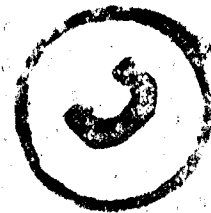


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BY
THE MADRAS PRESIDENCY HOMOEOPATHIC ASSOCIATION

May, 1956

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Homoeopathy is the only rational system of medicine based on natural laws ; and it takes note of the patient as a whole and effects cure of diseases in a rapid, gentle and perfect manner.

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Editorial Notes and Comments

THE DAVE COMMITTEE

A summary of the interim report of the Dave Committee as published in the press is reproduced elsewhere for the information of our readers. We should have refrained from comment until the final report ; but we wish to refer to one of the reported recommendations, so that it may be re-considered for the final report. The Committee has laid down that 15 years practice is necessary for a Homoeopathic practitioner to get into the register along with an institutionally trained practitioner. It seems to us that this is too much of a standing that has been prescribed. There have, so far, been only a very few institutions in India giving regular training in the system and some of them have had to close down for want of recognition of the system and support from the State. It is only recently that some associations, like ours, have taken on themselves the task of giving personal training on the basis of a

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prescribed syllabus. The fact that Homoeopathy has spread and become popular in India despite lack of state encouragement or recognition and other handicaps like the antipathy and prejudice of modern medicine practitioners only exhibits its innate efficacy. Its spread and popularisation is due not a little to the large body of enthusiastic lay practitioners who fired with a missionary zeal for the cause born of their intense faith in it, have brought home to the public the efficacy of the system by the miraculous and marvellous cures effected by them. There are only a very few trained personnel, in the sense of having been trained in regular institutions. In the circumstances, the limit of 15 years requires to be lowered. Associations and Conferences have pleaded for seven years practice as enough ; and it is doubtless a decent standard.

The other recommendations for the listing of persons with two years practice, the prohibition of the use of bogus degrees and diplomas and the constitution of a separate Board and register for Homoeopathy commend themselves to us. It is also gratifying to note that the Committee has not lost sight of the need for utilising the services of even unregistered and unlisted practitioners for rural medical needs by allowing them to practise in the rural areas.

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THE LARGEST HOMOEOPATHIC ESTABLISHMENT IN THE SOUTH

THE ALL INDIA MEDICAL INSTITUTE

An All India Medical Institute will shortly be established at New Delhi. The Parliament has passed the necessary legislation in that regard. During the discussion on the bill several members brought out the need for the Institute confining itself not merely to modern medicine but also to other systems of medicine viz., Ayurveda, Unani and Homocopathy. Certain amendments calculated to include Homocopathy in the Institute were withdrawn on its being pointed out that Homocopathy could be brought within its ambit. It seems, however, difficult to entertain any hope for the Institute embracing Homocopathy also in view of the reported observations of the Union Health Minister in the course of the discussion in Parliament that there was no reason why there should not be a close liasion between the Institute under the bill and the Institute for Ayurveda at Jamnagar and that she would like Institutes for Unani and Homocopathy also to spring up. We, however, hope that the Union Government would find it possible to establish a separate Institute for Homocopathy. A *separate* institute is desirable because the allopathic approach to treatment and research in drugs is entirely different to the Homoeopathic approach.

The Homoeopathic Materia Medica is built on the recorded results of experiments made with drugs not on rats, rabbits and pigs but on healthy human beings. The value of experiments on healthy human beings is undoubtedly superior to those on animals because the reactions of the drugs and the changes they cause for the better or the worse cannot be assessed as effectively and well in the case of animals which lack the power of expression—and they can only be observed by others and the mental conditions and changes cannot be had at all—as they can be done in the case of healthy human beings who can give out even the minutest symptom changes (including mental symptoms and conditions). Humanity should ever be grateful to those self-sacrificing men who served it by submitting themselves voluntarily to taking drugs in different potencies only to observe and record the results in their minutest details on various parts of the body. They are known as “provers” and the Homoeopathic Materia Medica is built on their “provings.” The provings of Hahnemann and his followers have stood the test of time ; but there has not been such an addition to the Materia Medica as should have been desired in the last century.

India is a great store-house of wonderful drugs and there is vast scope for valuable research and for the enlargement of the Homoeopathic Materia Medica as a result of elaborate and careful research.

It is hoped that Government would realise the vast potentialities for research in this scientific system, cheap and efficacious also

as it is, in regard to the medical needs of the masses of India and respond to the demand for a research Institute for Homoeopathy which will open out the treasures in store in drugs in this country and harness them effectively to the Homoeopathic Materia Medica to fight the baffling illnesses now in vogue.

We are glad to note that the Experts Committee at the meeting in Delhi have made sound suggestions. We hope Government will give effect to them.

If the Government should show the same lethargy as they have in the past in implementing the recommendations of the Homoeopathic Enquiry Committee, it is high time that the Homoeopaths in India consider starting forthwith a Central Research Institute with a band of selfless young men imbued with an enthusiasm to serve the cause of Homoeopathy by undertaking to be "provers." Will the Homoeopaths of India rise equal to the occasion?

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BLOOD PRESSURE

BY

Sri N. Venkatarama Ayyar.

The term "Blood Pressure" has always raised in the mind of the common man the thought of a serious disease of modern civilisation. It is not a disease at all. On the other hand, it is essential for life. Every human being carries with him some degree of blood pressure. However, beyond a certain measure, it becomes a source of imminent danger.

There is a continual flow of blood in the body in a cyclic fashion from the heart along the arteries, capillaries and veins back to the heart itself. The estimation of the pressure exerted upon the blood by cardiac or heart energy and the elasticity of the arterial walls is the blood pressure. The maximum pressure of blood in an artery is called "systolic" and the minimum pressure "diastolic" pressure.

There is both high blood pressure (hyper-tension) and low blood pressure (hypo-tension).

I shall now deal with hypertension, or high blood pressure which is more common nowadays than in olden days. It would appear to be the result of modern civilised life which has brought in its wake factors tending to raise blood pressure like continued anxiety, artificial methods of living, irreligious and intemperate life, unwholesome and adulterated food etc.

The blood pressure of an individual is not a fixed entity. In children it is lower, while in those above forty years old there is a physiological increase. The blood pressure in health varies within broad limits and is subject to influence by such factors as exercise, excitement and digestion. It used to be said that the systolic pressure is normally 100 plus the age. That is not so although there is a tendency for the systolic pressure to rise gradually with age. The normal systolic pressure in adult can range from 90 to 150 mm, the diastolic level ranging from 60 to 90 mm. The difference between the systolic and diastolic levels is known as the pulse pressure.

There is no settled or satisfactory formula to fix the normal pressure at any given age. Therefore, the interpretation of blood pressure must take into consideration possible factors known to influence and result.

The blood pressure is lowest when one wakes up after a good night's sleep. During the day it fluctuates, tending to be most in the evening. During sleep again it is lowest. In these fluctuations,

the systolic pressure alone is affected, the diastolic remaining constant. The pressure (systolic) varies with the heaviness of the meal. Exercise causes a rise in both systolic and diastolic pressure. Emotional states like excitement, fear, anger, play a great part in influencing the pressure (of course the systolic).

Temporary rises of pressure should not be regarded as hypertension. If only there be continued rise of systolic pressure, need one worry himself.

The discovery of sphygmomanometer has made the early detection of high blood pressure possible.

Removal of the cause to which the body reacts to increased blood pressure is the ideal way of treating the condition.

Heredity, age, sex, overweight, obesity, intemperance in drink, mental states and personality—each has some influence in the causation of the condition. Very often symptoms do not appear as soon as the pressure begins to rise. In some cases, there is a gradual rise which the patient is not aware of at all. In some others, there is hypertension along with active vigorous bodily and mental health. The symptoms begin to appear only when the pressure reaches the limit of the patient's tolerance. The nervous symptoms are ordinarily the first to appear. Irritability of temper, feeling of changed disposition, lack of concentration, head-ache, insomnia and giddiness are some of the symptoms. Sometimes it is noticed that there is rapid deterioration of vision and in some cases even sudden blindness occurs. The urinary symptoms appear when there is deterioration in the functioning of the kidneys; and puffiness, more often under the eyes, is noticed especially in the mornings. There may be haemorrhages in various parts of the body. Sometimes bleeding from the nose and gums is common but it is beneficial as a safety-valve action. Hemoptysis of different intensity is also not rare. Apoplexy—haemorrhage of the brain—is a serious condition; and in most cases this is fatal or leaves the patient a paralytic.

The hypertensivist should lead a very well regulated and methodical life. The value of rest cannot be overemphasised. He should avoid acrimonious debate so as to rouse his temper. He should avoid sudden exertion. Moderate and regular exercise are very necessary. Walking, for example, is a very good exercise. Good rest for at least half an hour after food should be had. The diet needs also to be regulated. No rich or spicy food should be taken. The intake of carbohydrates should be reduced. Regular fasting for a day or two every month will do a great deal of good. Bowels should be kept clean. Cold bath should be avoided as it tends to raise blood pressure. Tepid baths are beneficial.

Continued on Page 21

HOMOEOPATHY IN SOME COUNTRIES

It is as well at this point to know the position regarding the practice of, and training in, Homoeopathy in various countries. A summary of the information received in this connection is given below :

(a) **The United States of America**

The Federal Government plays no part at all in the registering of physicians or the sponsoring of hospitals. All these matters are governed by the decisions of the American Medical Association acting through the Council on Medical Education and Hospitals. Actual licensing is a state right and procedure varies between the 48 states. In general, licensing comes within the jurisdiction of the State Medical Boards and their function is to enforce the standards laid down by the American Medical Association in the issue of licenses to physicians to practise in the given state. These standards are of two kinds :

(1) That the Medical School from which the candidate originates should be of a grading recognised by the American Medical Association.

(2) That the candidate should be a graduate of such a recognised school.

No special mention or reference is made in any of these rules to Homoeopathy as a branch for which a special license is necessary. Homoeopathy is not for that matter regarded, except for a few states, as a special practise for which a separate board is warranted. No special training centres or hospitals for graduates' training in Homoeopathy exist and it is only taught in medical schools as one section in the regular M.D. Course. The only opportunity for pursuing an interest in Homoeopathy beyond the graduate stage is through the postgraduate school maintained by the American Foundation for Homoeopathy, which offers a six weeks course.

The present position, it must be admitted, is a recent development. The two major institutes which were devoted to the teaching of Homoeopathy have been recently disbanded. The American Medical Association has taken up the position that there is nothing radically new in Homoeopathy to warrant it being recognised as a special branch of medical science altogether. Accordingly the American Medical Association has thought it sufficient that Homoeopathy should be a single section in the regular M. D. Course.

The only institution that is now concerned with the promotion of Homoeopathic study and treatment is the American Foundation of Homoeopathy. Their work, however, is limited to providing

a brief postgraduate course in the subject to candidates who are already licensed to practise medicine. They are also trying to provide facilities for research, training of nurses, while a bureau of public relations is making efforts to revive interest in the subject.

It would appear that there are only a very few schools in which Homoeopathy is taught at all. The Hahnemann Medical College and Hospital, Philadelphia, and the University of California Medical Centre, do not offer courses in Homoeopathy as part of the regular curriculum but only an elective course in the basic principles of Homoeopathy.

To sum up the foregoing, Homoeopathy, either as a study or a branch of medicine, does not enjoy anything like the status it held in the days of Dr. Hahnemann's popularisation of the subject. This conclusion is borne out by the above evidence such as facilities for its study and practice, the attitude of the American Medical Association towards it, and its standing in contradistinction to regular medicine. In fact it has no separate status at all and few recognised practitioners of the art. The only living Homoeopaths today are relics from the old days, as the current medical system in the country gives little room for the training of such specialists.

(b) United Kingdom

"In the United Kingdom none of the Medical schools where courses of instruction for registration qualifications are given is devoted to the teaching and practice of Homoeopathy only. The United Kingdom Medical Act 1858 confers both on the medical students and registered medical practitioners a right to adopt Homoeopathy as a theory of medicine, but no qualifying examination within the meaning of the Medical Act of 1886 is held in the subject of Homoeopathy. The only teaching institutions are the Royal London Homoeopathic Hospital and the Glasgow Homoeopathic Hospital both of which are attached to the British Faculty of Homoeopathy. The Faculty awards Diplomas of membership and fellowship to persons having registerable medical qualifications in the United Kingdom." (Report of the Indian Homoeopathic Enquiry Committee, 1949.)

The Royal London Homoeopathic Hospital was started in 1849, and in 1943 the Faculty of Homoeopathy was founded as the successor of the British Homoeopathic Society. The Faculty was incorporated by an Act of Parliament in 1950, and is now authorised to grant, after examination, the Diploma of Homoeopathy to doctors qualifying to practise medicine in Great Britain. Apart from the Royal London Homoeopathic Hospital, there are Homoeopathic hospitals in Glasgow, Liverpool, Bristol and Tunbridge Wells.

The Medical Superintendent of the Glasgow Homoeopathic Hospital states in a letter to us :

"Homoeopathy instruction in Great Britain does not attempt to teach general medicine to undergraduates and the view is held that Homoeopathy should be mostly a postgraduate study after qualifying in ordinary medicine. At the same time, it is felt by many British Homoeopathic Doctors that some lectures in Homoeopathy should be given to medical students during their final year, as a knowledge of this subject increases their efficiency as Doctors and their power to deal with disease."

(c) Brazil

"In Brazil, Homoeopathy is officially recognised and there is a State Homoeopathic College having a six-year course. Graduates of this institution are on equal footing with other medical graduates in that country."

(Report of the Indian Homoeopathic Enquiry Committee, 1949.)

(d) Mexico

"In Mexico, Homoeopathy is reported to have obtained full State recognition. There are six institutions for exclusive Homoeopathic teaching and the Mexican Homoeopathic Federation has more than 2,000 members." (ibidem)

(e) Pakistan

The Homoeopathic system of medicine has not yet been accorded State recognition. Homoeopathic doctors are not registered or licensed to practise as medical practitioners.

A Bill to regulate the qualifications and to provide for the registration of practitioners of Unani, Ayurvedic and Homoeopathic systems of medicine is under consideration. According to the proposed legislation a four-year training course for a Diploma in Homoeopathy is contemplated to include study of Anatomy, Physiology, Pharmacology, Pathology and Bacteriology.

The Central Government does not maintain any Homoeopathic institutions. It gives, however, a nominal grant-in-aid to the Homoeopathic Medical College in Karachi.

(f) India

In India, Homoeopathy is very widely practised and rapid progress has been made during the last few years and there is no part of India where the system of Homoeopathy is not known.

The Government of India has not yet recognised Homoeopathy but it is actively considering the question of giving recognition and aid to this system of medicine.

Homoeopathy, has, however, been given recognition by several of the Indian Provinces and States. Eight of these have so far recognised Homoeopathy, namely, West Bengal, Bombay, Bihar,

Uttar Pradesh, Madhya Pradesh, Hyderabad, Baroda State, Travancore and Cochin State and recently Assam.

In West Bengal, no legislation relating to the Homoeopathic system of medicine has yet been enacted. A General Council and State Faculty of Homoeopathic Medicine has been established by executive orders of Government but it does not enjoy any statutory recognition. The functions of the State Faculty are to affiliate suitable Homoeopathic Colleges and Schools with their attached hospitals and dispensaries, introduce curricula in them, hold examinations in all the recognised subjects of a complete medical curriculum according to the Homoeopathic system, and to register Homoeopathic practitioners according to rules and regulations made by them and approved by the local Government. Recently the Chief Minister stated in the Legislative Assembly that he was earnestly considering the introduction of a Homoeopathic Board Bill in the next session of the Assembly.

The Bombay Homoeopathic Act 1951 recognises Homoeopathy as a system of medicine. The State Government has also established a Homoeopathic Hospital at Sion, Bombay.

The Uttar Pradesh Homoeopathic Medical Act 1951 gives State recognition to Homoeopathy, and rules regarding the registration of Homoeopathic medical practitioners are under consideration.

The Madhya Pradesh Homoeopathic and Biochemic Practitioners' Act 1951 gave State recognition to the practice of Homoeopathy in that province.

In Hyderabad, the registration of Homoeopathic practitioners is done by a Board of Registration with a Homoeopathic practitioner at its Head.

The Baroda Medical Act recognises the diplomas granted by three Homoeopathic Medical Colleges in Calcutta.

In Travancore-Cochin State, the Medical Practitioners' Act of 1943 regulates the qualifications and provides for the registration of practitioners of all systems of medicine including Homoeopathy.

There are eight leading Homoeopathic institutions in India which provide teaching facilities, five of which are in Calcutta, one in Madras, one in Lucknow and one in Andhra. Three of the institutions in Calcutta are recognised by the General Council and State Faculty of Homoeopathic Medicine, West Bengal.

The extent to which the Homoeopathic system is practised in India could be assessed from the number of Homoeopathic practitioners as given in the Report of the Homoeopathic Enquiry Committee of the Government of India.

"According to the Secretary of the All India Institute of Homoeopathy, Delhi, the number of Homoeopathic practitioners

who had received some sort of institutional training in India is about 1,050 excluding those of West Bengal The number of 'unqualified' persons is estimated at more than 50,000."

"The Secretary of the All India Homoeopathic Medical Association, Delhi, estimated the figure at 75,000. The Proprietor, Hahnemann Publishing Co., Calcutta, stated that their customers in India who seem to be Homoeopathic practitioners were approximately 95,000. Of these, 60 percent belonged to Bengal The number of Homoeopathic Practitioners registered with the State Faculty of Homoeopathic Medicine, West Bengal, upto 1948 was 6,401. The Bihar Homoeopathic Provincial Medical Association (Registered) informed the Indian Committee that the total number of Homoeopathic practitioners in that province was about 16,000. The U.P. Homoeopathic Association enrolled 221 members since the U.P. Homoeopathic Medical Act 1947 came into force. The total number of registered in that province is 2,018."

From the figures given above, the Homoeopathic Enquiry Committee appointed by the Government of India in 1948 estimated that number of Homoeopathic practitioners in India at about 300,000 although the number of Homoeopathic practitioners who had received some sort of institutional training would not exceed 5,000. The Indian Committee also estimated the number of persons treated by Homoeopathy at 5,000,000.

(Reprinted from the report of the Ceylon Homoeopathic Enquiry Committee.)

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HEALTH AND THE SECOND FIVE YEAR PLAN

BY

Suri Mohanlal Saksena, M.P.

The following are extracts :

"Health is fundamental to national progress in any sphere. In terms of resources for economic development, nothing can be considered of higher importance than the health of the people. For the efficiency of industry and of agriculture, the health of the worker is an essential consideration.

Health is a positive State of well-being in which the harmonious development of physical and mental capacities of the individual lead to the enjoyment of a rich and a full life. It is not a negative state or mere absence of disease.

In India 75 per cent of doctors are in urban areas and their distribution in rural areas is very sparse.

There is consensus of opinion that what is known as modern system of medicine, on which the Union Health Ministry chiefly relies for tackling the health problem, is very costly and neither the State nor the people are in a position today, nor are they likely to be within 25 years and more, to bear its prohibitive cost. Even assuming we are able to increase the number of registered doctors in certain areas and have one for 1,000 persons as in England, it does not follow automatically that the medical aid would come within the reach of the poor people. By way of illustration I may take the city of Lucknow where the number of registered doctors has considerably increased since the establishment of medical college and their proportion to the population must be the same as in U.K. ; but I can say from personal knowledge that while during this period the incidence of disease has increased, the facilities for medical treatment, which has become costlier have not come within the reach of the poor people. The number of doctors, nurses, midwives and pharmacists is 10 times if not more, but the health of the people has not improved nor it is within the means of common man to take advantage of the latest achievements of medical science. It is indeed in the matter of medical treatment that people feel the prick of poverty most when they find that for want of necessary means they are unable to have proper diagnosis and treatment of themselves and their near and dear ones. Yet it is at the cost of these poor people that our doctors are educated and enabled to make medical research.

Indigenous systems of Medicine

'A great deal of uncertainty exists about the position and the future course of development of indigenous systems, homoeopathy and nature cure. It is desirable that this should be cleared up as

early as possible. The controversy with regard to the truth and merits of any particular technique of cure or approach to the problem of health and disease can only be settled on the touch-stone of research. Scientifically conducted investigations will, in course of time, decide the value and validity of the different techniques and those which can justify their existence will necessarily become branches of an integral system of medicine.'

Nearly three years have passed since the aforesaid recommendation was made in the First Plan but their position and future course of development still remains as uncertain as before, depending on the whims and caprices of the officers of Health Ministries. Out of an expenditure of Rs. 103 crores envisaged for the First Plan period under Health a provision of Rs. 37.5 lacs had been made for research into indigenous and other systems ; but the latest Plan Progress report says that out of this a sum of Rs. 15,32,500 will be spent on the Central Institute of Indigenous systems of medicine, during the Plan period and the balance i.e., Rs.22,17,800 is proposed to be distributed as grants-in-aid to various institutions in the States on the recommendation of a special Committee which was appointed six months ago. I have been informed by the Health Ministry that its report will not be available for another six months which means that 60 per cent of the meagre sum provided for research in indigenous and other systems of medicine (viz., Unani, Homoeopathy and Nature Cure) will remain unspent during the Plan period. This shows the step-motherly attitude of the Central Health Ministry towards these systems and yet the authors expect them to prove their merits on the touch-stone of research.

Eight years ago, the Union Health Minister had accepted a resolution in the Central Legislative Assembly for the recognition of Homoeopathy and taking suitable measures for promoting research and educational facilities but notwithstanding her profuse sympathy and assurances and uninterrupted tenure of office she has not been able even to implement the recommendations of the Committee appointed in this behalf. But personal prejudices apart, these systems cannot be ignored for another important reason ; for they cater to the needs of the bulk of the poor people and at a cheaper cost which the State and people can afford.

Drugs and Medical requisites

While stressing their importance the authors of the First Plan have stated :--

"The carrying out of medical and health programmes will be made impossible without adequate supplies of drugs and appliances. It should be possible to adequately provide for these essential needs through a combination of private enterprise suitably assisted where necessary and production by the State where this

is found to be in public interest. The final responsibility should rest with the Government for seeing that the essential needs of the country in respect of important medical requisites are met satisfactorily in regard to quantity, quality and price."

But again no action seems to have been taken by the Government to discharge this great responsibility referred to above and the Plan Progress report only refers to Penicillin and D.D.T. factories.

'The country has long been recognised as a rich store house of vegetable materia medica' says the Plan; but it is a pity that instead of developing the manufacture of drugs on a large scale some of the raw herbs like Sarp Gandha are exported only to be re-imported in the form of costly manufactured medicines.

In regard to Ayurvedic and Homoeopathic medicines, countrywide arrangements should be made for their manufacture and distribution through Corporations in which the Central Government, States and practitioners may participate on an agreed basis and the manufacture of spurious drugs should be stopped with a strong hand. This will not only make standardised medicines available at cheap rates but will also provide opportunities of employment to a large number of persons particularly in the collection of herbs and manufacture and distribution of medicines. The profits which some of the well-known firms dealing in medicines make are enormous and there is no reason why the State should not make reasonable profits to be utilised for purposes of research and development of medical facilities.

Provision for villages

Since 85 per cent of the population of our country lives in villages, a national health plan will naturally have to make adequate provision for them. Our villages have been neglected and have suffered for centuries, the towns and cities have been built at their cost. They have been denuded of all professional skill and talent. The cities and towns can take care of themselves, but villages require the special care and attention of the State. But unfortunately bulk of the money provided under Health in the Plan is being spent in urban areas mostly in big cities. All the medical colleges and research institutions and most of the hospitals are located in urban areas and even the new ones are being established in big cities. I for one, feel if the State could take care of the villages the country will take care of itself. So, for at least one plan period I would like the bulk of the expenditure to be incurred in villages and no medical institutions to be started in cities whether it be a medical school or college or an institution for training of nurses and compounders, I would like it to be located in village side. To relieve congestion in the existing hospitals in cities I would have annexes at a distance of ten or twelve miles in rural

areas where long term patients could be kept. Not only that, I would insist on the students passing out from the existing medical schools and colleges spending at least 6 months in a village dispensary before they are granted their degrees or diplomas. Thus we can make the new graduates village-minded and make them appreciate the needs, difficulties and problems of the village folk.

To the votaries of the so-called modern system of medicine, all that I have said so far, may appear grotesque; but since it is recognised by all that the health of our people is very poor, the incidence of disease very high, involving millions of people living in far flung villages and causing considerable loss of time and energy, *our health plan shall have to be a scheme of medicine for the millions, not wedded to this system or that, but taking full advantage of them all, not feeling helpless for lack of trained personnel in sufficient numbers, but while making arrangements for the proper education and training of new hands, making the best use of the existing ones.*

Causes of Diseases

But before going into further details, I might state what appears to me the principal causes of disease which a health plan has to overcome. Apart from the economic and social causes like unemployment, bad housing conditions and illiteracy which however important do not come within the purview of health plan, the causes to my mind are as follows :—

- (a) Ignorance.
- (b) Mal-nutrition.
- (c) Infection.
- (d) Inadequate facilities for medical treatment.

For fighting them my strategy will be firstly to secure the intelligent and willing co-operation of people themselves by equipping them with sufficient knowledge information and means to prevent diseases and to treat them in the preliminary stage, without the assistance of medical practitioner. For this purpose, as I have indicated above we shall have to follow the technique of Gandhiji. Besides issuing medical guides, in local languages, and propaganda through folk songs and rhymes, I would equip every village with a chest containing authentic household medicines which the villagers may take in case of need, at a nominal price if not altogether free.

Secondly, to overcome infection and mal-nutrition suitable arrangement should be made in all the villages for adequate water supply, for increasing the production and consumption of milk, vegetable, fish, etc., and for the improvement of hygiene and sanitation through self-help and mutual assistance schemes. The sale of adulterated articles of food should be dealt with severely.

Thirdly, to organise and encourage centres for physical culture and for giving training in *asanas* and breathing exercises.

Fourthly, to provide one dispensary at least in every ten villages within a radius of 2 or 3 miles with a rest house in which, in suitable cases, patients may be permitted to stay for a few days at their own cost under the supervision of the incharge of the local dispensary. The rest house should have accommodation for 15 to 25 persons. Besides providing shelter, in healthy environments, away from the cares of the family, they will act as reception centres in emergent cases and the patients could be removed to the nearest hospital after preliminary treatment.

Fifthly for providing adequate number of medical practitioners and lady health visitors in the villages, I would suggest action on the following lines :—

(a) As stated above besides 65,000 registered, allopathic doctors and 37,000 v aids and others who are registered there are nearly one lac unregistered v aids and other practitioners. Since it would not be possible nor even desirable to put them out of medical line for that would not only further curtail medical facilities but would swell the number of unemployed. Qualifying examinations to be held every six months and wherever possible refresher courses may be arranged for providing them with an opportunity for coming up to the requisite standard.

(b) While only registered practitioners should be appointed on a permanent basis, even those who have passed the aforesaid qualifying examinations should also be encouraged to settle down in villages under suitable schemes.

(c) Every effort should be made during the next Plan period for the mass production of standardised medicines, in common use, under proper supervision and control.

Hospitals.—The existing number of hospitals is wholly inadequate and their arrangements are far from satisfactory. The Plan has itself admitted that though the number has increased in recent years the quality of work and efficiency have gone down. It is indeed disquieting that a lot of corruption has crept in them and I understand from reliable sources, that considerable quantities of medicines and other hospitals stuff are sold in the market. This state of affairs is highly unsatisfactory and has to be dealt with radically. I might make only a few suggestions :—

(a) Persons whose incomes exceed a certain amount say Rs. 6,000 per annum should not be admitted in the hospitals. For them nursing homes should be established separately on a self supporting basis preferably manned by private practitioners.

(b) Doctors working in the hospitals should not be permitted to do private practice.

(c) Persons whose income exceeds Rs. 3,000 per annum should be required to pay for medicines and others should be treated free.

(d) As already suggested, annexes should be built in rural areas for all big hospitals where convalescent patients should be removed after a fortnight.

Co-operative Health Centres and Polyclinics as have been working in Delhi for some time should be organised and suitably assisted without any strain on the State finances, they would be providing medical assistance at comparatively cheaper cost and would also remove a lot of congestion from Government hospitals.

Since Health Services play an important role in a Welfare State it is necessary that they should be properly organised and manned by persons inspired by higher considerations of public good and social service.

Finally, efforts should also be made to eliminate mercenary motives and grabbing tendencies from the different branches of medical profession and to make medical practitioners realise their great responsibility to the society, taking necessary steps to enable them to extend the benefit of their whole-some advice and healing hand to the largest number of people. In short, the medical profession should become the most potent instrument of service to humanity and the medical practitioner a friend, philosopher and guide of the common man as he once was in India's economy.

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THE LARGEST HOMOEOPATHIC ESTABLISHMENT IN THE SOUTH

TREAT THE PATIENT AND NOT THE DISEASE

BY

Sri S. Sundaram, B.E., A.M.I.E.

This is a common statement we come across in Homoeopathic literature, but it is apt to be confusing unless its exact significance is understood. It may be paraphrased as follows: "Don't be obsessed by the disease with which the patient is suffering and don't try to find out merely the remedy which will answer the clinical symptoms of the disease but find out the characteristic mental and physical symptoms of the patient and select a remedy to correspond to those characteristics."

Homoeopathic remedies start curative action in the body by giving a stimulus to the activity of vital force. Once reaction is established, the disease symptoms begin to disappear and normal health is attained gradually. This curative reaction can be started in the patient only by the remedy which corresponds to the constitution of the patient.

Suppose a patient comes complaining of head-ache and constipation. An allopath will think of aspirin for the head-ache and a laxative for the bowels. If a homoeopath attempts to find out the remedy by repertorising with those two disease symptoms alone, he will fail miserably. What he should do is to find out the general characteristics of the patient. If on questioning the patient, he finds he has thirst for large quantities of water, and aggravation of his head-ache by motion and amelioration by pressure, he can fix up Bryonia as the remedy which will promptly cure him. If on the other hand, the patient is found to be generally thirstless and the head-ache is ameliorated by moving about in fresh air and if in addition the patient is temperamentally mild, Pulsatilla will be the remedy.

It may be seen that the important factor determining the choice of the remedy is not the name of the disease, but the symptoms of the patient as disclosed and observed.

Let me further illustrate the principle by a case report:

Mr. R., a Non-gazetted Officer, aged 42, had the following history. He had dyspeptic trouble for 3 years, had lost appetite, had frequent pain in the abdomen accompanied by nausea and had constipation. He had undergone Ayurvedic and allopathic treatments for 3 years. Lastly he was an inpatient in a Government hospital for one month under observation and was told that it was a case of gastric ulcer not yet big enough for operation. He was advised to take a bland diet and rest. After 6 months' of leave, he returned to duty still weak and anaemic but there was no pain.

When he resumed duty, the pain started and he was fortunate enough to seek the aid of homoeopathy.

Now, the dictum "treat the patient and not the disease" meant that I should not be obsessed by the diagnosis, "Gastric ulcer" and hunt after the remedies for the ulcer from the repertories.

By questioning him further, I was able to find out the following characteristic symptoms.

1. He had little thirst.
2. He had a parched mouth at night but had no desire to drink water.
3. He felt generally worse in hot weather and liked open air.

It was of course very fortunate that I was able to get these three clear characteristic symptoms and noting that he was of a mild temperament, I had no hesitation in treating the patient with Pulsatilla 30. He got rid of the constipation, quickly developed taste for food, the pain vanished and within a month he gained 7 lbs. in weight and within a year was mostly cured.

THE THREE WARNINGS

The following three warnings were uttered by Dr. Samuel Hahnemann in his *Chronic Diseases* and he declared that a neglect of the same was the greatest fault that a homoeopathic physician could become guilty of:

1. To suppose the doses indicated in every antipsoric medicine to be too small
2. The wrong choice of the medicine
3. The excessive hurry which does not allow every dose to finish its action.

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CLINICAL VERIFICATIONS

BY

Dr. Shankar Rao P. Koppikar.

Mental symptoms are very often the most valuable leaders to the correct remedy. We should also ascertain about any peculiar dreams and other mental disturbances. Sometimes special desires or aversions also afford a clue to the remedy.

(1) An old gentleman, advocate by profession, suffered much from dyspepsia and giddiness. He had indeed a very high blood pressure (nearly 200/100). He was afraid of death, afraid to go out, fear of tall buildings (his vertigo was also worse when looking at tall buildings). With the help of Nux Vomica and later Ars. Alb. he improved for a time. Then the complaint became serious again. This time the vertigo was very troublesome, especially when walking in the streets. Great desire for cool breeze and cold, sweet drinks like sherbat. One night he frightened his relations by mentioning a desire to jump out of the window and end his agonies. Next morning they came running asking for advice, whether he should be looked after at home or in the mental hospital. Luckily the last symptom fitted nicely along with old ones in convincing me about Arg. Nitricum being the remedy. This was given with an assurance that he would get over his illness. The doses of 200th on first day removed all his complaints. Blood pressure came down to 150/100. He was given a dose of 1,000 m. after one month for a slight recurrence of the trouble.

(2) After delivery of the fourth child, a lady got puerperal insanity. It was quite a mild type and the only thing was her refusal to feed or even look at the baby. She would be working something by herself. But if there was anyone else in the house or room, she would immediately lie down and close her eyes. They had tried various treatments including Homoeopathy for nearly six or seven months but she had gradually become worse. After trying three or four medicines, I saw in Kent's Repertory the symptom "Company-aversion-avoids sight of people and lies with closed eyes" under Sepia. It seemed appropriate as she hated her own child and also her husband. Under the action of Sepia 1,000 m. one dose she gradually became normal.

(3) A college girl complained of severe head-aches preventing her studies but not preventing her seeing cinemas. Rather during the show, the head-ache was completely relieved even if it was there before. On enquiry I found that any occupation which interested her and made her forget her trouble helped and also if

she thought about her trouble it was worse. After trying Sepia, Nux v. and others on the indication "occupation ameliorates" and failing to help, I was led to try Cal. Phos. on symptoms "Thinking of complaints aggravates" (Alum., Bapt., Cal. phos., Caust., Gels., Lach. Med. Nux v. Ox. acid, Sabad., Spong.), plus headache of school girls (Cal., Cal. Phos. Lac., C., Natrum m., Phos. ac., Puls.). As we see Cal. phos is the only remedy covering both. Cal. Phos 30 repeated daily for 15 days cured.

(4) Some children otherwise fairly healthy develop extreme shyness, will even run away from strangers. Bary carb 200 and 1,000 have made them bold, active and normal children. The symptoms in Guiding symptoms are as follows: "Averse to strangers and company; child does not want to play but sits in the corner doing nothing."

(5) A lady aged 40 was suffering from both painful and profuse menses. A small fibroid had been diagnosed and operation advised. As the circumstances did not allow them to have the operation they tried Homoeopathy. For five months I tried various remedies with little result only Trillium helping somewhat. Then one day she told me of a constant dream she used to have of some man or men pursuing her. "Did he look like a robber?" "No. He was trying to molest me," she said. Kresosote which has a similar dream has almost cured her. The menses though a bit painful are normal.

BLOOD PRESSURE—Continued from Page 6

Homoeopathic treatment

There is no routine remedy or named drug for high blood pressure as in the case of all diseases. The remedy depends on the mental and physical symptoms of the patients and should be selected on that basis. Well selected remedies will materially help in keeping the pressure normal and contribute to the all-round health of the individual.

Aur met, Baryta mur., Cactus, Conium, Craetagus, Gelsemium, Glonin, Kali phos, Lycopodium, Nux vom., Sulphur are some of the remedies frequently called in aid of patients with high blood pressure. As emphasised, each remedy should be studied carefully on the basis of the symptoms of the patient so as to fit in with the picture and the most similar remedy would be the appropriate one.

CLINICAL VERIFICATIONS

BY

Dr. R. Ramaswami.

4. A child aged four years had a mild attack of chicken-pox. Being an active child, she could not be controlled to keep to bed or observe strict diet and hygiene. Consequently partial suppression of the eruptions had taken place. As there was no fever, she appeared to be alright, and she had her Neem water bath (leaves of *Azadirachta Indica* boiled in water) on the ninth day. The few vesicles present were almost dried up.

Next morning she complained of pain and burning on passing urine. When the next urge came, she will not relieve herself because of the previous experience. No amount of coaxing would make her change her mind, though she was in acute distress.

By the time I saw her, the bladder was full and urine was dribbling down the legs, in spite of her efforts to retain. She would lie down for a minute, run to satisfy the urge, and get up as soon as she sat down without relieving herself. The anxiety or fear was supreme. Restlessness was evident. Chilliness was inferred by her desire to cover herself up on lying down. The nasal orifices and vagina were inflamed.

Dr. M. L. Tyler's "Pointer to the common Remedies" comments on Arsenicum, under retention. ".....Urination scanty; passed with difficulty with burning during discharge." Ars 6, a single dose, made her pass urine freely without coaxing or complaint. Ars is the remedy not only for retention, but for suppressed eruptions also and it hit the Bull's eye in record time, with certainty. In a day or two, eruptions appeared on the hands and left within a week. No further medication was needed.

5. An old lady of sixty of short stature was suffering from Bright's disease. She was under allopathic treatment. Gradually she became worse and general anasarca set in. The crisis came one day, when odema of the lungs supervened. The Doctor in attendance gave her utmost six hours of life. At this stage Homoeopathic aid was sought for.

It was about 11 p.m. when I saw her. She was sitting propped up on the cot with her chest bent forward and head supported by the back of a chair. In addition to Albumen, urine report showed the presence of casts, pus cells and sugar. Urine was scanty in spite of diuretic injections. There was no fever. The whole body was bloated including the face. She was breathing with difficulty, was apathetic, unwilling or unable to talk. She had craving for excessive salt in food; used to have loose stools once or twice a day. On the above clinical symptoms phosphorus 200 a single dose was given and asked to report next day.

The report was that she went to sleep soon after taking the medicine and after a few hours the family had to keep awake to remove the profuse and frequent urine voided. Next day the dropsy had disappeared. She was kept on placebo for a week and urine was examined later. Sugar, pus, and casts nil; Albumen a trace. She made an uneventful recovery.

6. In 1946, a boy aged three had fever with double rise of temperature. It was diagnosed as kala-Azar and treated accordingly. Even after two months, he was no better for it. In fact, he was worse for it, and had become emaciated also. Now Homoeopathy was given a chance, in spite of expert medical advice to contrary.

The boy was a lively plumpy child. Two of his elder brothers had died of cirrhosis of the liver. Sometimes there was sweat on the head during sleep. He liked open air always, preferred to have as little clothing as possible. He did not even mind the fever unless it went above 103. The liver and spleen were enlarged. Urine scanty, yellow; frequent stools of mucous slime, greenish yellow; acrid discharge from nose corroding the upper lip. Indicated remedies like Ars, China, Cardus. m., were of no avail. Meanwhile the liver was getting bigger, stools more frequent and slimy; jaundice worse. I was at a loss to know how to get the right remedy.

I happened to see him when he was asleep. He was lying on his back with legs apart and arms and hands over head and was told that it was his usual posture during sleep. The remedies for this rubric in Boenninghausen's repertory are: Calc. c; Chin; Coloc; Nux. v; Plat, Puls, Rheum, Ruta, Thuja, Verat. a. The choice was easy. Puls. 6 two doses 6 hours apart cured the fever in a day. It was continued for a few weeks, and we had a perfect permanent cure. Was it kala-Azar?

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CASE NOTES

BY

Dr. A. R. A. Acharya (Bangalore)

(1) Sri V. R. B., agent of a Bank, 45 years old, eats very little, full of gas, mucous stools whitish and loose, piles not very painful; sleep does not give refreshed feeling in the morning; better by bath; evening weak feeling; warm food and drinks better; lean and tall, cannot put on flesh, bald, active life, desires work; habits smoking and a bit drinking; early malaria and later on typhoid.

Boger's Card Index

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Bald Hair falls	...	61
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Eating a little aggravates	...	86
Emaciation	...	88
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Stomach and bowels	...	264

Phosphorus 1.
Lycompodium 2.

The patient told me that he ate much salt. This confirmed phosphorus.

Phos. 200 was given once in three weeks. Two doses set him right.

(2) With the help of Ken't Repertory, I was able to help a patient to get rid of his shaking of his upper left eye lid. The drug was Arum. Triph. 30.

(3) In the case of a friend who was suffering from what is called cystitis and high fever I found him restless and two beds insufficient for him. The temperature used to be changing also in a day. Gave Pyrogen 30 which gave a bit of relief. The following day the fever went up again. A single dose of Pyrogen C.M. in another 24 hours brought out good sweat and fever left him. Recovery was very rapid.

NEWS AND NOTES

In this section will be published reports of activities of Homoeopathic Associations and institutions; and also correspondence on subjects of Homoeopathic interest.

DAVE COMMITTEE

INTERIM REPORT

"Enactment of State legislation within two years for the regulation of practice, professional ethics and teaching of Vaidyas, Hakims and Homoeopaths has been recommended by the committee appointed by the Central Council of Health, to study the question of formulating uniform standards in respect of education and practice of the indigenous systems of medicine. The committee has submitted an interim report.

This committee is opposed to any Central legislation on the subject and said since medical profession was a concurrent subject, the central body need only be a co-ordinating body exercising control over academic standards and teaching.

Amendment of the Medical Degrees Act has also been suggested so that the use of a bogus degree in Ayurveda, Unani and Homoeopathy could be prohibited.

The other recommendations are: (1) Persons who are of 15 years standing prior to the appointed day will be on the register along with the institutionally qualified persons. The others who have two years' practice on the appointed day should be on a list. Fees should be levied for registration.

(2) Initially there should be a nominated body to control the practitioners for three years and subsequent bodies should be partly elected and partly nominated. There should be separate register for practitioners in Ayurvedic, Unani and Homoeopathic systems. If the number of practitioners exceeds a hundred, a separate board should be constituted. Otherwise a joint register and board are favoured in so far as Ayurvedic and Unani systems are concerned. Homoeopathy should have a separate register and a separate board.

(3) The privileges should be given only to registered practitioners and not to enlisted practitioners. Registered practitioners in these three systems should be treated with regard to privileges on a par with practitioners in modern medicines. Unregistered and unenlisted practitioners can practice in rural areas."

—The Hindu, dated 26th April 1956.

ANNIVERSARY CELEBRATED

The annual meeting of the Erode Homoeopathic Medical Association was held on 6th May. Dr. V. Nanjaraju, President, presiding.

The annual report and the statement of accounts presented by Dr. V. M. Subramaniam, Secretary, were approved. Dr. D. S. Ravar, spoke on the special features of Homoeopathy.

The following office bearers were elected. Dr. D. S. Ravar, President, Dr. Arumugham, Vice-President, Dr. V. M. Subramaniam, Secretary, Dr. R. Shanmugham, Assistant Secretary, Dr. S. Panchapakesa Sarma, Treasurer, Drs. V. Nanjaraju, J. D. Rajah, Appavu, Venkatachalam, Rajam and Joseph, Committee Members.

It was decided to start a Homoeopathic medical dispensary by the members of the Association for which a Committee was formed with Drs. V. Nanjaraju, D. S. Ravar and Rajam, Dr. D. S. Ravar proposed a vote of thanks.

Dr. HAHNEMANN'S BIRTHDAY

Celebration in Delhi

The Homoeopathic associations of Delhi jointly celebrated the birthday of Dr. Hahnemann on 10th April 1956 at the Constitution Club, New Delhi. Shri Mohanlal Saksena M.A., presided. In an introductory speech, Dr. Yudhvir Singh, Health Minister, Delhi State spoke on the life and work of Dr. Hahnemann. Shri Lal Bahadur Sastri, Union Railway Minister addressing the meeting enologised the services of Dr. Hahnemann and the benefits of Homoeopathic medicines. His experience was that Homoeopathy was most useful where the other systems had failed. He appealed to the Homoeopaths to stand on their own legs and the Government was sure to come to their aid. A system which serves millions of people is sure to be recognised by the Government. He, however, expressed that proper training and experience were essential for the turning out of a homoeopath.

Shri Khandu Bhai Desai, Union Labour Minister, said that Homoeopathy was a useful system of medicine suited to the poor people of India. In a vast country like ours all systems can be effectively employed. The principle of co-existence should be applied to various systems of medicine in this country.

Drs. V. D. Kashyap, P. N. Chopra and Jugal Kishore then spoke on the life of Hahnemann and Homoeopathy.

Shri Mohanlal Saksena then delivered the following presidential address :

"The Homoeopaths of Delhi have gathered to honour the memory of the founder of Homoeopathy Dr. Samuel Hahnemann and it is indeed a pleasure for me to be present on this occasion. It would have been in the fitness of things if somebody better acquainted with the principles of Homoeopathy and the history of its development had presided at this function. However, I had no alternative but to submit to the wishes of Dr. Yudhvir Singh and other friends in the hope that my short comings would be made good by other distinguished speakers. All the same I am thankful to all of you for the opportunity you have given me of paying my tribute to the memory of one of the great benefactors of humanity for whom it is greatly indebted for having discovered a new system of treatment from which innumerable people have benefitted during the last 150 years or more. I may frankly confess that while I have derived benefit from Homoeopathic as from other systems of treatment, I do not consider myself competent to speak in favour of this system or against any other. I can only recall the opinion of two great sons of India whom I hold in the greatest esteem, namely, Mahatma Gandhi and Pandit Motilal Nehru.

"Just as my non-violence will never fail, so also Homoeopathy never fails. But the followers may fail owing to faulty application of the principles."

This is how Gandhiji spoke of Homoeopathy.

You will be surprised to know that the late Pandit Motilal Nehru had the best collection of books on Homoeopathy and he often told me that it was the only scientific system of medicine he knew of. He further claimed that because it was scientific even a layman like himself could prescribe the correct remedy ; only he would have to spend a little more time on the study of books and the symptoms of the disease.

As for myself, I want it to be encouraged for two reasons. Firstly, it is cheap and therefore amply suited to Indian conditions, and secondly there is very little medication of the human system. But above all, what matters most to a public man is the fact that there are nearly 2 lacs of Homoeopathic practitioners ministering medical aid to crores of poor people. For any one to say that he or she wants everyone to enjoy the benefits of the so-called modern system of medicine reminds me of the historical quotation "If they cannot have bread let them have cakes." They do not seem to realise that it would not be possible to bring that system of medicine within the reach of common man in any foreseeable future no matter how much money the Government might spend. Moreover, if the Health Minister

only cared to refer to her colleagues in the Council of Ministers, she will find that a majority of them would have Homoeopathy, Ayurveda and other systems of medicine.¹ With your permission I may avail of this opportunity to make it known to all concerned that my advocacy of Homoeopathy and indigenous systems of medicines does not mean that I am opposed to the allopathy, I have very good friends amongst practitioners of that system to whom I am as much grateful as Vaidas and Homoeopaths. For they have not only treated me and members of my family but their advice and consultation have been freely available even when the patient was under the treatment of practitioner belonging to other systems. Allopathy has undoubtedly made remarkable progress and has its own appeal; but if it has to thrive in India it shall have to adjust itself to the local conditions. So far it has remained only a hot-house plant depending, for nourishment on foreign claims and serving as an outlet for foreign drain. I might even concede that in one on-slaught against disease and unhealthy conditions rampant in this country it may be used as a spear-head. But even a spear consists of two parts—the head and body. The spear-head will be worse than useless without a strong and smooth handle. So I feel that Homoeopathy and other systems of medicine can suitably provide this strong handle. By itself I am afraid the so-called modern system of medicine will make no headway no matter what its protagonists might say. Therefore I have urged for the development of Homoeopathy and other systems of medicine as in China with the help and co-operation of the students and practitioners of modern system if possible and without it if necessary. But what I deplore most is the sectarian spirit displayed by the All India Medical Association in demanding for the suppression of other systems and calling upon its members not to work in any of the institutions devoted to other systems of medicine. I feel it is a suicidal policy and should be discarded forthwith as it is bound to alienate public sympathy. I have felt that if India has to make any substantial contribution to the development of medicine and not remain the dumping ground for foreign ideas and medicine, greater attention has to be paid to research and development of other systems for considerable sums of money are being spent on the development of Allopathy than we can even afford.

I have, therefore, repeatedly urged upon the Union Health Ministry that instead of remaining the soak pit for the refuse and leavings of other lands its policies should be formulated in such a way that it becomes the spring head of a perennial stream of medicine for millions receiving the best from every system of medicine obtaining in this land reaching every nook and corner of India and promoting health and longevity instead of being confined to towns and certain selected areas.

So, I would like to remind the medical practitioners all over India to remember that they might belong to different systems of medicine but the goal is the same, namely, the promotion of health and well being of the people. In the achievement of this goal they have to contribute their best in their respective systems. Again irrespective of the attitude of the Government which is bound to change under pressure of public opinion, they must devise ways and means to remove their short comings without any loss of time and prepare themselves to make their fullest contribution in the next Five Year Plan. I may also suggest that the anniversaries of the founders of different systems should be utilised as an occasion for annual stock taking of their efforts and achievements."

He then announced a donation of Rs. 25,000 on behalf of Dr. Dewan Jai Chand for the construction of a Homoeopathic Hospital in Delhi to the Society for the Advancement of Homoeopathy.

Dr. K. G. Saxena then thanked all who contributed to the success of the function and also thanked Dr. Dewan Jai Chand for his great contribution to Homoeopathy.

PATNA TO HAVE A COLLEGE FOR HOMOEOPATHY

Inaugurating the Hahnemann anniversary celebrations at Dinapur on the 10th April, Shri Harinath Misra, Health Minister, Bihar State, assured his support to Homoeopathy and observed that a sum of ten lakhs had been sanctioned to establish a first grade Homoeopathic College at Patna. He deplored the disunity in Homoeopathic ranks and wanted that they should stand united and avoid groups.

The function was presided over by Dr. S.P. Sinha of Monghyr, Member of the Bihar State Board of Homoeopathy.

DRUG RELATIONSHIPS
AND
DURATION OF ACTION

(Continued)

ARSENICUM IODATUM	... Complementary : Phos. Follows well : Con. and Sul. Antidoted by : Bry.
ARUM TRIPHYLLUM	... Follows well : Caust, Hep. Sul. Followed well by : Euphr. Incompatible : Calad. Antidoted by : Lac. and Butter milk Acts 1 to 2 days.
ASAFOETIDA	... Followed well by : Chi, Merc, Puls. Antidotes : Alcohol, Ant.t., Caust, Merc, Puls. Antidoted by : Cam, Chi, Merc, Puls. Action : 28 to 42 days.
ASARUME	... Followed well by : Bismuth, Caus, Puls, Sil. Antidotes : Cit. Antidoted by : Cam Vinegar and all vegetable acids. Action : 8 to 14 days.
AURUM METALLICUM	... Followed well by : Aco, Bell, Calc, Chi, Merc, Pul, Rhus t., Sep, Sul. Antidotes : Chronic effects of alcohol, Merc, Spi. Antidoted by : Bell, Cam, Chi, Coc i., Cof, Cup, Merc, Pul, Spig. Action 50 to 60 days.
BACILLINUM	... Cal. Phos. goes along with this remedy very well indeed. So also, Hydras, Lach.
BAPTISIA	... Follows well : Ars. a. ... Followed well by : Ham, Nit. a., Ter. Antidoted by : Phyt, Sang.

31

BARYTA CARB

... Complementary : Dulc.
Follows well : Ars, Scill, Sul.
Followed well by : Ant.t.,
Con, Phos., Pul, Rhus t,
Sepia, Sil, Sul.
Incompatible : Cal.c.
Antidoted by : Ant. t., Bel.
Cam. Dul, Merc, Zin.
Action 40 to 50 days.

BELLADONNA

... Complementary : Cal. carb.
Follows well : Ars, Cham,
Cup, Hep, Lach, Merc, Nit.
a., Phos.
Followed well by : Aco., Ars.,
Cac., Cal.c., Cham, Chi,
Con, Pul, Hep, Hyos, Lach,
Merc, Mur. a., Nux.v., Pul,
Rhus, t., Sep, Sil, Sympt,
Sul, Ver.
Incompatible : Dul. vinegar.
Antidotes : Aco, Arum.t., Aur.
m., Bary.c., Chi., Crot., Cup.,
Fer., Grt., Hep, Hyos. Iod,
Lach., Mag., p., Merc.,
Nux. v., Opi. Camp. Phyt.,
Plat., Phos., Rum, Sars, oil
of turpentine, sausage poison-
ing.
Antidoted by : Coff. Hyos,
Cam, Hep.s., Opi.
Action 1 to 7 days.

BENZOICUM ACIDUM

... It antidotes copaiba.

BERBERIS VULGARIS

... Follows well : Bry, Kali.bi.
Rhus. t., Sul.
Antidote : Aco.
Antidoted by : Bell. Cham.

BISMUTHUM

... Followed well by : Bell, Cal.
Pul, Sep.
Antidoted by : Cal. Caps.,
Coff., Nux.
Action 20 to 50 days.

BORAX

... Incompatible : Ac. a.
Followed well by : Cal.c.,
Nux.v.
Antidotes : Cham.
Action 30 days.

BOVISTA

... Follows well : Rhust.
 Followed well by : Alum, Calc.,
 Rhus t., Sep.
 Incompatible : Coffea.
 Antidotes : effects of tar applied
 locally.
 Action 14 to 50 days.

BROMIUM

... Follows well : Iod, Phos,
 Spon.
 ... Followed well by : Arg.n.,
 Kali.c.
 Antidoted by : Amm.c., Cam.
 Colchi, Mag. c., Opi.

THE MADRAS HOMOEOPATHIC JOURNAL

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The Madras Presidency Homoeopathic Association seeks to encourage the use of Homoeopathy by extending knowledge of the method of treatment and improving facilities for getting it. It also aims at coordinating the activities of District and other Associations in South India.

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Editorial Notes and Comments

THE DELHI HOMOEOPATHIC BILL

We congratulate the Delhi State Health Minister Dr. Yud Vir Singh on the passage of the Delhi Homoeopathic Bill. He is a keen and devoted Homoeopath and he was mainly responsible for it. We hope it will soon receive the President's assent and will be placed on the Statute Book.

The main features of the legislation are these : no ban is placed on the practice of Homoeopathy ; institutions selling bogus diplomas are banned ; the use of bogus degrees is made an offence punishable with fine or imprisonment or both ; all Homoeopaths are registered in one class ; and registered Homoeopaths will enjoy all the privileges which allopathic practitioners now enjoy.

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WILL MADRAS FOLLOW ?

The Bill published by the Andhra State to regulate the qualifications and to provide for the registration of practitioners of Homoeopathy along with those of the indigenous systems of medicine giving effect to the recommendations of the Somayya Committee will be welcomed by Homoeopathic opinion in India. The Andhra Government has earned the gratitude of the public for recognising the Homoeopathic system in the State.

The setting up of a separate and broad-based Board of eleven members for Homoeopathy consisting of representatives of various interests and charged with the duty of the registration of Homoeopathic practitioners, pharmacies and stores is provided for in it. It seems to us that no exception can generally be taken to the provisions of the Bill.

Homoeopathy is highly popular in Madras state as well, and there is a great demand for treatment by this system not only in cities but in the rural areas also. The system is highly suited to our conditions, the roots of Homoeopathy being very much alike to those of Ayurveda. Whilst almost all the states in India including Andhra now have adopted similar legislation—and Delhi State has recently done so—it is unfortunate that the Madras State, progressive as it is in most matters, should lag behind in this respect. It is hoped that the Madras Government will equally become alive to the need for recognition of this system and take early steps to bring forward a similar bill; and in the meanwhile, we hope, it will start a college at once in Madras with a hospital attached to it where Homoeopathic training can be given on the basis of the syllabus prescribed by the Union Government. The Association which can claim to effectively represent Homoeopathic opinion in South India and has experience of running a college offers its cooperation in regard to this matter. Will Madras follow the noble example of Andhra ?

THE PLANNING COMMISSION—CONFERENCE OF EXPERTS

The Planning Commission invited a conference of the expert representatives of the indigenous system of medicine and Homoeopathy which was held on the 15th and 16th of last month under the presidency of the Chairman of the Commission. The memorandum presented to it is published elsewhere. We fail to understand why Madras should have gone unrepresented at the conference. Madras can boast of having in the Madras Presidency Homoeopathic Association a well organised central organisation for South India which coordinates the activities of as many as fifteen district and state associations affiliated to it ; and Homoeopathy is no less popular in South India. We hope that by the

time of the next meeting a few month later, provision for the representation of Madras would be made.

LOCAL BOARD MEDICAL DISPENSARIES

One way of effectively showing that people are for Homoeopathy and need Homoeopathic treatment in rural areas is by the people demanding the starting of more dispensaries by local bodies within their jurisdiction wherein Homoeopathic treatment will be afforded. The local bodies are at liberty to start such dispensaries to meet the demand of the public. A Homoeopathic dispensary is far less costly from the point of view of equipment than the allopathic one and the services rendered to the rural folk would be no less efficient, being at the same time far more cheap. Local bodies will be doing a real service to the cause of rural medical relief by starting more rural dispensaries for Homoeopathy.

While so, it is regrettable that there has been a recent report of an attempt at conversion of the Homoeopathic dispensary at Paganeri in Sivaganga Taluk into an allopathic one. Started in 1931 it has since then functioned efficiently indeed. Successive D.M.Os, have expressed great satisfaction at the large number of outpatients treated in it and certified to the popularity of the institution. The Medical Officer in charge appears to have won the esteem of the public and the authorities. The records should bear out all this. The reason now given for the proposed conversion is that no doctor is available in the place of the one who was in charge for 25 years and has retired. We find it difficult to agree with the reasoning. The services of the Doctor already there could, if suitable, be extended ; even otherwise, there should be no difficulty in getting qualified men. The conversion of this Homoeopathic dispensary in existence for over 25 years into an allopathic one especially when the cry is for more Homoeopathic dispensaries is hardly justified and we hope that the District Board would stop the move forthwith.

ERODE HOMOEOPATHIC MEDICAL ASSOCIATION

The Erode Homoeopathic Association has, by its affiliation with the Madras Presidency Homoeopathic Association, forged another link in the chain of consolidation of Homoeopathic activity in South India. We are sure that the few district associations that have not so far affiliated will, ere long, follow and complete the picture in the interests of the much-needed unity of the votaries of the system for the advancement of its cause.

BLOOD PRESSURE

BY

Sri N. Venkatarama Ayyar

In dealing with the disorders of blood pressure, the question of hypo-tension or low blood pressure cannot be ignored. Of course, hypotension has not engaged the same amount of attention which hypertension has, because the former is associated with grave danger and the latter is not half so dangerous to life unless there be serious associated conditions.

It is difficult to lay down any settled standard of systolic pressure which can be considered subnormal. As a rough working rule it may be taken that a systolic pressure of 80 to 100 may be considered as indicating low pressure. There may, however, be cases where the pressure may be 100 and still the patient may enjoy perfect health and it may be a little over 100 which may yet be below. It all depends upon the individual. So long as the normal pulse pressure is maintained and no abnormal symptoms are noticed, the blood pressure may be considered normal though the readings may not conform to the standard of the age group.

In some cases, for no apparent reason, the pressure is low and generally this is due to heredity and members of the family carry with them a pressure lower than the ordinary average. However, such cases are rare indeed. This is called primary hypo-tension.

The commoner cases come under the class known as secondary hypotension. The causes are generally acute infection, Addison's disease, loss of fluids from the body, heart disease, nervous disorders, anaemia, wasting diseases and intoxications.

In acute infectious disease there is a fall in the pressure except possibly in brain disorders. Haemorrhages, cholera or profuse diarrhoea, pull down the pressure, as also dilatation of the heart, neurasthenia after fits and lumbar puncture and shock from surgical operations, anaemia, leukaemia, wasting diseases like diabetes, tuberculosis and chloroform and tobacco poisoning.

A hypotensivist finds it difficult to carry on his normal occupation with vigour, and in a severe case he cannot even stay comfortably at home. Any change of posture sometimes bending the body and specially when taking the upright from the recumbent posture affects the pressure due to the low vascular tone. The fall in the pressure results in giddiness and some times even in fainting. The low pressure is very often an important factor in the production of cerebral as well as coronary thrombosis. A slow moving blood stream is always found in low pressure and is frequently a contributory cause for clotting.

Primary hypotension without any other attendant symptoms need not worry the patient. It is only those cases in which there are attendant symptoms as already indicated that need worry.

The remedial measures are to be found in the Homoeopathic drugs indicated closely on the symptoms in each case. Each case has to be carefully repertorised for the *similia* and, so chosen, the remedy is bound to restore not only the pressure to the normal level but also effect an all round improvement in the health of the patient, because Homoeopathic treatment is of the individual patient and not the disease labelled as such.

None-the less important are the general measures of health. The bowels must be kept clean by avoiding constipation. Wholesome food should be taken and care must be taken to avoid rich or spicy food calculated to upset digestion. Excessive indulgence in tea, coffee and tobacco should be avoided. Rest is a very essential need. Early to bed and early to rise is a very wholesome rule for this class of people. Getting up from the bed should be carefully done, avoiding jumping or jerky processes. There should invariably be an hour's rest after each meal. Exercise and massage are equally valuable. An oil massage tends to improve the circulation. Exercise in accordance with the condition of the patient should be prescribed. If confined to bed, a few breathing exercises combined with a few abdominal exercises calculated to stimulate the blood circulation will be enough. A hot water bath for the body alone and the vigorous rubbing of the body with a towel will stimulate circulation and greatly help.

[To be continued]

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SELECTION OF REMEDIES

BY

Dr. A. R. A. Acharya (Bangalore)

There are more than 2,000 remedies in the Homoeopathic Materia Medica. One finds hundreds of symptoms for each remedy. The selection of the proper remedy is by no means easy. A student of Materia Medica might know a few symptoms groups of each medicine. Contrasts, associations and comparisons will help one to have better memory for selection.

Better after menses or worse during menses in a loquacious patient brings to our mind Lachesis or Cimicifuga as the case may be.

The peculiarity of thirst or thirstlessness in a gastric patient gives us the clue to Mercurius or Pulsatilla, with sweating or non-sweating.

Rhus Tox and Bryonia, better by motion and worse by motion : better after stool : Nux Vomica ; Worse after stool : Mercury, Ars., Alb., and China. Better after food : Anacardium and phosphorus. If worse : Nux Vomica and Lycopodium. Better sleep : Nux Vomica ; Worse sleep : Lachesis. Ineffectual urge for vomiting is Ipecac ; if it is for stool : Nux Vomica ; if the bladder behaves similarly, then we have Merc. Cor., Lilium Tig., and Nux. Vom.

Remedies select sides for their actions. Thus we have left-sided remedies and the right-sided ones. The time of aggravation of symptoms is a sure guide for the choice of a remedy. Desires and aversions for food and drinks have definite indicated remedies. Every remedy has a specific location or a site for its affinity and action. Thus we have regional leaders.

Remedies are grouped according to miasms : anti-psoric, anti-sycotic, and anti-syphilitic. According to constitutions we have hydrogenoid, oxygenoid and carbo-nitrogenoid remedies. We should not forget leucophlegmatic, scrofulous and tubercular temperaments. Objectively patients appear emaciated blondes or brunettes.

Again we think of cold patients or hot patient with our cold or hot remedy. We have summer remedies, wet weather remedies and remedies for epidemics ; short-acting and long-acting remedies. Potencies worry us a lot. Rules regarding selection and repetition of remedies are not easy to observe. Individual cases must decide the issue.

We must know clearly what is a case, the totality of symptoms ; what is curable in a patient and what is curative in a drug. Above all, we should have cent percent faith and conviction in the healing art and see that the spirit of the drug and the spirit of the man are correlated for a happy cure under the law of similars.

REMEDY REACTION

BY

Dr. R. Ramaswamy, B.Sc. (AG.), Madras

The Organon, stresses that a successful homoeopathic physician should have his powers of observation and discrimination highly developed not only for the selection of the remedy but also for the interpretation of the reaction that follows in prognostic terms. After the patient has told us what he has to say, we must use our powers of observation and discrimination to determine what the remedy is. When a remedy acts, there will be some change in the symptoms either in character or degree. If there be no change, too long waiting is useless.

The most common reaction after the remedy has been given is aggravation or amelioration. There is an aggravation of the diseased condition in which the patient becomes worse. There is also an aggravation in which particular symptoms are worse but the patient is feeling or growing better. The former condition means that the patient is growing weaker and the disease is getting worse. The latter indicates that the vital force is being restored to normal though individual symptoms show aggravation.

The coarser and more material the type of patient, the less sensitive he is to potentized medicine. The frail spiritual type is the one we have to be careful. Children tolerate high potencies much better than adults. Liability to aggravation increases with age.

The more the organic changes due to disease, the greater the aggravation. A purely functional complaint without any organic changes will yield without any aggravation. In chronic diseases like cancer, tuberculosis etc., caution should be exercised in prescribing high potencies. Even low potencies may aggravate.

In general, remedies belonging to the animal group cause more aggravation than the mineral and vegetable groups ; and the mineral more than the vegetable. Irrespective of groups, Lycopodium, Lachesis, Natrum Mur, Sulphur, Silicea and Phosphorus in particular, have the power to cause the greatest amount of aggravation. The nearer the remedy is to the similimum, the greater the aggravation. The higher the potency, the greater the aggravation.

An aggravation with a steady-fall in strength is a sure indication that the disease is getting deeper. In those stages, sometimes the patient may declare himself to be better, because of some relief of some trying symptom ; yet the observant physician will

note that he is getting worse, because the natural order of cure is reversed. This type of aggravation may be due to an incurable state and unless the remedy is antidoted, the disease will progress rapidly to a fatal termination. The use of very high potencies may cause such an aggravation whereas medium or low potency would not give such results. The potentized remedy has not the power to cause death, unless the symptoms present forecasts such a termination. It only hastens the end by injudicious use. In such cases of incurable conditions, we should use low potencies and develop the case gradually until it is safe to give a high potency. Especially it is never safe in Tuberculosis to give a high potency of the exact similimum.

We may have a long severe aggravation with delayed amelioration. It shows that organic changes have taken place and in proportion to the pathological changes the period of aggravation will be longer. The delayed amelioration that follows is proof that cure is taking place. The remedy should not be repeated too soon.

A short sharp aggravation followed by rapid improvement is to be welcomed. It shows that there is no structural change of the vital organs and if it does exist it is only of a superficial nature. If the remedy and potency are correct, a permanent cure can be expected. In this connection, it is well to remember that some remedies act quickly and others a bit delayed. Phosphorus rarely gives an aggravation before twenty-four hours. In acute conditions, there may be a sharp aggravation and amelioration lasting for a few hours only. It shows that the action of the remedy on the vital force is exhausted and more frequent repetitions may be needed. In chronic cases, such a reaction means that the patient is not curable.

It is not necessary that aggravation should come first. Amelioration can follow soon after the remedy is given. Such a reaction is seen in functional complaints. In chronic cases, amelioration may be followed by a return of old symptoms. It is well to let the remedy act undisturbed however trying it may be to the patient.

A short amelioration lasting for a few days followed by aggravation happens in cases which present a great many symptoms, either a too superficial remedy was prescribed, which acted as a palliative or the case is incurable.

Each new drug causes aggravations followed by new symptoms. Such a reaction is found sometimes in old and feeble people. Appearance of new symptoms is not desirable. It means, it is an incurable condition or it may be care was not bestowed in case taking and the proper selection of the remedy.

If there be amelioration of physical symptoms with aggravation of mental symptoms, the case is incurable, for cure takes place from within outwards.

Rarely, we come across patients who get an aggravation from any remedy we may give and prove it. This may be due to an idiosyncrasy or too much sensitiveness to potentized drug on the part of the patient. It is sometimes induced also by too frequent repetition and change of remedies by a careless prescriber.

Before drawing conclusions from remedy reaction, it is well to bear in mind, what the patient has been doing meanwhile. Has he strictly obeyed the directions given? Has he used unknowingly or wilfully any other drugs (Allopathic, Ayurvedic etc.) for some reason or other? Has he done anything in any way to retard the cure?

Each remedy has its particular period of aggravation. It is better to give the remedy away from its usual period of aggravation. Spreading the dose in time is safer than spreading it in space.

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HOMOEOPATHIC POSOLOGY

BY

Dr. Shanker Rao P. Koppikar

Next to the selection of the right remedy, no problem is so difficult for a Homoeopath as the selection of the right potency and its repetition and non-repetition. Hahnemann and his immediate disciples started with low potencies, gradually going higher as they gained experience. The American Homoeopaths divided themselves sharply into low and high potency schools. Somehow, the most accurate prescribers became enthusiastic supporters of high and the highest potencies.

I give below a few famous cases, where a definite reasoning led the doctor to the selection of the appropriate doses. The first case is from Hahnemann himself.

"Sch - a washerwoman, somewhere about 40 years old, had been more than 3 weeks unable to earn her bread when she consulted me on Sept. 1st, 1815.

- "1. On any movement especially at every step, and worse on making a false step, she has a shock in the pit of the stomach, that comes as she avers, every time from the left side.
- "2. When she lies she feels quite well ; then she has no pain anywhere, neither in the side nor at the pit of the stomach.
- "3. She cannot sleep after 3 A.M.
- "4. She relishes her food, but when she has eaten a little she feels sick .
- "5. Then water collects in her mouth and runs out of it like water-brash.
- "6. She has frequent empty eructations after every meal.
- "7. Her temper is passionate, disposed to anger. When the pain is severe she is covered with perspiration. The catamenia was quite regular a fortnight since.

"In other respects her health is good

"Bryonia alone has among its chief alternating actions *pain from movement*, and especially shooting pains, as also stitches beneath the sternum (in the pit of the stomach) on raising the arm, and on making a false step it causes shooting in other parts

"Now as this woman was very robust and the force of the disease must consequently have been very considerable to prevent her on account of the pain doing any work and as her vital powers were not impaired, I gave her one of the strongest Homoeopathic doses *a full drop of the undiluted Juice of Bryonia root* to be taken immediately and bade her come again in forty-eight hours."

She never returned, as she was completely cured in one day and started working next day.

For contrast let us study another case, reported by Dr. H. N. Guernsey, the great professor of Materia Medica.

"Was called in consultation to see Miss. M., who was thought to be near dying. I found the patient in great distress, PANTING RESPIRATION, unable to speak only in a whisper, and each word uttered separately from the next by several respirations. She had informed me she could not long survive, as *each breath seemed as if it would be her last one*. She had *no thirst, scanty urine*, and *had not slept* for two days. Percussion over her chest gave a clear and healthy sound. Auscultation revealed permeability of the air through her lungs, but a very loud bronchial rale. No other remedy has this combination of symptoms excepting Apis. My choice fell on the 40 M potency (40,000) for the reason *that she was too ill to bear a lower potency of a large dose of the material*. Directions were given to repeat Apis 40M in water every hour till she seemed a little better, then to *cease giving entirely* till we saw her in the morning. After the third dose she became quiet, fell asleep for two hours and remained quiet all night, sleeping at intervals till morning. Contrary to instructions the medicine was repeated every time she awoke, till 9 in the morning when she received the last dose remaining, soon after which she became as bad as on the previous evening. We saw her at 10-30 A.M. and found her about the same as on my first visit. Now what was to be done ? The same remedy was still indicated, and it was very evident that she had been overdosed, therefore Saclac (blank powder) was given during the day, and when we saw her at 6-30 p.m., she was again more comfortable. Next day still better, and still saclac (blank powder). So day after showed that, on the whole she was improving and she made a perfect recovery without a further dose of medicine."

Let us examine two more contrasting cases, reported by Dr. Stuart Close in his great book, "Genius of Homoeopathy."

"The first was a case of Valvular Heart disease of many years' standing, which had reached the stage of fibrillation. In a previous crisis it had responded to potentiated medicines. In this instance however, potentised medicines selected with great care, had no effect. An effort was made to arouse the dormant activity with the intercurrent remedies, also in high potency. *Laurocerasus, Carbo vegetabilis, Tuberculum and Medorhinum* were given, as recommended by Homoeopathic authorities.

"All efforts failed and the case rapidly progressed toward dissolution. Tachicardia, arrhythmia, oedema, ascites, hydrothorax, passive congestion of the brain and liver, delirium, suppression of

urine and coma foretold the rapid approach of the end. For a period of over three weeks the symptoms had positively and unmistakably demanded Digitalis ; but doses ranging from forty-thousandth down to drop doses of the tincture produced no favourable change.

" At this point, by advice of an eminent allopathic specialist who was called in at the request of the family, full doses of a special preparation of digitalis and salt-free, liquid diet were given. Within thirty six hours the patient was passing over one hundred ounces of urine in twenty-four hours, brain, lungs and liver rapidly cleared up and the case which had appeared absolutely hopeless progressed steadily to a good recovery.

" The action of the Digitalis was clearly curative. No pathogenetic symptoms of any kind appeared, for the copious urine was distinctly a curative symptom. Only six doses of the drug were given, at intervals of twelve hours, and it was discontinued as soon as its full therapeutic action was established.

" About one month later, it was necessary to repeat the medication in smaller doses a few times for a slight return of some of the symptoms, due to over exertion.

" This patient was not cured in the sense that his structurally damaged heart valves were restored, for that is an impossibility. But the action of the indicated drug was curative in its nature, as far as it was possible to go, his life was saved and prolonged, and he was resorted to a measure of comfort and usefulness, when otherwise he would have died.

" Digitalis in material doses was Homoeopathic to this condition, symptomatically and pathologically and no other drug could take its place at that stage of the disease. No other medicine of any kind was given.

" In contrast to this case, and in further illustration of the necessity for being prepared to use the entire scale of potencies the following case from the practice of the writer is presented.

" The patient was a girl eighteen years of age, in the late stages of incurable heart disease. She had been under allopathic treatment for over a year, steadily growing worse. When first seen by the writer she was confined to a chair, unable to lie down or remain in bed. General oedema, ascites and hydrothorax existed. Urine was almost entirely suppressed, only about four ounces being passed in twenty-four hours. Tachycardia and dyspnoea were most distressing and death seemed imminent. The history and anamnesis of her case revealed unmistakable Calcareo symptoms. She was given a single dose of Calcareo Carb, C.M., Fincke. The reaction and response to the remedy was surprising. Within forty-eight hours urine began to be secreted copiously. For several days she passed from one

hundred and twenty to one hundred and fifty ounces per day. Dropsy rapidly disappeared and she was soon able to lie down and sleep comfortably. In about four weeks she was able to go out for a ride in a carriage, and not long after was walking. She lived thirteen months in comparative comfort and happiness and then died quite suddenly of heart failure, after a slight over exertion.

" These two cases represent the extremes of therapeutic resources open to the homoeopathic practitioner."

[To be continued]

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NEWS AND NOTES

In this section will be published reports of activities of Homoeopathic Associations and institutions ; and also correspondence on subjects of Homoeopathic interest.

RECOGNITION OF HOMOEOPATHY IN ANDHRA

PROPOSED LEGISLATION

The Andhra Government have published in the Gazette the text of the bill which is intended to regulate the qualifications and to provide for the registration of practitioners of indigenous and homoeopathic systems of medicine in Andhra State.

The Bill is likely to be introduced in the State Assembly during its next session.

The Bill is called the Andhra Indigenous and Homoeopathic Medical Practitioners Registration Bill. It extends to the whole State.

Objects

The statement of objects appended to the Bill states that at present, the practitioners of indigenous system of medicine (Ayurveda, Siddha and Unani) are being registered by the Central Board of Indigenous Medicine, Madras, in accordance with the rules issued by it from time to time. The said Board is not a statutory one. The Prakriti system of treatment being a system not recognised by the Government, the practitioners of that system are not being registered by the above Board though it is one of the systems of indigenous medicine. Similarly, the practitioners of the Homoeopathic system of medicine are not being registered by the Board of Homoeopathy as it is a non-indigenous system of medicine and as it has not been recognised in this State.

It adds that there has been agitation from the practitioners and associations of indigenous systems of medicine and homoeopathy to give them statutory recognition. The Government appointed expert committees in June 1954 for preparing schemes for the popularisation of Ayurveda, Siddha, Unani and Homoeopathy. The main recommendations of these expert committees are that as the existing arrangement for the registration of practitioners, pharmacies, stores etc., of Ayurveda, Siddha and Unani under the rules issued by the Central Board of Indigenous Medicine is not satisfactory a statutory board to control practitioners in indigenous system of medicine may be established, that legislation may be undertaken for the establishment of two separate boards, one for indigenous systems of medicine and the other for homoeopathy and for the registration of practitioners, pharmacies, stores,

etc., of all the systems of indigenous medicine and of homoeopathy and that some class of registered practitioners may be given certain privileges specified in those recommendations, such as, appointment of practitioners in recognised institutions and the signing or authenticating birth or death certificates and medical or physical fitness certificates. The Bill is intended to give effect to the above recommendations.

Provision

The Bill provides for establishment of two boards, one to be called "the Board of Indigenous Medicine" and the other to be called the "Board of Homoeopathic Medicine" and each Board shall be a body corporate having perpetual succession.

Board of Homoeopathic medicine

The Board of Homoeopathic Medicine shall consist of 11 members one each elected by the Andhra and Sri Venkateswara Universities Senates, one member to be elected by the teaching staff of the institutions teaching homoeopathy in Andhra State, one member to be elected by the registered members of the registered homoeopathic associations in the State, two members by the members of the Andhra Legislative Assembly, one by the Presidents of the District Boards, one by the Chairmen of the Municipal Councils and three by the registered practitioners of homoeopathy.

There shall be a President and Vice-President for each of the two boards who shall be elected by the members of the Boards.

The Government shall have power to appoint a Registrar common for the two boards. The Registrar shall be the Secretary of both the boards and shall also act as Treasurer, unless the boards concerned appointed another person as Treasurer.

If at any time, it appears to the Government that the Board has failed to perform its functions or has exceeded or abused its powers, the Government may communicate the particulars thereof to the Board and if the Board fails to remedy such failure within such time the Government may proceed to suspend or dissolve or supersede the Board.

Every year an executive committee of the Board shall be constituted through election by the Board. The Board may from time to time appoint special committees.

The Bill lays down rules and conditions for any institution applying to Government for recognition and provides rules for the registration of practitioners of indigenous systems of medicine and Homoeopathy.

The Bill lays down that after the expiry of five years from the commencement of this Act, no person other than a registered practitioners shall practice any indigenous system of medicine or homoeopathy or hold himself out, whether directly or by implication, as practising or has been prepared to practise such systems.

SIMILAR LEGISLATION FOR MADRAS URGED

At a meeting held on 20th June, the Executive Committee of the Madras Presidency Homoeopathic Association Mr. P. Satyanarayana Rao, President, presiding, congratulated the Andhra Government on having introduced a Bill for Registration of Homoeopathic practitioners and appealed to the Madras Government to introduce a similar measure.

The Association also requested the Madras Government, in the meanwhile to start a Homoeopathic College with a hospital attached to it, to afford facilities for giving institutional training in homoeopathy. The Association, with its experience of running a college, offered its co-operation.

Paganeri dispensary

The Committee was of opinion that the proposed conversion of the Homoeopathic dispensary at Paganeri, Sivaganga Taluq, Ramanathapuram District, into an allopathic one was not justified, and that the reason given that no Homoeopathic practitioner was available, was not correct. The Association, it stated was prepared to find a qualified doctor and appealed to the District Board to drop the proposal.

The Committee approved the affiliation of the Erode Homoeopathic Association.

PLANNING COMMISSION CONFERENCE

The Planning Commission invited a conference of the representatives of Ayurveda, Unani and Homoeopathy on 15th and 16th May 1956. Dr. J. C. Ghose, Member of the Planning Commission presided. Shri V. T. Krishnamachari, Shri G. L. Nanda, Planning Minister, Rajkumari Amrit Kaur, Health Minister, officials of the Health and Planning Commission Shri D. T. Dave, Health Minister of Saurashtra, Shri Mohanlal Saxena M.P., Dr. W. S. Barlingay, M.P., Dr. N. M. Jaisooriya M.P., Shri R. V. Dhulekar M.P., and representatives of Ayurveda Unani and Homoeopathy participated in the conference which was invited to discuss the use of non allopathic systems in the 2nd Five Year Plan Period. The Homoeopaths invited were : 1. Dr. J. N. Majumdar—Calcutta. 2. Dr. L. D. Dhawale—Bombay, 3. Dr. Dewan Jai Chand—New Delhi. 4. Dr. M. Gururaju—Andhra. 5. Dr. K. G. Saxena—Delhi, 6. Dr. Harish Chand—New Delhi.

MEMORANDUM

The following memorandum was submitted to the Commission on behalf of all the votaries of Ayurveda, Unani and Homoeopathy and was the basis of discussion.

The present policy in regard to Ayurveda, Unani and Homoeopathy should be radically altered and the discriminatory treatment

meted out to them should be discontinued so that every system of medicine should have full and equal opportunity of development under the patronage and guidance of the Union and State Governments. The Cabinet decision of the Government policy as announced by the Health Minister in Rajya Sabha on the 8th May should be changed accordingly.

Cabinet Decision

The Central and Provincial Governments should decide that modern scientific medicine shall continue to be the basis of the development of national services in the country

They also recommended that

“ facilities for research on scientific lines in to the Ayurvedic and Unani systems of medicine should be promoted on as broad a basis as possible on the lines recommended by the Chopra Committee's Report and the results of such research when they are proved valid will not only enrich the Ayurvedic and Unani systems but will also be incorporated in modern medicine so that eventually there will emerge only one system of medicine.

Establishment of Directorates At the centre and the States where they do not exist the creation of statutory Councils for Ayurveda, Unani and Homoeopathy.

The entire policy with regard to the development of the system of medicine concerned should be in the hands of the protagonists of that system itself and not in the hands of the protagonists of any other system.

No comments are necessary for the elucidation of this point. The main stumbling block with regard to the development of Ayurveda, Unani and Homoeopathy in this country has been that the policy with regard to these systems has been in the hands of allopaths who have more or less been inimical towards these systems. In practice this point involves two distinct steps.

- (a) The appointment in the Centre as well as in the States of Directors of Health Services for Ayurved, Unani and Homoeopathy—Executive officers who will have the same authority and status as their Allopathic counterpart :
- (b) Until the establishment of Statutory bodies, advisory councils may be set up by an executive order of the Government. It will be the duty of this Body to advise the aforesaid Executive officers with regard to all problems concerning the systems of medicine in question.

Training of Personnel

The courses of studies in Ayurveda, Unani and Homoeopathy, both in respect of length and quality should correspond to allopathic course.

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Thus corresponding to the M.B.B.S. course of five years in Allopathy, there should be a five years course in Ayurveda, Unani and Homoeopathy also, entitling the students to an equivalent degree in Ayurveda, Unani or Homoeopathy. However, there may be shorter courses in Homoeopathy, Unani and Ayurveda also for service to the people at large.

Given equal training (both qualitative and quantitative as far as may be practicable) the Ayurvedic or Homoeopathic personnel should have the same emoluments, status, opportunities and all other rights as their allopathic counterparts. They should be granted Government service on the same terms as the allopaths, provided that other things are equal. They should be given the same opportunities in Health Insurance Scheme, Contributory Health Schemes, Services in the Community Project areas and so on.

Incorporation and absorption of all useful scientific knowledge from whatever sources it may be into the Ayurvedic, Unani and Homoeopathic systems consistent with the fundamental principles of that system.

Neither Ayurveda nor Unani, nor Homoeopathy has ever been averse to this principle. The history of Ayurved itself will show that from time to time new principles, new medicine, and new modes of practice have been incorporated in Ayurved. The same holds good of Homoeopathy also. The difficulty in this country has been that on account of foreign rule for some centuries a large body of allopathic personnel was introduced into the Health service of the country without any prior attempt at an integration of the body of knowledge that existed in our old texts with all that came to us from the West as Science. We will not go into all these complications at present. It is sufficient to say that an integration and a synthesis of all that is old with the new body of knowledge, is inevitable, but in this matter it must be left to the protagonists of the various systems concerned to lay down the various stages at which and the manner in which all this useful scientific knowledge should be incorporated into the systems concerned. *Every system must have complete freedom to develop according to its own genius.*

Facilities for Research on identical terms

Specific recommendations were made by the Homeo Ad Hoc Committee for research but no implementation was done during First Five Year Plan. Recurring grants be given to private institutions recognised by Government.

Facilities for manufacture of drugs and standardisation

A corporation with regional factories be started for the manufacture of Ayurvedic and Homoeopathic drugs.

Besides Centre sharing the recurring and non-recurring expense on new Colleges and Hospitals, special funds should be set apart by

the Centre to give financial assistance to the existing recognised institutions for upgrading them and bringing them to the required standard. This assistance should be in addition to the assistance given or may be given by the States.

5 Crores may be allotted for this purpose.

Encouragement should be given to graduates of one system to study other systems of medicine.

The All-India Institute of Medical Sciences should not exclude but positively include comparative study and research in all systems of therapeutics obtaining in India.

The budget provision for Homoeopathy, Ayurved and Unani is obviously inadequate. The figure supplied by the Government itself show this.

While in several States Acts in respect of Homoeopathy have been passed and registration of Homoeopaths has been undertaken, no institution or colleges have been opened in any of the States where students could obtain the degrees or diplomas which are envisaged in the Acts concerned. This means that even in spite of the Acts conditions are not created in most of the States for the growth and development of these systems of medicines.

There should be advisors for Ayurved, Unani and Homoeopathy on the staff of the Planning Commission on a permanent basis as for Allopathy.

The conference will meet again after a few months.

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HOMOEOPATHIC CONFERENCES

The Singhbhum Homoeopathic Conference

The Second Annual Conference organised by the Singhbhum District Homoeopathic Association was held at Arya Samaj Mandir, Jamshedpur on 18th March under the auspices of the Bihar Homoeopathic Science Congress.

Dr. K. R. Acharya, Member, State Board of Homoeopathic Medicine, Government of Bihar, presided and Dr. H. N. Sinha, Member, State Board of Homoeopathic Medicine, Government of Bihar inaugurated the conference. Sri S. C. Tulbid, Chairman, District Board and Member State Board of Indigenous Medicine, Government of Bihar, opened the Homoeopathic Exhibition.

Sri Biswanath Rungta, Chairman of the Reception Committee, according a hearty welcome to the guests and delegates observed that the Science of Homeopathy being the least expensive mode of treatment and most effective, should be given top preference in a poor country like ours and public opinion should be mobilised to bring pressure upon the Government to render timely assistance in furtherance of its cause.

Dr. K. R. Acharya, in his presidential address said that the day was not far off when Homoeopathy will occupy its rightful place of honour in the society of medical men of the world. The dawn of a new and better art of healing was upon us and Homoeopathy—Dr. Hahnemann's priceless law of healing—would play a big part in the medical world of the future. When a large number of people were receiving benefits from Homoeopathy it was natural to expect the state to aid this branch of Medical Science. Many institutions for training Homoeopaths would have grown if such aid had been available. It is satisfactory anyhow to note that the science of Homoeopathy has found a place in India's National plan which meant a great scope for its development.

The Conference demanded the establishment of a Homoeopathic Medical College and hospital at Jubbulpore.

The Meerut Homoeopathic Conference

The Divisional Homoeopathic Conference held on the 15th April 1956 under the auspices of the Homoeopathic Medical Association in the Patel Mandap Nauchandi Fair was attended by more than 100 delegates.

Dr. Yud Vir Singh, Health Minister of Delhi State inaugurating the Conference said that Homoeopathy cannot be subdued however strong the opposition may be if Homoeopaths really served the people of country and did not hanker about making money. Selfless service of the masses will make Homoeopathy invincible.

Earlier Dr. J. M. Chaudhuri Chairman of the Reception Committee in his welcome address emphasised the necessity of unity among Homoeopaths and appealed to the Associations to stand together under the banner of a central organisation.

Dr. L. B. Nigam of Kanpur in his presidential speech observed that in every country Homoeopathy is gaining ground. It is wrong to say that Homoeopathy is dead in Europe. He appealed to the Homoeopaths to stick to the principle of Homoeopathy in treatment. He appealed to Homoeopaths to have a strong organisation and then and then only we can force the Government of India to recognise Homoeopathy. He requested the doctors not to copy the allopaths in making money but to serve the people as service of the sick is service to God.

The Conference concluded after adopting resolutions requesting the Government to stop indiscriminate use of B.C.G., to try Homoeopathic prophylactics for small-pox, measles, cholera and tuberculosis in the place of allopathic drugs as the Homoeopathic prophylactics are harmless and free from bad after effects, to allow Government servants to have homoeopathic treatment, to open a Homoeopathic Medical College at Meerut with a two-year course so that doctors may be available for being sent to the rural areas, to open Homoeopathic hospitals in every district, to allow Homoeopathic practitioners to give reports in regard to insurance and to take steps to stop the issue of bogus certificates and diplomas thus cheating the public.

Madhya Pradesh—Plea for encouragement to Homoeopathy

A conference of the Homoeopaths from Madhya Pradesh, Madhya Bharat, Bhopal and Vindya Pradesh was inaugurated by Pandit K. L. Dube, Speaker, Madhya Pradesh Vidhan Sabha. Dr. R. V. Date, a retired Judge of Gwalior High Court and a leading Homoeopath, presided.

Addressing the gathering on the occasion, Pundit Dubey strongly pleaded for popularising and encouraging the Homoeopathic system of medicine. He observed that the Ayurvedic and Homoeopathic systems of medicine were closely related and were identical to each other in many respects. Like Ayurveda, Homoeopathy was also a cheap and effective system and, therefore, it should be duly patronised. He pleaded for research in Homoeopathy.

Dr. Date, in his presidential Address said that Homoeopathy had a bright future. He appealed to the Homoeopaths to strengthen their association in new Madhya Pradesh.

U.P. encourages Homoeopathy

Mr. C. B. Gupta, Minister for Health, Planning, Industries and Supplies, U.P. observed on Sunday April 29, 1956 that this

year that he would give an additional grant of Rs. 50,000/- to the various Homoeopathic hospitals and dispensaries in the State.

He added that the National Homoeopathic College at Lucknow would shortly be developed into a first rate teaching institution, with a properly equipped hospital attached.

Mr. Gupta was addressing the members of the U.P. Homoeopathic Medicine Board. He said that the work done by the Board during the last three years was quite remarkable. It had laid a sound foundation for the development of the Homoeopathic system in the state.

The Rayalaseema Homoeopathic Association Annual General Meeting

The annual general meeting of the Royalaseema Homoeopathic Association, Guntakal was held on the 26th April, Dr. L. K. Narasimham presiding.

The annual report and the audited statement of accounts were adopted and Dr. K. V. Govindarajulu was elected President, Dr. P. K. Rama Rao, Vice President, Dr. C. P. Subbaroyan, General Secretary, Dr. P. Thipeeswami, Secretary, Dr. M. Padmanabhacharyulu, Joint Secretary and Dr. S. Narasimhalu, Treasurer. A committee of five other members was also elected.

The meeting resolved to affiliate the Association with the Andhra Provincial Homoeopathic Association, and approved of the amalgamation of the Vajrakarur Homoeopathic Welfare Association with itself.

Tributes were paid to Dr. Hahnemann on his 201st birthday and it was decided to hold the annual meeting from the next year in April.

The Erode Homoeopathic Medical Association

At the monthly meeting of the Erode Homoeopathic Medical Association held on Sunday, the 3rd June 1956, Dr. D. S. Rayer, President of the Association presiding, it was resolved to affiliate the Association with the Madras Presidency Homoeopathic Association. It was also decided to open a Library for the Association and Dr. D. S. Rayer, was authorised to equip it.

Name changed

The name of "The Association of the Salem District Homoeopathic Medical Practitioners, Trichengode" has been changed into "The Salem District Homoeopathic Association, Trichengode."

Dr. V. R. Murthy

Dr. V. R. Murthy one of the Members of the Madras Presidency Homoeopathic Association has been elected Chairman of the Municipality of Kumbakonam, well known as the Cambridge of South India.

[We convey our felicitations to Dr. Murthy on his well-merited election. Dr. Murthy is known as a capable organiser and we are confident that during his term of office he will strive to promote the well-being of the citizens of Kumbakonam.—Editor.]

RECOGNITION OF HOMOEOPATHY

Uniform basis suggested

Dr. R. R. Thakar, President of the Western India Homoeopathic Association, Bombay, today urged the Government of India to accord countrywide recognition to homoeopathy on a uniform basis and constitute a Central Council of Homoeopathic Medicine.

In a memorandum to the All-India Committee, appointed by the Government of India to regulate homoeopathy, Ayurveda and Unani systems of medicines in the country, Dr. Thakar said that the Council should be constituted from at least 90 per cent of experienced and influential homoeopaths.

The Government, Dr. Thakar said, should also establish separate homoeopathic institutions, well equipped homoeopathic hospitals, laboratories and proving centres and societies all over the country which might be conducted by Provincial Homoeopathic Councils, regulated and managed by the Central Council of Homoeopathic Medicine.

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Dated 30th June, 1956.

NOTICE

THE annual General Body meeting of the Association will be held on Sunday the 15th July at 6 P.M. at the premises of the Kesari High School, Mylapore, to consider the following matters :

1. Adoption of the annual report and the audited statement of accounts (from 1st April 1955 to 31st March 1956.)
2. Draft amendments to the rules of the association proposed by the Ex-Committee.
3. Election of office bearers and members of the Committee.
4. Such other matters as may be intimated by members by notice on or before 8th July to the Secretary in writing.

N. Venkatarama Ayyar,
Dr. P. Seshagiri Rao,
B. S. Govindarajulu Naidu.
Hony. Secretaries.

Group Photo 5-30 P.M.

Association members are requested to send their representatives to the meeting.

All members are requested to remit arrears of subscription if any and the journal subscription.

**THE MADRAS PRESIDENCY HOMOEOPATHIC
ASSOCIATION**

**Draft Rules for consideration by the Annual Meeting of
the General Body to be held on 15-7-56**

The following rules shall be substituted for the rules now in force :

1. Membership. (a) Membership shall be open to all practitioners, students and sympathisers of Homoeopathy and all Homoeopathic Associations whether incorporated or not.

(b) Membership shall consist of four classes (i) Patrons, (ii) individuals, (iii) Associates, and (iv) Associations.

(i) Those who are interested in Homoeopathy and donate Rs. 500/- shall be enrolled as Patrons of the Association.

(ii) Individual members of the association shall consist of Homoeopathic practitioners and such Homoeopaths as are considered fit by the Executive Committee to be enrolled as members and are enrolled as such.

(iii) Associate members shall consist of students and sympathisers of Homoeopathy.

(iv) Association members shall consist of such associations as affiliate themselves with the Association.

(c) **Application for membership.** Any association or individual desirous of becoming member under any of the categories shall fill up an application in the prescribed form and address it to Secretary and forward it along with the donation or annual subscription and the entrance fee prescribed in the rules.

(d) **Admission.** The Executive Committee shall have absolute discretion in the matter of admission of members and shall have power to reject any application without assigning any reasons therefor.

(e) **Subscription.** The annual subscription for all individual and Association members shall be Rs. 10/-. The entrance fee for membership shall be Re. 1/-. Members shall have the journal free.

(f) **Life Members.** Those who pay ten years' subscription in a lump shall be admitted as Life Members.

(g) **Cessation of Membership.** A member who fails to pay subscription for 2 years shall cease to be a member. He may be reinstated at the discretion of the Executive Committee.

2. Management. (a) The administration of the association shall be vested in an Executive Committee consisting of a President, three or more Vice-Presidents, a General Secretary, one or more Joint Secretaries, a Treasurer and 15 members—all elected at the annual meeting of the General Body provided, however, that there shall not be on the Committee more than

five Associate members. The Executive Committee elected shall continue in office until another Committee is elected in its place. *Interim* vacancies shall be filled by co-option.

(b) **The President.** The President shall have a general control over all the affairs of the Association. He shall also preside at the meeting of the Executive Committee and the General Body.

(c) **The Secretary.** The General Secretary and in his absence the Joint Secretary shall be the Chief Executive Officer of the Association. He shall be the person to sue and to be sued on behalf of the Association. He shall keep a record of the minutes of the meetings and carry on the correspondence on behalf of the Association. He shall appoint and be in control of the staff of the association.

(d) **The Treasurer.** The Treasurer shall be in charge of the moneys of the association. He shall deposit the collections made on behalf of the association into a Bank approved by the Executive Committee in the name of the association. He shall check the accounts once in a month and place a statement of accounts before the Executive Committee at its monthly meeting.

3. General Body. (a) The General Body of the Association shall consist of all members registered in the books of the Association.

(b) The General Body shall be the ultimate authority in all matters relating to the Association. Its decisions shall be binding on the members and they cannot be questioned.

4. Meetings. (a) *General Body.* The General Body shall meet at least once a year to adopt the annual report of the Executive Committee on the working of the association and the audited statement of accounts and to elect the office bearers and the Executive Committee and an auditor. It shall also meet whenever summoned by the President *suo motu* or on a requisition in writing by not less than 15 members of the association for consideration of specified matters.

(b) *Executive Committee.* The Executive Committee shall ordinarily meet once in a month or whenever necessary. It shall consider the matters placed before it by the Secretary and the President and also such other as may be brought up for consideration.

(c) The President and in his absence one of the Vice-Presidents and in the absence of both one of the members elected by the meeting shall preside over the meetings of the General Body of the Executive Committee.

4. Quorum. The quorum for a meeting of the General Body shall be 15 or 1/5 of the number of members on rolls whichever be less. The quorum for a meeting of the Executive Committee shall be five.

Decision. Decisions on matters coming up before meetings of the General Body and Executive Committee shall be taken by a majority vote and if the votes are equal, the President shall have a casting vote.

(c) **Notice :** Three days' notice shall ordinarily be given for a meeting of the Executive Committee and 14 days' notice ordinarily for a meeting of the General Body. In emergent cases, the President shall have power to convene meetings at shorter notice. Notice of meeting shall be sent by post to the address of the member as given in the register. Notice of the Annual meeting shall in addition to postal notice be given by publication in one issue of a daily newspaper.

(d) Each patron, individual and associate member present shall have one vote at a meeting of the General Body and each association affiliated to the Association shall be entitled to send three representatives to the General Body meeting and each of the representatives present shall have one vote.

5. Audit : The accounts of the Association shall be audited annually by an Auditor appointed by the Executive Committee. He shall send his report within a month after the close of the financial year.

6. Funds : The funds of the Association shall be deposited into a Bank approved by the Committee to the credit of the association. Withdrawals shall be made by cheques signed by the Secretary and the Treasurer and in the absence of the Secretary by the Joint Secretary and the Treasurer. An imprest cash of Rs. 25/- shall be with the Secretary to meet the postage and day-to-day expenses of the association. The Secretary shall have power to incur at a time expenditure to the extent of Rs. 25/- in anticipation of the sanction of the Committee.

7. Bye-laws : The Executive Committee shall have power to frame bye-laws not inconsistent with provisions of the Societies Registration Act rules for the regulation of the Association activities (e.g. Dispensaries, Hospitals, research work, Library, Reading room, Journal, Study circles, Homoeopathic course, propaganda etc.) and such bye-laws shall have the force of rules unless altered by the Executive Committee or repealed by the General Body.

8. Rules : (Alteration :) The rules of the association shall not be altered except at a meeting of the General Body and on a two-thirds vote of the members present and voting.

9. Affiliated Associations : The affiliated associations shall have absolute autonomy in regard to the internal management of their own affairs.

10. Association Year : The financial year viz., 1st April to 31st March shall be the Association year.

11. Properties : The properties of the Association shall vest in the Association.

THE MADRAS PRESIDENCY HOMOEOPATHIC ASSOCIATION



AFFILIATED ASSOCIATIONS

1. The Anantapur District Homoeopathic Association, Anantapur.
2. The Bangalore Homoeopathic Medical Practitioners Association, Bangalore.
3. The Homoeopathic Welfare Association, Vajrakarur.
4. The Kolar District Homoeopathic Association, Robertsonpet.
5. The Madura-Ramnad Districts Homoeopathic Education Society, Madurai.
6. The Malabar District Homoeopathic Association, Kozhikode.
7. The Melur Taluq Homoeopathic Practitioners and Sympathisers Association, Madurai District.
8. The North Arcot District Homoeopathic Association, Vellore.
9. The Prodattur Homoeopathic Association, Prodattur.
10. The Salem District Homoeopathic Association, Tiruchengodu.
11. The South Indian Homoeopathic Association, Madura.
12. The Tanjore District Homoeopathic Association.
13. The Tirunelveli District Homoeopathic Association.
14. The Tirupattur Homoeopathic Association.
15. The Erode Homoeopathic Medical Association.

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A monthly devoted to the propagation of and research in Homoeopathy.

Published by

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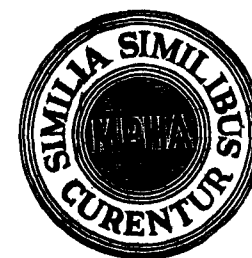
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BY
THE MADRAS PRESIDENCY HOMOEOPATHIC ASSOCIATION

July, 1956



1956

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Editorial Notes and Comments

CENTRAL HOMOEOPATHIC COUNCIL

The need for the establishment of a central Homoeopathic council which will set standards for Homoeopathic training throughout the country has been strongly emphasised by Dr. K. G. Saxena, Honorary Homoeopathic Physician to the President of the Indian Union, in his presidential address at the Bihar Homoeopathic Science Congress detailed extracts from which we reproduce elsewhere. Dr. Saxena has traced the advancement of Homoeopathy in India for the past one and a half centuries and pointed out that after the attainment of independence there is no warrant for the popular government delaying giving effect to the expressed wish of the people by a resolution of the popular assembly for including Homoeopathy in the National Health services of India. Though an Enquiry Committee was appointed in 1947 and it submitted its report in 1949 unanimously pronouncing that

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Homoeopathy is a scientific system and recommending the constitution of a Central council for the control and management of all matters relating to Homoeopathy, nothing has been done so far and the matter is in cold storage. It is no satisfaction that some ad hoc committees meet now and then or fresh committees are appointed. Even after the Second Five Year Plan period has commenced, the recommendations of the First Five Year Planning Committee in regard to Homoeopathy remain unimplemented. Homoeopathy is indeed the only system based on an immutable law of nature and has been recognised as scientific in almost all countries. Recently our beloved Prime Minister declared in Parliament that the Government policy was to encourage and develop all scientific systems of medicine. The Union Health Minister has declared it as the policy of the Union Government to give institutional training in Homoeopathy to put down quackery. Why then delay in giving effect to the policy? We hope as pointed out by Dr. Saxena no time will be lost by the Union Government in establishing a central council and leaving to it the entire matter of the control and management of the education and registration of practitioners.

In a sense we are ourselves to blame for the position in which Homoeopathy is today. A united front is wanting amongst Homoeopaths. A strong central organisation should be established and all associations should owe allegiance to it. Its voice is bound to have great effect. We should mobilise public opinion in favour of Homoeopathy and if that is expressed effectively no democratic government can afford to ignore it. We strongly endorse the appeal made by Dr. Saxena for unity. The Society for the Advancement of Homoeopathy believes in Homoeopaths helping themselves and its constitution is broad-based. It deserves support of all Homoeopaths in India.

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MY ENTRANCE INTO HOMOEOPATHY

E. HENRY SMALPAGE,

O.M., M.B., Ch.M., F.R.C.S. (ENG.), B.B.C.A. (LOND.)

May be, I am the only Fellow of the Royal College of Surgeons of England, who, after the most intensive training in Surgery, has deserted not only Surgery but also all Allopathy, to enter the realm of Homoeopathy. And clearly, after the experiences of such practice, with no small reputation for surgical skill, I must have had very strong reasons for casting all these aside to enter, like a new student, into a field in which I was then a complete ignoramus but also, like most Allopaths, one who openly condemned Homoeopathy as absurd and even worse.

If any man ever had to eat his own condemning words, I did. But the results have been in many instances very satisfying, if not for the pocket and allopathic friendships, at least for the mind and spirit.

As everyone can realise, it needed what seemed to me to be a miracle to convert a highly successful Surgeon—if success can be measured in money and public applause—into a renegade—a Homoeopath.

A boy of eleven years of age was brought by ambulance from his home many miles away from my city consulting rooms. He had been in and out of many allopathic hospitals, under the care of many allopathic physicians, famed and not so famed, for over seven years, for a condition of the spinal nerve centres, which brought about often repeated convulsions of the body and lower limbs. Nothing all the Allopaths could do had ever produced any beneficial results, so the possibility that I could do any better by similar methods was remote. As the ambulance men lifted the child from the stretcher to place him upon my examination couch, he went into a condition of clonic spasms with his back drawn into a state of opisthotonus—that is, drawn back until the back of his head was closely approximate to the back of his legs—a condition which is characteristic of acute strychnine poisoning. But this condition had recurred many hundreds of times over the preceding seven years.

Obviously, as an Allopath, I had no possible remedy. But Homoeopathy did have the remedy—Tinc. Nucis Vomicae—homoeopathically potentised, and I happened by chance to have the 30th potency of this drug. Its use was dramatic. Within a few minutes, the terrible spasms, which I was told usually went on for as long as thirty minutes, completely disappeared, but miraculously still, with repeti-

tion of the same therapy three times daily for one month, there were no spasms, and the boy—now twenty years older—has made and retained a complete recovery.

Then, as the Directing Fates ordained, a few days after seeing this first seeming homoeopathic miracle—where Allopathy for several long years had proved its complete futility—I had a very well known citizen of Sydney with an excruciating painful right orchitis due to violent contact of that part of his anatomy with the sharp edge of his open motor car door. I have never had such an experience personally, and never want what that man went through, until homoeopathic Pulsatilla 6x—one dose only—after two futile morphine injections by an Allopath—completely changed the whole painful picture by completely removing all the pain, and within one hour, the man, previously confined to his bed in agony, left for his business office in the city with the simple instructions to repeat the Pulsatilla every three hours, which he did for the rest of that day—three doses only—and that was all. Two days later, he rang me by telephone to say that he was painless and his condition had almost returned to normal.

That was good. But I was still a sceptical Allopath. Then a veritable life-saving miracle almost completely shattered any of my remaining doubts. A man, 65 years of age, was brought to my consulting rooms—as I had ceased to visit patients' homes—with a high temperature, a running toxic pulse, and an obviously highly inflamed appendix, but also with a cardiac condition which made surgical intervention seemingly deadly. I gave that man, more through desperation than faith, the homoeopathic Belladonna 6. I repeated it three times at quarter hour intervals. Then, being pressed

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by other patients who were waiting, I sent him home, with instructions to repeat the Belladonna therapy and ring me during the late afternoon. I received two telephone calls—one to say the patient was greatly improved—the other by his local doctor to abuse me for losing him a surgical operation and its fee.

The next case I consider a veritable life-saving miracle. And I can say without any fear of reasonable contradiction that a fine young man now twenty years of age and soon to graduate as an allopathic doctor, the only one to enter medical profession in Australia, would never have passed through his first few days of his life without Homoeopathy and the so-called coincidence that I was in the maternity hospital where he was born and in which death for him seemed then inevitable and only a matter of hours.

Two hours after he was born—without drug or artificial mechanical meddling—he had a rectal temperature of 106 degrees, and was burning hot with an intense dry heat, and for two hours all the efforts of his skilled allopathic obstetric Surgeon and Nursing Sister to save him had proved futile.

The dry burning heat, the fast approaching mortality, and the fact that the little victim sipped a little water only, from a spoon, then turned its head slowly away and then back to sip again, left no doubt in my mind that if Homoeopathy was to win a victory over impending death, potentised Arsenicum Alb. was the indicated life-saver. Arsenicum Alb. 6x—a few drops well diluted in water—was given in a few drops, every few minutes. In fifteen minutes from the first dose the rectal temperature was normal, and the otherwise doomed child made a complete recovery—strangely enough—saved from death by Homoeopathy when Allopathy had proved futile—to spend six years of his later life filling his mind with futile Allopathy so that when graduated as a medical man he could cast aside and forget what he had been taught by his allopathic teachers to embrace the Art of Homoeopathy to which alone he owed his salvation from early death.

These were my introduction to Homoeopathy—enough, most people will agree, to drive me into seeking to know more of this allopathically condemned “Nonsense” or “Quackery.”

Twenty years have now passed, and with them my extensive consulting surgical practice has died its just death.

Reprinted from *The Homoeopathic Outlook*.

ADVANCE OF HOMOEOPATHY IN INDIA

Extracts from the Presidential Address
of

DR. K. G. SAXENA (DELHI)
Hon. Physician to the President of India

at
The Bihar Homoeopathic Science Congress

"Ever since Dr. Honigberger of Germany entered the Majestic Court of Maharaja Ranjit Singh of Lahore, Homoeopathy began to find its way in our country. Bands of missionaries, civilians and other enthusiasts made their individual efforts for the propagation of this noble science. In its early stages Homoeopathy in India, found its best exponents in Calcutta, and from there it spread to the whole of Bengal. The profession shall ever remain indebted to the enthusiastic and indefatigable efforts of the great luminaries like Drs. Mahendra Lal Sirkar, Majumdar, Bhaduri, Berigny, Roy, Salzaar, Yunan, Nag, Barid Baran, Rajendra Dutt, A. N. Mukerjee and numerous other Homoeopaths, who carried the torch of Homoeopathy throughout the length and breadth of this vast sub-continent. They were instrumental in starting institutions for training, opening hospitals, dispensaries and pharmacies that have been doing admirable service to Homoeopathy for more than fifty years. Their miraculous cures astonished medical practitioners, as well as the lay public. Homoeopathy began to grow popular on account of its sterling qualities so much so that a number of youngmen gladly went to foreign countries for special studies in Homoeopathy, and on their return home they dedicated their lives for the sake of this unique science.

Seeing this marvellous success and unexpected popularity of Homoeopathy, mushroom growths became the order of the day. It was nothing uncommon because throughout the long history of mankind it has been observed that every good movement was polluted and misused by undesirable elements that somehow or other found their way into the rank and file. Bogus institutions were started, and very little attention was paid to the quality and standard of medical education and service. Matters went from bad to worse with the result that Homoeopathy began to be looked down upon. Even the duly trained practitioners were despised by the dominant school; and the Government too, did not pay any attention towards the betterment of the situation. There were institutions in Calcutta and hospitals for Homoeopathy which found some support from official and non-official quarters. But even they had to work under great drawbacks and financial strain.

Thus automatically a situation rose when every intelligent member of the Homoeopathic profession began to feel and realise the necessity for Government recognition and control without which the future of Homoeopathy was decidedly doomed. We were students in those days and were surprised to see how the authorities of the Calcutta Colleges had to struggle every now and then for the crumbs (of support) they hoped to get through stray visits from some Government officials or the other. We were deeply distressed at seeing the helpless plight in which Homoeopathy was placed in those days and made up our minds to do our utmost for the removal of all obstacles to the progress of Homoeopathy in this country.

Central Assembly Resolution

We were fortunate enough to settle at Delhi and thus were in a position to knock at the door of every member of the Central Assembly till at last we succeeded in persuading Mr. Ghiasuddin and others to move the famous Homoeopathic Resolution that was discussed and passed by the Central Assembly on 2nd April 1936 in spite of the bitter opposition from the Government benches. I cannot forget that day when I

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THE LARGEST HOMOEOPATHIC ESTABLISHMENT IN THE SOUTH

stood near the gates of Central Assembly and handed over my cyclostyled leaflets with words "Please vote for Homoeopathy" to all the M.L.As. The House was full and the Public Galleries packed to capacity. The leaflet had the desired effect as some members read out most of its portions in their speeches. Mr. Ghiasuddin Ahmed, M.L.A., Punjab was the mover of the resolution and he was supported by 12 M.L.As. The resolution was passed by a majority of 8 votes. Shri Girja Shanker Bajpai, —then Secretary of Health and Lands said on behalf of the Government that since Provincial Autonomy had been granted, Health became a Provincial subject and the State Government could recognise and utilise Homoeopathy if they so desired. The Centre promised to forward the verdict of the Assembly to all State Governments.

That resolution paved the way for our march onward. It gave a marvellous impetus to the veteran Homoeopaths of Bengal, who re-doubled their efforts and finally succeeded in establishing the State Faculty for Homoeopathic Medicine in their province in 1943. Other province also took to agitation for the recognition of Homoeopathy, but their efforts were unfortunately handicapped on account of the World War II. We had ample opportunities in those days to come in contact with various officials as well as non-official personalities. Our talks with them impressed on us the fact that they were much prejudiced against Homoeopathy due to the evergrowing quackery in its ranks.

The war had ended, and all of a sudden a new life was visible in the whole of the country. For the first time in her history India had seen the (formation) of an Interim Government which was regarded almost equal to a National Government. And like other parties we were also anxious to derive from it as much benefit for our case as possible.

Deputation to Health Minister

But due to the tense atmosphere in the country we could not achieve much till the end of 1946. In December 1946 we were granted permission to meet the Health Minister in deputation. We hurriedly arranged for the deputation and were fortunate to catch hold of Dr. Dewan Jaichand of Lahore who very kindly came down to Delhi and led our deputation on December 23 at 4-30 P.M. at the residence of Mr. Ghazanfar Ali Khan, the then Health Minister of India.

The Health Minister patiently heard Dr. Jaichand and others about the step-motherly treatment meted to Homoeopathy by Bhore Committee. The deputation requested him to recognise and utilise Homoeopathy in the future health-plan of India. The Health Minister promised to do his best

and asked the deputation to submit concrete proposals. The draft proposals were as follows :—

1. Recognition of Homoeopathy by Government in pursuance of the Homoeopathic Resolution passed by the Central Assembly in 1936.
2. Starting of Homoeopathic Hospitals and Colleges in all provinces, and an All India Board of Control to be set up.
3. Research Institute.
4. Foreign studies (facilities for).
5. Facilities for working in epidemics.
6. Post-graduate training classes for allopathic and other medical graduates.
7. Dispensaries in villages and towns.
8. Homoeopathic Drug legislation.
9. Practice by registered practitioners to be advocated.
10. Enquiry committee to be appointed to find out
 - (a) the existing condition of Homoeopathy;
 - (b) the scope for its progress in future;
 - (c) ways and means to implement the recommendation and proposals mentioned above.

The Indian Independence was inaugurated in August 1947, and Raj Kumari Amrit Kaur became the First Health Minister of India. I had the honour to meet her on numerous occasions and impress upon her the importance of giving practical shape to our proposals. Our talks and discussions were highly helpful in clearing most of the misunderstandings and I am glad to inform you that she has now become sympathetic towards Homoeopathy. The Hon'ble Minister is no doubt deadly against all sorts of quackery and will never agree to proposals that would in any way lower the standard of medical service in the country.

The tragedies of partition disturbed the whole atmosphere and our work was greatly hampered. Even then our contact with the Government continued. We were the first to approach the Health Minister in those troublous days to offer our services for the medical relief to refugees. The Minister very much appreciated our move, but expressed her inability to utilise our services as the policy of the Government towards Homoeopathy was yet to be formulated and clearly defined. I also addressed an appeal to revered Bapuji and was trying to seek an interview with him when his sudden assassination brought a great setback in our activities. I, however, learnt through Raj Kumarijee that she had a long discussion with Mahatmaji over my letter for Homoeopathy.

It was under these circumstances that Mr. Samanta got his resolution tabled on the floor of the Indian Parliament. We had further talks and correspondence with the Health Minister in this connection. We were also fortunate to benefit by the valuable suggestions of Shri Mohan Lal Saxena, then Secretary of the Congress Assembly Party, whose amendment was finally accepted by the Government on 17th February 1948. The debate in the Parliament was highly interesting. Several prominent speakers like the Congress President, Dr. Pattabhi Sitaramayya, L. Deshbandhu Gupta, and Shri Shibbanlal Saxena strongly supported the cause of Homoeopathy. Of course behind the scenes much spade work had to be done before the matters came to such a successful end. Even then the Government took several months in consulting the provinces.

Committee of Enquiry of Homoeopathy

The Government announced on 30th Sept. 1948, the personnel of the Committee for the Enquiry of Homoeopathy in India together with its terms of reference. The committee started their work on October 15, 1949. We arranged a grand reception on that evening at Hotel Imperial to Hon'ble Health Minister and the members of the committee. The function was also attended by Dr. Raja, the then Director-General of Health Services and several other dignitaries in the capital. The Committee submitted its report in 1949-50 after touring all the States of India. This was an unanimous report with dissent notes on certain sections by the two allopathic members of the Committee. The Committee unanimously pronounced that Homoeopathy is a scientific system of medicine. The Committee recommended that a Central council of Homoeopathic medicine be established by law for the control and management of all matters pertaining to Homoeopathy.

The Third All India Health Ministers Conference was held in New Delhi, in 1950 and considered and approved the Homoeopathic Enquiry Committee Report. The Government was thereupon pressed to give effect to the proposals of Homoeopathic Enquiry Committee Report. The Government then made a plea that they would have to consult the Indian Medical Council. This was vehemently opposed by us because in our opinion Medical Council of India was not competent to pass judgment on Homoeopathy.

We are highly grateful to Shri G. L. Nanda, Minister for Planning for inviting a conference of the representatives of non-allopathic systems in September 1952. Dr. J. N. Majumdar (Calcutta), Dr. L. D. Dhawale (Bombay), Dr. Dewan Jai Chand (New Delhi), Dr. K. L. Daftri (Nagpur) and Dr. K. G. Saxena (Delhi) pleaded the case of Homoeopathy at the con-

ference. After prolonged discussion the Planning Commission Minister accepted 5 out of 7 proposals put forward jointly by us. The proposals are :—

1. The Central Committee of Homoeopathic medicine to be formed.
2. Suitable colleges among the existing ones be upgraded and standardised and the question of starting new ones be also considered.
3. The course in the colleges be common during first two years and students will then learn homoeopathic Materia Medica, Philosophy, Therapeutics and allied subjects in 3 years.
4. Facilities for Homoeopathic Research may be provided.
5. A Central Homoeo Drug Manufactory and Laboratory for standardisation of drugs be opened.

All these proposals have been incorporated in the Planning Commission's Report.

Ad Hoc Committee

As a result of the Planning Commission's recommendations, the Health Ministry appointed an Ad Hoc Committee

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on Homoeopathy under the Chairmanship of the Director General of Health Services with the following personnel :—

Dr. J. N. Majumdar, Calcutta
 Dr. L. D. Dhawale, Bombay
 Dr. Dewan Jai Chand, New Delhi
 Dr. M. Gururaju, Gudivada
 and Dr. K. G. Saxena, Delhi.

The Director-General of Health Services invited a number of Ad Hoc Committee meetings on 20th and 21st December, 1952, 27th and 28th April and 11th and 12th September, 1953. The following is the summary of the decisions arrived at by the 3 meetings :—

1. Advisory Committee :—The Government would set up an Advisory Committee of 9 members representing major states of India, pending the formation of a Central Council of Homoeopathic Medicine. This committee would advise the Government on all matters pertaining to education, regulation of professional practice, control of homoeopathic pharmaceuticals and Research etc. The Committee would be presided over by the D. G. H. S. and would meet as often as necessary.
2. Upgrading of institutions :—
 The three colleges at Calcutta would be amalgamated and upgraded and the other institutions raised to the requisite standard.
 The proposed postgraduate college at Bombay be established as early as possible.
3. Curriculum. All institutions be raised to 5 years degree course made up as following : 4½ years basic and hospital studies and 6 months internship. The detailed curriculum and draft syllabus was discussed and approved by the committee. The admission qualification shall be Intermediate Science with Biology.
4. Research. It will be carried out at the upgraded institutions. The Committee agreed to allocate Rs. 5 Lakhs for Research.
5. Standardisation of Homoeopathic Drugs. This was entrusted to the existing institutions pending the establishment of a separate one for the purpose.
6. Utilisation of Homoeopathy in Health Services. Graduates who have completed training would be considered for employment in Health Services.

Diploma course holders will have to undergo further training for one year.

7. Regulation of Practice. Immediate steps would be taken to introduce registration for regulating the practice of Homoeopathy, for the prohibition of the award of degrees and diplomas or issue of certificates by any except by institutions recognised for the purpose.

The Central Health Council which met at Hyderabad, Rajkot and Trivandrum in 1953, 1954 and 1955 considered the above recommendations of the Planning Commission and the Ad Hoc Committee of Homoeopathy and came to the following conclusions :

“The Council recommends that there should in future be only one course of training in Homoeopathy viz., the degree course of 4½ years duration with a period of 6 months internship thereafter. Admission to this course should be restricted to those who have passed the Intermediate Examination with Science subjects. In order to provide adequate facilities for such training the council recommends that the existing Homoeopathic colleges should be upgraded and the Govt. of West Bengal may consider the possibility of how best to establish in Calcutta one Institution of the required standard.

As regards postgraduate education in the subject, the Council recommends that the Homoeo College in Bombay should be developed adequately to provide training for :—

- (a) Those homoeopaths who have taken the basic qualifications from recognised homoeo colleges and
- (b) for graduates of modern medicine.

The Council further recommends that adequate provision be made for promoting Research in Homoeopathy in those upgraded institutions.

The Central Council recommends that the Central Health Ministry prepare, for the consideration of newly formed Executive Committee of the Council, suitable draft legislation aimed at prohibiting the practice of medicine, including Ayurvedic, Unani and Homoeopathic systems of medicine by persons who are not registered as practitioners of any of those systems as well as at regulating the practices of these systems.

The Director-General of Health invited a meeting of the Ad Hoc Committee on Homoeopathy on 2-4-55 to formulate the 2nd Five Year proposals. We strongly requested the D.G. to implement the 1st Five Year recommendations of the Planning Commission first which unfortunately still await implementation although the period finished by March 1956.

New Trends

Recently the Dave Committee published its interim report recommending the establishment of separate Boards for Homoeopathy and Indigenous systems. The Committee suggested for one register for each system of medicine for the control of practitioners.

The latest development is the 2nd meeting invited by the Planning Commission on 15th and 16th May 1956 representing Homoeopathy and Indigenous systems of medicine. The meeting discussed the utilisation of these systems in the 2nd Five Year Plan.

During these long years of struggle for Homoeopathy I have been able to discover certain new trends operating against this noble science, which if not checked in an organised way are bound to nullify the great labours of the illustrious master and his devoted followers. The bitter experience through which I had passed convinced me that a time has come in our history when we should look at our problems in a wider perspective. The foresighted Hahnemann writes about the mission, merits and duties of a physician. To his unprejudiced mind the physician's only mission is to cure the sick, to him the physician is a practitioner of the Rational Art of Healing only when he is endowed with the qualifications laid down in para. 3 of the Organon. He goes still forward when he enjoins upon his followers not to remain content with the practice of the great Art, but to act as preservers of health also. These are all very noble ideas for which we are indebted to the Great Teacher. But right here I would like to invite your attention to the new crisis confronting Homoeopathy and its practitioners and if you do not open your eyes and act with courage and enthusiasm you would ruin homoeopathy and prove yourself unworthy of the great traditions of the Master. It is my firm view, that we have not only to be true physicians and preservers of health, but we have also to organise ourselves against those forces which have begun to threaten our very existence. Homoeopathy is passing through its most crucial stages in our country. A wrong step might make or mar its further progress. We have to be extremely cautious. All attempts are being made by vested interests to crush this most beneficial system of medicine.

The question of Homoeopathy has so often been raised on the floor of the Parliament and every time the Government has come forward with the same old argument against it—the quackery in Homoeopathy. It is, however, the Government which is mainly responsible for the existence of this quackery because it is not at all serious to remove it by tak-

ing constructive steps for the recognition of Homoeopathy and by providing for its training, regulation in practice, and research etc.

Central Homoeopathic Council

Since independence we have been pleading for setting up a Central Homoeopathic Council for coordinating the different policies of the State Homoeo Boards and Faculties and to regulate and control all the policies enunciated by the Council with regard to education, regulation of profession, research, manufacture of drugs and other things. This was also supported by the H.E.C. Report and approved by the 3rd Health Ministers Conference. The Planning Commission also recommended the establishment of a Central Homoeopathic Council. But this Council proposal was not even placed on the agenda for the Health Ministers Conferences. This shows deliberate indifference of the Government for Homoeopathy.

In the course of our negotiations with Union Health Ministry on Homoeopathy I found with dismay how our national policies on Health were being guided and affected by international commitments. Even when our gracious minister was ready to accommodate our view point, and consented to grant recognition, the D.G.H.S. or other officials would interject

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addressing the Minister not to give consent because of "International undertakings." Thus under the pretext of so called commitments with the W.H.O. and the other International organizations the interests of Homoeopathy and Indigenous systems are being sacrificed.

All reports published by the Health Ministry including the Bhore Committee Report are based on incomplete data. While giving prominence to the number of allopaths, allopathic hospitals, beds, colleges, nurses, midwives, health assistants etc., there is no mention of even institutionally qualified vaidas, Hakims and Homoeopaths. To the Union Health Ministry these practitioners do not exist. There are 5 Ayurvedic Universities, 146 Ayurvedic and Unani colleges and 6 Homoeopathic colleges with thousands of institutionally qualified vaidas, Hakims and Homoeopaths. There are numerous indoor hospitals and thousands of outdoor dispensaries giving medical aid to millions of people in the country. Even now when the Government is providing Rs. 208 crores for health schemes under the 2nd Five Year Plan, Homoeopathy and other systems have been allocated only 1 crore of rupees i.e., less than 5% of the total allocation, while the number of patients treated by systems other than Allopathy is 85%. Thus the whole planning is wrong.

Short Term Courses

We proposed to start short term courses for medical men for serving in outdoor and rural dispensaries but the Government refused to accept it. They have now decided to start Auxiliary Health visitors in Allopathy with two years training for serving in the villages and small towns. Thus it is evident they do not want to develop homoeopathy and indigenous systems of medicines. Allopathy is being freely and lavishly utilised for the purposes of Employees State Insurance Scheme, Community projects and Contributory Health Schemes for Government servants and M.Ps. but no provision has been made for Homoeopathic and Ayurvedic treatments in spite of repeated demands for the same. The Central Directorate accuses the State Governments for not carrying out their orders, while the State Governments have declared that unless the Centre directs, the State cannot help in the matter. There appears to be an unholy alliance between the Central and the State Health Directorates to strangle Homoeopathy and Indigenous systems of medicine. Even in the States of Madhya Pradesh, U.P., Bombay, Bengal, Bihar, Travancore-Cochin where Boards and Faculty have been constituted, the State Health Directorates have not cooperated and practically no work could be accomplished during the last 3 or 4 years. In Bombay the Superintendent and (other

officials) of the Bombay Government Homoeo College and Hospital have resigned owing to intransigence of the local Health Director. In West Bengal in spite of the elected Faculty, the State Government is not cooperating despite the Centre's wish to upgrade a particular college. When the Centre wants to help a little, the States refuse to move. I solemnly appeal to the Central and the State Health Directorates to revise their attitude towards Homoeopathy.

If we ponder over the healthy conditions of our forefathers and the people about a century back and compare it with that of the present times we are simply staggered. Medicine had not developed then and hygienic measures were not adopted by the State generally. Has civilization brought about all these scourge of increasing illnesses to the humanity? Most of the people then lived in the villages with fresh air, pure water and light without congested dwellings. Their diet was simple and the wheat, ghee, rice and vegetables were unadulterated. Either there was pure ghee or pure oils but not the medicated, synthetised vegetable products of today. Even sugar, flour and water are not pure these days. Added to this malnutrition is the great scourge of drugging the masses with synthetic and highly complex chemical preparations. National health is deteriorating day by day under the influence of massive doses of the so-called preventives from and other medicines used to cure diseases by the Allopaths. Our children are being compulsorily inoculated against Smallpox, T.B., Typhoid, Cholera, Measles and various other infectious diseases every year. Thus the custodian of health wants us to live under the influence of numerous preventive drugs. How long will we allow this Harakari? Our National Government is based on the principles of democracy and secularism, then the same principles must be applied to the domain of medical practitioners. Every medical practitioner should have the equal right and privilege of practising and getting recognition by the State. When there is perfect tolerance for every religious faith in India, there is no reason why different systems of medicine should be treated differently. Although 9 years have elapsed since Independence and continuous agitation is going on for securing equal facilities for developments and rights to serve the people of our land, nothing tangible has been done so far towards the statutory recognition of Homoeopathy. Recently our Prime Minister who is an Apostle of democracy, declared in the Parliament that the Government policy was to encourage and develop all systems of medicine which were scientific. Homoeopathy is an international system of medicine recognised as scientific by all the countries of the world. I earnestly appeal to our

National Government to open separate Directorates for Homoeopathy and other indigenous systems and to see that each system develops properly for the good of the community.

I am sorry to note that some of the State Health Ministers carry on a campaign of calumny and hatred against Homoeopathy and other systems of medicine. In this atomic age it is ridiculous for sensible and intelligent persons holding responsible positions to declare that Homoeopathy is not scientific. Men of science will laugh at their childishness. We need not challenge their prattle. We must, however, demand a judicial enquiry with regard to their stand and the undemocratic behaviour meted out to Homoeopathy. I particularly refer to the State of Madras.

Society for Advancement of Homoeopathy

We have also to blame ourselves for such a tragic state of affairs. We have not learnt to stand on our own legs in spite of about 150 years of existence of our therapy. We have been quarrelling in our own camp. I have therefore to appeal to you to come under the banner of "the Society for the Advancement of Homoeopathy." Every sympathiser, lover, practitioner of Homoeopathy must join hands and contribute his mite to make this Society strong and effective.

I have to pay my warm tribute to Rajkumari Amrit Kaur for whatever has been done so far with regard to Homoeo-

pathy. She herself wanted to establish a small Central Homoeopathic Council but she had to yield to the opposition of her advisers. She would have earned the gratitude of millions had she taken the courage to order her Directorate to do the right thing in establishing a Central Homoeo Council. For me there is no peace of mind so long as Homoeopathy is not statutorily recognised in this country, equal in statue to all other systems of medicine. I am confident that you will support my resolve to place Homoeopathy at par with all other systems of medicine. With all the force at my command I say that our democratic Government cannot resist our demand for full recognition of our system of medicine. We know for certain that the President Dr. Rajendra Prasad, the Vice-President Dr. Radhakrishnan and majority of the Cabinet Ministers and members of Parliament are in favour of Homoeopathy. Besides this the Public and the Press have always been pressing for this demand. Under these circumstances the Government would be failing in their duty towards the nation, if they do not act up to the wishes of the nation.

Service before Self

The tendency of the medical men of today is to grab and earn money. The noble profession has been besmeared by this change from the service to humanity to the earning of money. Thus the doctor cares for his money more than for the service he has to render to the suffering humanity. My appeal to the Homoeopaths of India is to serve the people keeping it as their ideal and enter the villages where most of our people are living. If we serve them honestly no other system in the world will be able to compete with us.

It gives me great pleasure to learn that in Bihar your Homoeopathic Congress has considerably succeeded in organising and co-ordinating the activities of Homoeopathy. I hope you would go ahead with your process of organising the vast number of Homoeopathic practitioners in the State. Your march onwards will certainly be a source of inspiration to other fellow-homoeopaths in India. We are grateful to the Bihar Govt. for allocating Rs. 8 lakhs as non-recurring grant and Rs. 3 lakhs as recurring grant for starting a Homoeopathic College and Hospital at Patna. The curriculum of the college should be the same as advocated by the Central Ad Hoc Committee and approved by the Central Government.

May we all follow the precepts of our Master, Hahnemann. Remember we are the custodians of this great legacy of Homoeopathy. Remember we have to be true servants of the nation and we have to serve the people rich and poor alike. Let us conquer the hearts of the people through our selfless services and I can assure you we shall achieve our desired goal."

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K. KRISHNA RAO, Proprietor.

CLINICAL CASES

BY

DR. A. R. A. ACHARYA
Bangalore

1. Miss Lalitha, 11 years of age, stout, dark looking. Mother asthmatic. The girl would get cold and get into wheezing and difficult breathing trouble. Constitutional build and hereditary suggested Bacillinum. She was given Bacil 1m. in water one teaspoonful every 4 hours. This remedy if suitable, acts soon. The patient got relief in one night. Complementary medicine Calc. Phos 6x was the second prescription for 2 weeks.

2. My friend had given a dose of Thuja 10m. to his asthma patient about a week back. The patient got a severe attack when I saw him on behalf of my friend doctor. The attack started at 2 a.m. and continued till 6 p.m. the next day. I could not think of any medicine to meet the situation readily. I gave him Bacillinum 1m. in water, one dose every 2 hours. I was told that the patient got good sleep after the second dose. For all weak chests Bacillinum 1m. or above may be given now and then.

3. Another patient of mine came from Madras and got asthmatic attack. He is lean and tall. History is as follows: 5 years back he used to get periodical attacks of asthma. Took Ars. injections. Later on got severe type of eczema. He was under my treatment for 6 months and got good relief. Nat. Mur. in various potencies were given and gun powder 3x was given intercurrently when the skin was very offensive. The old asthma came up now. Madras seashore was better for him. So I gave him Brom. 30 and later on Nat. Mur. 200. There were a few patches of eczema also. The improvement was not satisfactory. Then I gave five doses of Mutabile 30—bowel nosode—at the interval of two hours till relief was obtained. Like some other remedies Mutabile is for the states of skin symptoms alternating with lung symptoms.

4. One H. A. L. Employee: Malarial background led to Asthma. 3 years back I treated and he was quite fit. Married last year. Office work increased. Lowered vitality was the consequence. Frequent changes of weather in Bangalore, bus travel and canteen food contributed to pull him down. First he got an attack of "Flu" for which Eup. Per. 200 was given. Later on, his medicine Ars. 1m. was given according to the old history. Sometimes Nux. V. 200 helped him also to neutralise the food offences. But after a fortnight he got

(To be continued on page 32)

HOMOEOPATHIC POSOLOGY

BY

DR. SHANKER RAO, P. KOPPIKAR

In the last issue, we saw that, for best results, we must use the full range of potencies from mother tincture to the very highest ones. Most of us have one misconception, that for acute diseases we must use low potencies, reserving the high ones for chronic cases. We are afraid of high potencies. I have seen people swallow such drugs like Sulphas and Mycins without hesitation, but questioning our prescriptions of any potencies above 200. "Is it safe? Will there be serious aggravations? Can I take the dose and attend office? Do you want me to keep some antidote?" and such questions are freely asked. How shall we remove these doubts and fears? The wonder is, many of such ideas are mere heresay. I have carefully gone through the writings of Hahnemann, Boenninghausen, Dunham, Wells, Hering, Lippe, Allen down to Roberts and other luminaries of the present time. They do not suggest low potencies for acute and high for chronic cases. They do not say that 200th is more dangerous than, say, 6th. Most of these master prescribers used high and highest potencies in very acute and serious conditions.

When I was studying Homoeopathy with my uncle, Dr. D. N. Koppikar, I used to wonder why, in an ordinary case of cholera like diarrhoea he would use Verat. Alb. etc. in 30th, whereas in a serious case, almost collapsing, he took out his high potency set and gave Verat. Alb. 10M and 50M potencies. He was right. Only these very high potencies were capable of saving those cases.

Dr. Edmond Carlton, in his book "Homoeopathy in medicine and surgery" (page 26), when dealing with Lachesis in Diphtheria says: "When these symptoms, or most of them, are present, Lachesis will yield wonderful results, as I have many times demonstrated. In critical cases, I review the eight pages of throat symptoms which Hering devotes to this, his greatest single production, before prescribing. If any strength below the thirtieth centesimal potency be used in such a case, be ready to sign the death certificate. In fact I much prefer the two hundredth and higher."

Homoeopathy is essentially a practical science—and as we always say, "Proof of the pudding is in the eating", I shall give a few experiences of other Homoeopaths.

Let me give first the wonderful experience of late Dr. B. B. Bharada of Bangalore. The case was one of Intermittent fever,

coming regularly daily at midday, with restlessness, extreme thirst, and other typical symptoms of Arsenicum Alb. Dr. Bharada gave Ars. 30 -ix doses for two days expecting it would be cured by then. The fever continued to come, *neither worse nor better*. He gave 200th for two more days. No change. 1000th one dose was then given. The patient was a bit *weaker*, but absolutely no other change was seen. Then Dr. Bharada remembered having read somewhere that in such cases the highest potencies should be used. So ultimately, after waiting for three more days, he gave Ars. alb. CM. (100,000) one dose. The patient felt better at once, and his fever etc., disappeared.

Dr. E. B. Nash, in his book "Testimony of the Clinic", describes a case of Sciatica. The pains were intense, with burning; greatly aggravated from 1 to 3 A.M.; the patient was prostrated, restless. The only relief was from the bags of dry hot salt continually applied along the nerve. Ars. alb. was given in 30th and 200th. "To my surprise no good came out of it. Then Sulphur was given in the possibility that Psora was complicating matters, but with no good result. Other remedies tried, but of course, ineffectively. . . . It was in the earlier part of my practice, so I had not gone much above the 200th potency then. But I had a graft of Jenichen's 3000th in the office, so, as nothing else did any good, I concluded to try it. It was given in solution with rapid and permanent relief. She was well in an incredibly short time and never had a return of the trouble."

Let us study a few of the acute, serious cases treated by great physicians.

"Mr. B. has been feeling poorly for two or three days. This morning he had a severe chill. I was called at 5 P.M. I find the following symptoms: Aching in the muscles and bones, aching from head to foot, bed as hard as a board, pillow hard as a rock, Coughing large quantities of rusty sputa; stitching pain in the left breast, has to hold his chest with his hands (Bry, Merc), *fan-like motion of alae nasi* (Phos. Lyc). *Stupid and sleepy*, could hardly keep awake, total loss of appetite; very thirsty for large drinks of water; cough worse at night; several stools per day—very offensive; wanted to keep very still, as the least movement aggravated his cough and pain in chest (Bry).

Temp. first evening 101; Pulse 110; respiration 32.

Second evening: Temp. 103; Pulse 120, respiration 40.

Third day 8 A.M.: temperature 99; Pulse 88; respiration

Baptisia 8 MM (Swan) was given, needed no other medicine" (Dr. Sherbino—quoted by Dr. Nash) (8 mm. = 8 million).

Dr. Heber Smith reported the following case: Typhus, ninth day. Patient lying on back, eyes wide open, staring and immovable; is unconscious; face red, lips black, tongue dry and black, lower jaw hangs down; urine involuntary; it leaves large streaks of red sand on the sheet; skin dry; pulse over 200. Dr. Hering was called in consultation. Both he and Dr. Lippe feared paralysis of the brain. Before Dr. Lippe found the red sand he was deliberation between Opium and Hyoscyamus, the sand pointed to Hyos. Opium has the symptom more often state of snoring with eyes half closed (Lycopodium has red crystals in urine and falling of the lower jaw; increase of urine only at night). Hyos 200, one drop in a half tumblerful of water; several spoonfuls were given and in six hours the patient perspired, the jaw closed, and he was out of danger.

Let us study another cure of abdominal typhus by Dr. A. Lippe, reported by himself:

"The case had not improved, although it had been under skilful homoeopathic treatment for over a fortnight; had begun with symptoms of ordinary gastric fever. The condition of the young man was this: On looking at him he stared at me, then appeared on his forehead and in his emaciated face deep wrinkles; at times he would cry out loud till he became hoarse; mouth and lips were ulcerated to such a degree that he declined to drink on account of the severe pain caused by any fluid (or solid) coming in contact with his mouth; the lips were feeling off, and bled when he picked them; abdomen fallen in, tender to contact; he vomited occasionally, mucus and specks and streaks of blood; frequent watery, offensive stools; no sleep; no appetite; urine scanty; pulse very frequent and not regular; great emaciation. Nux Vom, Bryonia, Phos., Mercur., Nitr.ac., Arum. trif., had been given according to the most prominent symptoms, but the mental symptoms, as expressed in the countenance, had remained unaltered, while the pathological condition was worse; the attending physician knew that we had before us 'ulcerated Peyer's bodies'. Stramonium covered all the symptoms but that of the sore mouth, but in Hering's proving was the symptom: 'It feels as if the inner mouth was raw and sore'. Stramonium 50M cured."

(Unfortunately Dr. Lippe has not mentioned the exact way the doses were administered. But from a study of his usual practice, it must have been given in solution of water, in spoonful doses.)

[To be continued.]

NEWS & NOTES

In this section will be published reports of activities of Homoeopathic Associations and institutions ; and also correspondence on subjects of Homoeopathic interest.

THE MADRAS PRESIDENCY HOMOEOPATHIC ASSOCIATION

Annual Meeting

Proceedings of the 19th Annual General Body meeting held on 15-7-1956 at 6 p.m. at the Kesari High School, Mylapore, Madras.

In the unavoidable absence of the President Col. K. V. Ramana Rao, I.M.S. (Retd.) was voted to the chair.

Sri N. Venkatrama Ayyar, Joint Hony. Secretary, presented the annual report and the audited statement of accounts from 1st April 1955 to 31st March 1956. Seconded by Dr. R. Ramaswami, the report was unanimously adopted.

The draft amendments to the rules proposed by the Executive Committee were then taken up for consideration. The amendments were read one by one. The amendments with the alterations viz., add the words "and also a representative nominated by each affiliated association" in Rule 2(b) after the words "elected at the annual meeting of the General Body" were adopted unanimously. (The draft amendments were published in the June issue of the journal.)

The election of office-bearers and members of the Committee was next considered.

Proposed by Dr. R. Ramaswami and seconded by Sri P. Ramakrishna Ayyar, Sri P. Satyanarayana Rao was re-elected President.

The following Vice-Presidents were proposed by Sri N. Venkatrama Ayyar and seconded by Dr. R. Ramaswami were elected unanimously.

1. Sri M. Patanjali Sastri
2. Mr. Justice P. N. Ramaswami
3. P. Ramakrishna Ayyar, I.C.S.
4. Sri K. Srinivasan, I.C.S.
5. Col. K. V. Rama Rao, I.M.S. (Retd.)
6. K. Krishnasami Ayyangar.

Proposed by Sri Dr. R. Ramaswami and seconded by Sri S. Thiagarajan, Sri N. Venkatarama Ayyar was elected unanimously as the General Secretary. Proposed by Sri N. Venkatrama Ayyar and seconded by Sri Thiagaraja Iyer,

Dr. P. Seshagiri Rao and Dr. R. Ramaswami were elected Joint Secretaries.

Proposed by Sri N. Venkatrama Ayyar and seconded by Sri Dr. R. Ramaswami, Sri K. M. Subramania Ayyar was elected Treasurer.

The following were elected to the Executive Committee :

1. Sri K. L. Narasimhamurthy
2. " Dr. M. S. V. Rao
3. " Dr. Shanker Rao P. Koppikar
4. " A. Venkatramanan (Karur)
5. " Dr. M. S. Ramaswami Ayyar
6. " S. Thiagaraja Ayyar
7. " S. S. S. Chandrasekhara Rao
8. " S. Vaideswara Ayyar
9. " G. Vaithinatha Iyer
10. " N. A. Sugavanam
11. Mrs. P. Ramakrishna Ayyar
12. Sri C. Krishnamurthi
13. " C. C. Chari
14. " T. V. Srinivasa Rao
15. " T. T. Pillai

Associated Representatives :

1. Dr. E. S. Venkatramanan (representing the Bangalore Homoeopathic Medical Association.)
2. Sri R. S. Rajaraman (representing the Mehur Homoeopathic Practitioners and Sympathisers' Association.)
3. Dr. K. Nagaratnam (representing the Kolar District Homoeopathic Association.)

The other associations were asked each to nominate a member on the Executive Committee.

The following transitory regulation was adopted :

The new rules do take effect at once ;

Those who have paid Rs. 5 and not paid for the journal be asked to pay Rs. 5. Those who have paid Rs. 10 need not be asked to pay for the journal. Those who have paid Rs. 10 for subscription and Rs. 5 for Journal may be treated as persons who have denoted Rs. 5.

Regarding Dr. A. Venkatramanan's resolution, the Secretary pointed out that membership certificates will be issued soon.

With a vote of thanks to the Chairman, the meeting terminated.

SRI K. V. RAMANA RAO

ANNUAL REPORT

The Executive Committee have great pleasure in presenting the following report on the working of the Association from the 1st April 1955 to 31st March, 1956.

We regret that during the period under report we lost two of our valued members who had rendered yeoman service for the cause of the Association viz., the late B. Somayya who founded the Association in 1937 and continued to be an active worker till his death in various capacities and Dr. Kalpak Ramdoss one of our members. We offer our sincere condolences to the members of the bereaved family.

Membership :

There were 66 new admissions in regard to individual members and 7 associations affiliated themselves with us during the period, viz., The Kolar District Homoeopathic Association, the Madura-Ramnad Districts Homoeopathic Education Society, the Malabar District Homoeopathic Association, Kozhikode, the North Arcot District Homoeopathic Association, Vellore, the Tanjore District Homoeopathic Association, the Tirunelveli District Homoeopathic Association and the Salem District Homoeopathic Association, Tiruchengode. We are glad to state that today there are as many as fifteen associations on the rolls as affiliated bodies including the Erode Homoeopathic Medical Association recently affiliated with us. With a few more associations in, the picture of consolidation in South India will be complete. We appeal to the All-Cochin Homoeopathic Association and the Travancore Provincial Homoeopathic Federation and the Andhra Provincial Homoeopathic Medical Association to affiliate with us.

Meetings :

The Executive Committee met eight times and dealt with matters relating to the administration of the association. One of the meetings of the Executive Committee was to express its sorrow at the demise of the late B. Somayya; and at another meeting the President (Sri P. Satyanarayana Rao) was felicitated on his appointment as a member of the Law Commission.

The General Body met once at the annual meeting and twice at special meetings to consider the draft amendments to the rules proposed by the Executive Committee. But both the special meetings could not deal with the matter for want of the special quorum provided in the rules for the purpose.

Dr. Hahnemann's Bi-centenary celebrations :

The Association celebrated the 200th birthday of Dr. Hahnemann by arranging for meetings for a week daily

in different parts of the city. Sri M. Patanjali Sastri, former Chief Justice of India, inaugurated the celebrations at the Y.M.I.A. Mylapore on the 10th April, when Sri P. Ramakrishna Ayyar, I.C.S., unveiled a portrait of Dr. Hahnemann kindly presented by the Sri Ramakrishna Homeo Stores, Bezwada. A number of speakers addressed the meeting. The meetings held on the subsequent days at Triplicane, Fort, Park Town, Adyar, Perambur and finally at Thyagaroyanagar under the presidency of Sri P. Satyanarayana Rao were also well attended. We are indebted to all those who participated in the meetings and contributed to the success of the celebrations. These meetings served to bring home to the people the value of Homoeopathy as an aid to healthy living and roused in them an interest in the system.

Free Homoeopathic Dispensary :

The free Homoeopathic dispensary run by the Association has been shifted to 93, Venkatachalla Mudali Street and is working satisfactorily. The total number of patients treated between the 1st April 1955 to the 31st March 1956 was 10,223. We want the public to make a greater use of the institution.

Our aim is to open more free dispensaries in different parts of the City and the delay is due only to want of enthusiastic workers. We hope to find them in the year ahead. We appeal to the philanthropic people to contribute generously for the running of the institution which affords real relief to the sick and suffering.

Free treatment for slum dwellers :

We have in view a plan for carrying homoeopathic treatment to the slum dwellers in the city on Sundays and holidays. If the matter is delayed it is due to enthusiastic workers. We hope to find them in the year ahead.

The Homoeopathic Course :

A two-year course in Homoeopathy on the basis of the syllabus prescribed by the Union Government for the 4½ years degree course was started on the Vijayadasami day last year i.e., 26-10-1955. Sri T. S. Venkataraman inaugurated it. The course includes lectures in Physiology, Anatomy, Bacteriology, Gynaecology, Homoeopathic Organon, Materia Medica, Pharmacy and other necessary subjects. Dr. P. Seshagiri Rao was appointed as the Director of the course. The lectures are held on Sundays and between 3 and 5 p.m. at the Kesari High School, Mylapore. Forty persons joined the course. We are grateful to the authorities of the Kesari High School for having allowed us to have the lectures there. We are thankful to the lecturers for their kind co-operation.

Free course :

The course conducted during the previous year came to a close and an examination was held on the subjects taught. The following fourteen students passed and two of them were placed in the I Class :

I CLASS

1. T. V. Srinivasa Rao
2. Dr. Miss A. Meenakshi.

II CLASS

1. M. D. Balasubramanian
2. S. S. S. Chandrasekara Rao
3. M. A. Kuppusami
4. S. Lakshminarasimham
5. K. Natarajan
6. V. Parthasarathy
7. K. L. Subbiah
8. K. V. Sugavaneswaran
9. A. Shanmughavelan
10. V. V. Subba Rao
11. C. C. Chari
12. V. Ramachandra Rao.

They will be awarded certificates in respect of the training. We are indebted to Dr. R. Ramaswami, Sri K. L. Narasimhamurthi and Sri N. Venkatrama Ayyar for arranging the conduct of examination.

Library :

We are glad that it has been possible for us to start a library and equip it with some standard books for the benefit of the members. We have, so far, purchased books of the value of Rs. 450 out of our savings. We hope in due time to enlarge the library. Members can utilise the library for reference between 6 and 8 p.m. daily. We appeal to those who have Homoeopathic books but find no use for them to donate them to the library and to others to donate liberally. We appeal to the publishers of the Homoeopathic books to donate a copy of every publication for the library.

Journal :

We are glad we have been able to revive the journal from January this year. The journal is devoted to the propagation of and research in Homoeopathy. We have set before ourselves a high standard both in regard to the quality and get-up of the journal. The journal is run by an Editorial Committee of which the Chief is the veteran Col. K. V. Ramana Rao, I.M.S. (Retd.). We are indebted to the committee for

their labours. We appeal to everyone interested in Homoeopathy to make the journal his own and co-operate by enrolling himself and his friends interested in the cause as subscribers and contributing articles of interest and notes of interesting cases of cures.

Directory of Homoeopathic Information :

As stated in our last report it is our desire to publish a Directory of Homoeopathic Information containing correct and complete information about the practitioners of Homoeopathy, Homoeopathic Associations, institutions where Homoeopathy is taught and hospitals and dispensaries in existence in the country for Homoeopathic treatment. The material available so far does not warrant an All-India publication as proposed. We propose, however, to publish as much of the information as possible in our journal from next month.

International Homoeopathic Convention, Calcutta :

Our Honorary Joint Secretary Sri N. Venkatrama Ayyar attended the session at Calcutta in December last and put in a powerful plea for effective organisation and ending the distressing disunity that prevails amongst Homoeopaths. The suggestion for a well-knit central organisation for the whole of India was enthusiastically received.

All-India Homoeopathic Conference, Rajahmundry :

Sri M. Patanjali Sastri unveiled a portrait of the late Sri B. Somayya at the conference held in Rajahmundry in February. Two of our Joint Secretaries Sri N. Venkatarama Ayyar and Dr. P. Seshagiri Rao and one of our members Sri C. C. Chari attended. Sri N. Venkatarama Ayyar here also emphasised the need for a strong central body to speak with an authoritative voice for the whole of India in regard to Homoeopathy. A resolution to take early steps to achieve the object was adopted.

Visit of Dr. C. V. S. Corea :

Dr. C. V. S. Corea (Ceylon), Director for Asia of the World Homoeopathic Congress, Brazil, addressed the members of the Association on his way to Ceylon from Rajahmundry and congratulated the association on the good work it was doing and the effective organisation it had succeeded in bringing about. Sri M. Patanjali Sastri presided over the meeting.

The Dave Committee :

Sri N. Venkatarama Ayyar and Dr. Shanker Rao P. Koppikar gave evidence when the committee held its sittings

at Madras. It will be remembered that the committee has been appointed to suggest standardised schemes of training in indigenous medicine including Homoeopathy. Their evidence was well received.

New Rules :

A new set of simple rules in substitution of the old rules is placed before you for adoption. The main changes are in regard to the membership subscription where a uniform subscription of Rs. 10 is provided doing away with various classes and each member will get a copy of the journal free—and with regard to guaranteeing the internal autonomy of affiliating associations.

Audit :

The auditor's statement of accounts is annexed to the report. Our grateful thanks are due to the auditors who did the audit for a nominal remuneration.

Conclusion :

The policy of the Union Government as laid down by the Union Health Minister, namely, to provide institutional training and put down quackery is unquestionable. We regret, however, that nothing so far has been done to implement the same. The provision in the Second Five Year Plan for Homoeopathy is meagre. We hope, however, that the Union Government will revise the provision liberally. We also hope that the Madras State Government will follow the example of the Andhra Government in introducing legislation with regard to the registration of practitioners. A College with a well-equipped hospital is an immediate need for this State and we trust that the Madras Government will not neglect the cheap and nonetheless effective system suited to serve admirably the medical needs of the masses of this country. The Government cannot be apathetic for long if there should be a real demand by the people for this system of treatment. The need for effective mobilisation of public opinion in this regard cannot be overemphasised. It must be the duty of associations to educate the people about the efficacy of the system by practical methods. We appeal to our members to exhibit an enthusiastic interest in the working of the association and in that event we should be able to show more effective work. Affiliated associations also should spare no effort in effectively popularising the system. We make a fervent appeal to them to do so. We also appeal to the public to support the cause of the system by co-operating with us in our endeavour to found a college with a hospital attached.

THE SALEM DISTRICT HOMOEOPATHIC ASSOCIATION, TIRUCHENGODU

Annual Meeting

The annual general body meeting of the Salem District Homoeopathic Association was held at 2 p.m. on 8-7-1956 at Traveller's Bungalow, Tiruchengodu, Dr. M. Rajamanickam, President of the association presiding. The annual report presented by the Secretary was adopted. The report showed that the strength of the association was 40 and it was proposed to open a library, a Medical Store and a free dispensary.

Dr. M. Rajamanickam was then elected President, Dr. N. Gurusamy, Vice-President, Dr. E. P. M. Swamy, Secretary and Dr. L. Kanda Subramanian, T. R. Manickam, S. A. Mehboob and M. R. Shanmugham as members of the committee for the current year.

Dr. E. P. Swamy, Secretary, proposed a vote of thanks.

THE HOMOEOPATHIC REFRESHER COURSE COMMITTEE, MELUR

Anniversary

The first anniversary of the Homoeopathic Course Refresher Committee was celebrated on the 10th July at the Higher Elementary School, Melur, Sri P. Kakkan, M.P., President of the Tamil Nad Congress Committee presiding.

After prayer by Baby Vasantha and Baby Sarojini, Dr. K. A. M. Meyyar, welcomed the gathering.

Sri Venkatachalam, Warden of the Melur Gandhiji Harijan Hostel unveiling a portrait of Mahatmaji appealed to the public to patronise Homoeopathy which was so much praised by Mahatmaji as a scientific system.

Dr. C. K. Nayudu unveiling a portrait of Dr. Hahnemann appealed to the Madras Government to recognise Homoeopathy which was no less scientific than other systems and on the other hand was a cheap but at the same time effective system.

Sri Kakkan felt glad that he had an opportunity to hear a good exposition of the valuable system and appealed to the public to patronise it and was sure that if the public demanded it, it would be recognised by Government.

With a vote of thanks by Sri S. S. Venkatesan, B.A., B.L., the meeting terminated.

MADHYAPRADESH HOMOEOPATHIC BOARD

Dr. S. Sen, the senior-most member of the Board has been authorised to carry on the work of the Board as its working

president till the election of a president in place of the late Dr. K. L. Daftari.

It is understood that the Board is considering taking serious action against the institutions which virtually "sell degrees and diplomas without any training whatsoever."

The Board has prepared a one year's compounders' course and a three year homoeopathic nurses' training course submitted the same to the State Government for approval.

UTTAR PRADESH TO HAVE HOMOEOPATHIC HOSPITAL

A press note issued by the Registrar, M. P. Board of Homoeo and Biochemic medicines dated 11th June 1956 states that the Government of Uttar Pradesh is considering the starting of a sanatorium in the State on the lines of the sanatorium at Navegaon situated at Madhya Pradesh.

The sanatorium at Navegaon is the only Homoeopathic sanatorium in the whole of India. It was originally founded by Dr. Sen and later handed over to the State Government.

KARTIK DAS OUTDOOR HOMOEOPATHIC HOSPITAL, CALCUTTA

The Kartik Das outdoor hospital in memory of the late Kartik Das a veteran trade union leader of Calcutta was opened at 582, D. H. Road, Calcutta on the 25th March last.

Dr. N. M. Chowdhury, B. K. Bose, J. N. Majumdar, D. N. Chatterjea, B. K. Sarkar and N. K. Banerjea have agreed to be the consulting physicians. They will attend the hospital once a month and will help the physicians-in-charge to deal with complicated cases. The Fan Workers' Union will run the dispensary.

(To be continued from page 20)

a very severe attack of asthma. Visiting a patient when in trouble is always good to him as well as to me to observe the actual condition of the patient's behaviour. In this case I saw that day the following condition: Patient sitting up, would rock to and fro when the attack is very severe. Right lung was affected; room was closed; sweating; could not sleep on right side. Chest pain with cough. Averse to food and drink. Hot liquid better. Frequent stools. Kali Carb. 6 was given first night. Condition improved in 24 hours. Later on Kali C. 200, 3 doses in one day were given. He had no more trouble of that ailment since then.

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The Madras Presidency Homoeopathic Association seeks to encourage the use of Homoeopathy by extending knowledge of the method of treatment and improving facilities for getting it. It also aims at coordinating the activities of District and other Associations in South India.

Membership is open to laymen and women and also medical practitioners. The yearly subscription is only Rs. 10/- for residential I Class members and Rs. 5/- for residential II Class members and non-residential members and the entrance fee is Re. 1/-. The affiliation fee for associations is Rs. 5/- per annum.

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