the gastro-intestinal tract sustains us and the hormones rouse us to activity and growth. The skin looks both ways to the world without, and to the changing internal *milieu* within. This aspect is now being more and more realised and topics like skin markers of internal diseases which had arrested the attention of research workers for many decades continue to arrest our attention. In addition a new thought put forward in 1967 by Prof. Sam Schuster of U.K. is that "instead of our being preoccupied with the ripples of malevolence which come to the surface, i.e. the skin, the scientific world should probe more into the aspect of breakers that go crashing inwards. This idea has been reviewed by him in the *Lancet* recently under the heading. "Systemic Effects of Skin Disease". — Prof. A. S. Thambiah, F.R.C.P., F.A.M.S., in a presidential address:

DR. B. G. DESHPANDE, M. B., B. S.

Dr. Bhagirath Govindrao Deshpande was born in a village in Dharwar Dt. in the year 1890. He graduated through the Grant Medical College, Bombay in 1914. During the whole of his education he maintained himself on scholarships.

He started practice in Bijapur in 1915, and was initiated into Homoeopathy in 1918 by one Shri Chitale who was practising there. This knowledge of Homoeopathy was of considerable benefit to his patients during the epidemic of Influenza of 1918–19. In 1920 he took a course in eye diseases and then took charge of the Blind Relief Association, Bijapur.

In 1921 he became the C.M.O. in Ramdurg and here he put in the best work in General and eye surgery. The political officers who visited the State appreciated his work very much.

After three years he shifted to Bailhongal where he had a roaring practice. But unfortunately a motor accident invalidated him and so he shifted to Dharwar

where his brothers were living. But Dharwar did not suit his wife's health. So he shifted to Raichur, where her health improved so that he could both practice and do social service.

He started the Karnatak Progressive Education Society, with a donation of Rs. 10,000/-. The Society had by 1967 rendered help to 306 scholars with loan-scholarships to the extent of Rs. 2,26000/-. With a further donation of Rs. 10,000/- he started the Karnatak Sangh, a literary and cultural society, which has rendered glorious service. Dr. Deshpande has further donated Rs. 13,600/- for various other causes.

Now we continue the narration in his own words

"In Oct. 1965, I had an attack of Apoplexy resulting in mild paresis. I entered the K. M. C. Hospital for treatment for one month. My paretic condition improved but I did not feel well. I used to suffer from attacks of vertigo and pulsation all over the body. The Doctors opined that it was all due to high B. P. Hence I suspended my allopathy practice and came to Dharwar. I regained my normal health in the course of two years. During this period I heard from one Dr. H. R. Mahishi, a homoeopathic practitioner, some of his experiences. I was much impressed and decided to study homoeopathy myself. I was then 78 years.

As I progressed in my study my interest in the science increased and I had no difficulty in understanding the materia medica esp. as I had varied clinical experiences.

But when I began to read the *Organon* I was first very much discouraged but when I read the book over and over again, with my mature mind I could comprehend the fundamental principles as propounded by the founder. I then started treating patients according to Homoeopathic principles.

I had occasion to treat many patients who had been discharged as uncured by the allopathic Hospitals. I was able to cure them with Homoeopathy. Thereupon I issued a number of pamphlets and booklets containing the histories of such cases treated and cured by me and sent those pamphlets to the Presidents and Secretaries of the branches of the I. M. A.

TRIBUTES

To study the *Organon* and learn the homoeopathic materia medica at the age of 78, after having spent a life-time in allopathic practice—this itself is a formidable task which would have discouraged anyone. But it is a tribute to the earnestness and endeavour of Dr. Deshpande that he did it. Actually he has gone further by practising Homoeopathy, curing cases and challenging his former colleagues to try Homoeopathy. Besides when he started Homoeopathic practice, he first donated to charities all his previous earnings accrued through allopathy. His only regret now is that he did not take to Homoeopathy earnestly earlier.

We salute this enthusiastic grand old convert and doughty fighter.

—P. S.

OBITUARY

DR. K. R. SETHNA, M.B.,B.S., F.C.E.H , M.F. HOM. (LONDON)

Dr. K. R. Sethna, originally an M.B., B.S. of the Bombay University started taking keen interest in Homoeopathy some twenty years back. He was a member of Our Homoeopathic Association as well as a member of the Board of Editors of the *Journal of Homoeopathic Medicine*. He was one of the first few who passed the F.C.E.H. examination held in Bombay. Later on, to enhance his knowledge, he went to London, attended the Royal London Homoeopathic Hospital and qualified for the Membership of the Faculty of Homoeopathy (England).

In his death, we have lost a genuine friend and Homoeopath. We very well remember his jovial nature and the sense of humour when we had all gone to Calcutta together.

May his soul rest in peace. Our heartfelt condolences to Mrs. Sethna, his son and all the relatives.

S. R. W.

TRIBUTE

Keki Sethna was a thorough gentleman to the tips of his fingers. He was a man of principle and fearlessly honest. He experimented with Homoeopathy and became completely converted when he saw its fantastic results.

The following incident will illustrate one aspect of his nature. He had promised to come with me to London to study Homoeopathy and even finance me with a loan for my trip and study. Unfortunately due to some circumstances he could not come and further a friend whom he had trusted had cheated him of a lot of money. So he was not in a position to finance my trip. Thereupon he offered to sell off his car and finance my trip.

P. S.

PLACEBOS

Coincidences : Life seems to be full of concidences and I am describing two coincidences from my practice.

Long ago when I was just starting my practice, one day I was having no work and so I just turned over the pages of a book on Surgery which was lying on my table. The page that I turned over to happened to deal with torticollis. I just went through the whole chapter and then I forgot about it. But the same evening a patient with torticollis came to consult me. It so happened that he had gone to a surgeon. The surgeon had advised him to undergo an operation. Not being keen to undergo an operation, the patient had decided to consult me, without any particular faith in me or in homoeopathy. Now when I saw him, the whole thing that I had read in the morning came back to my mind and I started describing to him all about the symptomatology of torticollis. This made such an impression on the

patient that he decided that I must be really an excellent doctor to know so much about torticollis particularly as what I had described happened to coincide closely with what the surgeon had told him. Therefore the patient decided to take my treatment. Of course, I treated him and he became perfectly well.

I shall now describe another coincidence. Recently, one morning, I was just going though some cases reported by Dr. Phatak in his book *Clinical Cases* and I found that there was a case of diarrhoea which he had treated with *Gratiola*. The diarrhoea had come on after the patient had drunk large quantities of water. The same evening a patient came to me with diarrhoea and told me that the diarrhoea had come on after he had drunk a large quantity of water. I just prescribed for him *Gratiola*. Though the remedy did not help him and he actually improved on Ceano thus, coincidence did strike me.

—Dr. Sarabhai Kapadia

His Last Dollar : Emerging from the lecture room in Rochester, Minn. U.S.A., I halted outside the Mayo Clinic to gaze at a tall statue of a man cast in black metal, raised high and pinioned to the wall of the clinic. As I stood pondering its significance, a citizen stopped at my side and spoke. "You will be wondering what that represents; I will tell you. You should notice that it has been set up near the exit door of the world-renowned Mayo Clinic, and it depicts the state of the patient as he leaves. First, observe that he is naked and next that his arms are raised to the heavens, for he is reaching for his last dollar" — William Evans in *Journey to Harley Street*

Printed and Published by Dr. P. Sankaran for the Homoeopathic Education Society, Near Irla Naka, S. V. Road, Bombay 55 and printed at Lalvani Printing and Binding Private Limited, Shalimar Industrial Estate, Matunga, Bombay 400 019.
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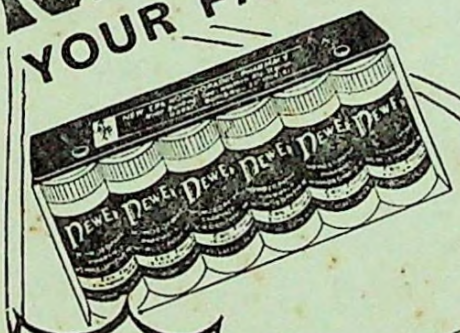

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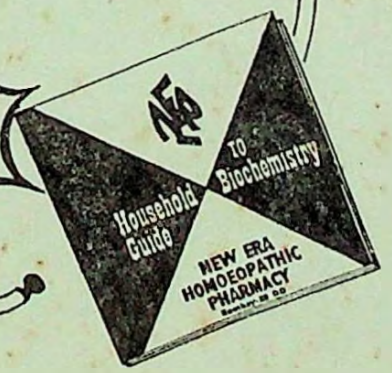

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