

HOMOEOPATHY

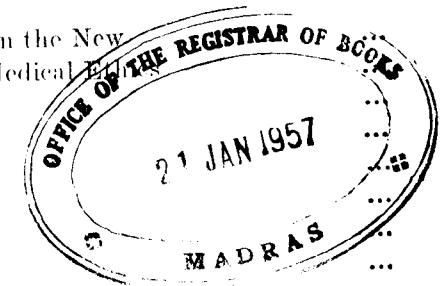
Managing Editor: Dr. V. R. MURTY

JANUARY

1957

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THE
HOMOEOPATHY

VOL. VI

JANUARY

BOOK 1

RING OUT THE OLD, RING IN THE NEW

I

In this month of January 1957, as we are on threshold of the sixth year of our existence, and with the Thai Pongal of peace, plenty and good cheer in sight, we are in a distinctly hopeful atmosphere so far as the fortunes of Homoeopathy are concerned.

Dr. Lakshmanaswami Mudaliar recently referred to a Committee of seven Ministers "who know nothing of medicine" to go into the question of improving Indian Systems of Medicine and was sorry to point out that this Committee was constituted under *political* pressure in the Lok Sabha. With due respects to the eminence of Dr. Mudaliar in the field of "modern" medicine, we must disagree with him, in his rather antiquated view that the scientist and the specialist should overrule mere "political pressure". It is an accepted axiom of democratic administration that specialists cannot see the wood for the trees and that at the higher levels of policy-making, the politician who represents the average common-sense of humanity at large is a very much safer guide for the people to follow.

Writing in our issue of November 1955, we affirmed our faith in democratic rule and bore "eloquent testimony

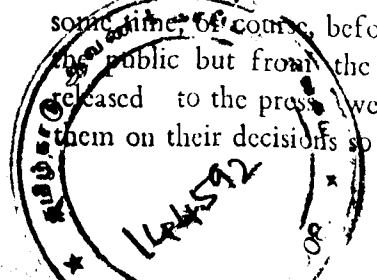
the mental calibre of our representatives, their ability to take pains and absorb essential knowledge from specialists and technicians on any matter of importance that comes up for discussion in the legislatures." Regarding Homoeopathy itself, we wrote in the previous issue that "it is our feeling that the intrinsic merits of Homoeopathy as a healing art are being slowly but surely realised by the Government of India and several States. Left to itself merit will always tell and we are prepared to bet on it that Homoeopathy has come to stay in India, as no other system is so eminently suited to fulfil the crying needs for medical assistance of the vast village population of India."

We are glad that our faith both in democracy and in Homoeopathy has been amply justified by events.

II

The Dave Committee consisting of seven Ministers "who know nothing of medicine", as Dr. A. Lakshmanaswami Mudaliar says—we would rather say, the seven wise men of the East—have already submitted an interim report of their findings in June last. In our June and July 1956 issues we have given a brief summary of their reports and our comments thereon. The interim report dealt with the formation of a Board to Control practitioners in the indigenous systems of medicine and suggested that there should be separate registers for practitioners in Ayurvedic, Unani and Homoeopathic Systems; and also that unregistered practitioners might be allowed to practise in rural areas.

Now, they have submitted their final report. It will be some time before the full report is available to the public but from the brief summary which has been released to the press we have every reason to congratulate them on their decisions so far as they go.



HOMOEOPATHY

In May 1956 issue we wrote, "Let Ayurved, Unani and Homoeopathy have entirely separate and independent existence on a par with allopathy in the matter of grants, facilities for research, privileges and status for two or three decades; be allowed to find their independent feet and their role usefulness and expansion, and then will be the time to judge about the comparative merits of these systems of medicine".

The ultimate wisdom of our recommendation seems to have appealed to the Committee.

III

The Dave Committee in its final report has recommended:—

(a) the creation of two Central Councils—one for Ayurvedic and Unani Systems of medicine and the other for the Homoeopathic system, on the lines of the Indian Medical Council.

(b) separate directorates for Ayurvedic and Unani and Homoeopathic systems of medicine to be created at the Centre and in the States as far as possible.

(c) regarding courses of instruction, a five and a half years' course of study, inclusive of one year's internship with at least three months' training in the rural areas. The Committee is of the view that *all members of the medical profession, whatever system they may practise, should enjoy an equal status.*

If the recommendations are accepted there will be three new degrees enjoying equal status with the familiar M. B. B. S.—graduate of Ayurvedic medicine and surgery, graduate of Unani medicine and surgery and graduate of Homoeopathic medicine and surgery:

(d) the existing institutions should be up-graded so that they can efficiently impart education in these systems: and

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(e) post-graduate training and research facilities should be given in all the three systems at suitable places and also to graduates of modern medicine. Refresher courses in Ayurvedic, Unani and Homoeopathy should be organised in teaching institutions.

The Dave Committee has also recommended that the qualification for admission to the proposed degree courses should be passing of the Intermediate Science examination with the subjects of Physics, Chemistry and Biology or the Higher Secondary examination. In addition, it is proposed that a good knowledge of Sanskrit, Arabic or Persian should be essential for Ayurveda and Unani respectively, which is as it should be.

No wonder Dr. Lakshmanaswami Mudaliar is upset.

IV

We know that in our efforts to get due recognition to Homoeopathy commensurate with its usefulness to the people of India we shall have to put up a stiff fight at every stage with the forces of privileged and entrenched protagonists of modern medicine.

If these recommendations are accepted by the Government we shall have to see that required finances are made available to implement these recommendations. One well-established Hospital and one Medical College per State for each of these systems is the minimum requirement, as also at least one Central Research Laboratory for each system untrammelled by allopathic enthusiasms. We are at one with Dr. Lakshmanaswami Mudaliar in stating that desecrated integrated medicine must go, for the embrace of the allopathic system is deadly to the normal growth of Ayurveda, Unani and Homoeopathic systems.

Lay Homoeopaths and Medical Ethics

(By M. N. R.)

To a certain type of politicians, an educated electorate is an inconvenience – it is apt to ask questions and remember electoral promises. To a certain type of army officers an educated sepoy is a nuisance – he is difficult to discipline and may want to know why when an order is given to him. To the orthodox allopathic doctor a patient who knows something of medicine is a bugbear because he wants each action of his and prescription to be explained and justified! They all like to be despotic patriarchs, whose dictates must be above question, whose word must be law and who must be looked upon with awe! They all like their victims to be ignorant.

Not so the Homoeopath. Alone among these mortals, a Homoeopath is happy when he knows that his patient knows something of Homoeopathy. He will be helpful to him in eliciting the minutest details of symptoms and he may be sure the patient will also minutely follow his directions as to dosage, etc. Besides, the mere fact that they both know one common subject together between them acts as a bond of attraction even as among artists.

Not merely this, but when orthodox medicine has in these days grown into a closely-knit, exclusive, freemasonry of gentlemen delighting in their own latinisms and diagnostic ritualisms and paraphernalia that make them a set of beings entirely apart from the ordinary run of humanity who get really frightened when they happen to have to go to a doctor, the Homoeopath is unassuming, uses the ordinary language that the patient uses every day and, as a part of his technique, puts the patient entirely at his case.

The Homoeopath is *still* a human being, and not the High Priest of an inquisition, with his interests not always the same as the patients. The patient feels very much like a lamb at the altar when dealing with an orthodox doctor. One reason why Homoeopathy is free from this atmosphere is that by the very nature of its science, it has been possible for laymen to study the subject in all its intricacies and to practise it with moderate skill and ability resulting in several cases in brilliant cures.

All over the world Homoeopathy owes a lot to the lay practitioner. In fact, this system of medicine is unique in this respect and because (alone among medical systems) it can be learnt and practised by laymen, it has earned the odium of the orthodox medical practitioners.

That in India also laymen have played a large part in popularising Homoeopathy will be clear from what the Homoeopathic Enquiry Committee has to say in this respect.

‘We record that apart from the opinion of some eminent men trained in the regular system of medicine that Homoeopathic medicines are efficacious, there is a *widespread belief* to that effect amongst people including *many lay learned men*’.

And because they were *lay learned men* who did not have to depend on this for their bread-winning and had other professions as their mainstay, they practised Homoeopathy as a free, social service, thus helping to associate in people’s minds Homoeopathy with cheapness and easy accessibility. No cabalistic rituals and frightening array of torturing instruments and gadgets here. No posturing here as of a superior person, usually put on by an allopathic doctor!

Thus, lay practitioners have been an essential feature of Homoeopathy and a wholesome feature at that. For, it is our belief that but for the presence of the large body of lay Homoeopaths, professional Homoeopathy also (who knows!) might, with the impact of modern forces and tendencies, have developed into another cabal and a clique, as even orthodox medicine has done in post-war years.

Unfortunately, our Union and State Governments guided wholly and solely by the advisers of the orthodox allopathic school and their way of thinking are introducing legislations in several States trying to turn Homoeopathy into the pattern set for allopathy. To allow a layman to practise medicine is a sacrilege with them. Better let the patients in the villages die from known illnesses than allow laymen to cure them with their unorthodox procedures and remedies. If the present trend in legislation persists, no layman would be allowed to practise medicine in India after a few years, for none but registered practitioners would be allowed to practise and registration refuses to provide scope for lay healers.

The passing away of the lay Homoeopath will be a sad day indeed, especially in view of the inadequacy of medical advice in villages and let us hope the Government will not be in too great a haste to implement this policy.

Dr. Jivraj Mehta in one of his recent speeches bemoaned the fact that the orthodox medical profession has strayed away from the narrow path of integrity set for them in the Hippocratic oath and was putting money and self-interest before healing. All cliques and oligarchies develop vested interests. They work in collusion, secrecy and in self-interest are apt to forget the public weal. It is a pity that in the post-war period, except for honourable exceptions, the

orthodox medical profession should be on the highway heading towards a clique and a cabal, helped by the blandishments offered by the monolithic, highly-capitalised pharmaceutical industry.

Against this tendency, the presence of a vast body of disinterested lay healers and persons with even a modicum of medical knowledge would have acted as a counterpoise and check. So much so, that we heartily feel it would be a very healthy move if the lay public were instructed in the elements of orthodox allopathic medicine, even as we are doing now in Homoeopathy. That would probably make the practice of orthodox allopathic medicine very much more healthier from the public's point of view than it is at present.

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RHUS TOX

(Mr. R. Ramachandran, B.A., Mylapore)

Generations of Homœopaths gratefully acknowledge their indebtedness to this great remedy. Somehow, certain remedies turn out to be favourites with individual Homœopaths, but Rhus Tox. happens to be a universal favourite. That is so because of the promptness with which it obliges the physician and the patient.

I am fond of visualising a remedy as a living personality. Unless I get such a mental picture, I'm not very confident about either the prescription or the result. Let us try to see what shape the remedy assumes.

The Patient: Dr. Nash names it as one of the restless trio-Aconite, Arsenic Alb., and Rhus Tox. Truly the Rhus Tox individual is a terribly restless person, especially when he is sick. He is so much restless that he is never happy when he is at rest—he must be briskly moving about.

“Rhus Tox keeps on the go,
Because his pains feel better so,”

—said a homœopath who is also something of a poet. He must be actively moving on and on, and this brisk activity gives him a little relief of his agony. But there comes a stage when he can no more move, and he breaks down by sheer physical exhaustion. But again his suffering returns when he rests. So he is on the go again. This alternate exertion and exhaustion repeat themselves. This is a very important aspect of Rhus Tox and constitutes its leading modality—“Worse when quietly sitting or lying and on beginning to move, and better by continued motion”.

There are two things which cause all suffering—over-exertion and cold, rainy weather. Over-exertion also includes over-lifting, over-reaching, over-straining, in fact, anything that taxes the entire muscular system more than it can bear, and causes sore bruised pains (Arnica), sprains, strains, and often a sensation of numbness which is characteristic. Probably, he is possessed by an over-mastering urge to over-exert himself and suffer in consequence. This is purely my opinion, for, even in his dreams, we are told, he dreams of great exertion like rowing, swimming, etc. He is another Ulysses who, on his return to Ithaca after his long adventures, could not rest quiet and wanted to resume his adventurous life.

And lastly, if you would wish to "type" him miasmatically, you will call him a rheumatic patient, with an admixture of psora and tuberculosis. The extreme restlessness of the individual and the desire to be ever on the move, indicates latent tuberculosis.

Rhus Tox as a wet weather remedy. Rhus Tox ranks high amongst the wet weather remedies—Dulcamara, Natrum Sulp., Rhus Tox, Arsenic A., and so on. Often it is the first remedy I prescribe during cold, rainy weather with very satisfactory results. Fevers, aches, pains, rheumatism, paralysis, dysentery, numbness, lymphatic and glandular swellings, and a score of other complaints, are, promptly relieved by this remedy.

Rhus Tox in skin complaints. During cold, rainy weather, certain skin troubles belonging to the herpetic and erisipelatous class, often arise. Rhus Tox will promptly cure those conditions provided the prescriber learns to identify them. Nash goes to the extent of saying "probably no remedy is oftener found useful in herpes zoster than this",

adding, at the same time, a caution that "notwithstanding this, it must be remembered that in many cases the leading indication for a remedy will not lie in the skin symptoms, but outside of them".

By whatever name you may designate the skin complaint, you will find it—

(a) Vesicular or watery, of the size of sago, of red and scarlet appearance.

(b) These vesicular eruptions would mostly follow nerve paths, and would be very painful, sensitive tingling, burning.

(c) These eruptions may be found on the lips, nose, and mouth, and along the course of a nerve, usually the intercostals. These appear generally on one side, but sometimes do so bilaterally.

(d) Chickenpox may develop a few days after these eruptions, since herpes and chickenpox are closely related.

A Rhus Tox case: A friend of mine, of middle age, and an unusually active man, drenched himself badly in rain. A short time after, high fever developed, which increased to a frightful furore. He was beside himself with rage and seemed a man possessed. He was knocking his head against a wall in a violent manner and the sound of the knock could be heard all round. A very old and experienced homœopath was immediately summoned by friends who, with great difficulty, put a few pills of Rhus Tox C.M. in his mouth. To say that the result was magical would be a mild statement. The patient calmed down in about five minutes, and laid himself down as tho' exhausted. He slept soundly the whole night, and woke up next morning, as though nothing had happened, after such a nightmarish experience.

Several other aspects of the remedy have been elaborated in text-books, but sufficient has been said. The extreme restlessness of the patient, the uncontrollable urge to be ever on the move and the consequent effects of over-exertion or over-strain, the aggravation of all suffering during cold, rainy weather, the rheumatic diathesis of the patient with a taint of psora and tuberculosis, constitute a collection of truly typical symptoms, round which all other aspects of the remedy arrange themselves. As is my usual practice, I shall append a short materia medica of this indispensable remedy.

RHUS TOX.

1. This remedy is as useful as Bryonia and has equally clearcut indications. All complaints requiring Rhus Tox. are worse by rest and on beginning to move, and better by continued motion. He is worse if he takes rest. He must be ever on the move in order to be comfortable.

2. Intensely restless. One of the three restless remedies—Aconite, Arsenic Alb., and Rhus Tox. Cannot find comfort even in a single position.

3. All complaints made worse in rainy weather, and by drenching one-self in rain. Effects of taking cold water bath and oil bath.

4. Useful in sprains, strains, catches, overstretching, lifting heavy loads—in short, over-exertion affecting general muscular system.

5. In fevers, especially typhoid in which it is invariably useful, a triangular red tip would be found at the tip of the tongue.

6. Stupor and mild delirium, continually tossing about, with dreams of hard and strenuous work.

7. Skin troubles, especially during cold, rainy weather, it cures rashes of red and scarlet appearance (herpes, urticaria, shingles, erysipelas, etc.)

8. Useful in a variety of complaints—fevers, simple and typhoid, rheumatism, aches, pains, paralysis, skin troubles, sprains, strains, ill-effects of drenching in rain, diarrhoea, dysentery, coughs, etc., in wet weather. and so on.

9. *Aggravation*: Rest. wet weather, exertion, beginning to move.

Amelioration: Continued movement.

10. *Suitability*: Rheumatic, psoric and tubercular constitutions.



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Anti-Fertility Factors.

(By Dr. Bankim Ch. Chatterjee, M.D. (Homoeo) Bhatpara, West Bengal)

A study of Dr. Henry De Laszlo, M.A., (Cantab), Ph.D. (Zurich), Fertility Research Centre, Colnbrook, England, shows that oral administration of contraceptive medicinal plants was known to the women of Egypt, Greece, Rome and many Eastern countries. Primitive women in the so-called backward areas of the world have made use of medicinal plants taken by mouth for controlling fertility. Unfortunately, very few of these pioneers had the botanical training needed for identifying these plants, nor were they sufficiently interested or equipped to present specimens for examination. I am sure a time will shortly come when Indian Homoeopathy will lead the world in mastering fertility by oral medicines only. Studies are currently being carried on to determine the contraceptive value of various plants known to have been used by people in different countries.

One of these is a plant known as *Lithospermum Ruderale* (American) known to Homoeopaths as *Lithospermum Officinale* (according to Dr. Wilmar Schwabe of Homoeopathic Laboratories, Leipzig, Germany) which is reported by Dr. Laszlo and Dr. Abraham Stone of America to have been used in the form of an infusion by American Indians in the South-Western part of the United States. Reports on the effect of this plant on the reproduction cycle in animals have appeared in the literature during the past few years, and there is some evidence to show that extracts (mother tincture) of *Lithospermum* suppress the secretion of Gonadotropin (a substance stimulating pregnancy in the human) from the pituitary and thus prevent ovulation.

The active ingredients of *Lithospermum* have not yet been isolated, nor have any adequate human studies been made by modern scientists. It is believed that Dr. Wilmar Schwabe studied the effect of this plant on human subjects. The reports of successful results which have recently come from the Fertility Research Centre, England, mentioned only three patients, and this number is obviously too small for any evaluation of its effects. Other plants are now being investigated. In view of the findings with *Lithospermum*, it is not at all unlikely that other herbs may be found which also possess Anti Fertility factors, and which could either be added to the diet or else made up in some other form for oral administration, with the increasing growth of scientific interest in this subject.

Recent inquiries disclose that more than 50 plants are used for this purpose by primitive tribes in various parts of the world.

Lithospermum is known in India as *Lithospermum* of India (according to the Botanical Survey of India, Calcutta) and all of this species come from the Himalayan region, particularly from the North-Western ranges. They are strigose (covered with stiff hairs) herbs, their flowers being white or blue.

At the present time, tests are being carried out by the Fertility Research Centre, England, on *Caladium Seguinum*, *Polygonum Hydropiper*, *Apocynum Androsaemifolia*, *Erigonum Janshand*, *Gossypium Herbaceum*, and many other plants, and most of them are available in Malaya, Oceania, Equatorial Africa and South Africa. The names of these plants are well-known to Homoeopaths. The best technique of administering the plants is in 1x Homoeopathic potency (Mother tincture or trituration) to the test animals.

The best way of observing the effects of these plants on the test animals under controlled conditions are: (a) Examining vaginal smears to note any change in the normal oestrous cycle, and after subsequent mating of the animals observations are made on the state of their litters, if any: (b) Conducting histological examinations of the reproductive organs and glands of treated animals: (c) Seeking the mechanism whereby these effects are produced, e.g., disturbance of ovulation through suppression of the normal hormone cycle via the pituitary gland or action of Vitamin E, *Arsenic*, *Phosphorus* or *Sodium Chloride*. (d) Conducting long-term experiments on the after effects of treatment.

These investigations must be conducted to everybody's satisfaction before a general release of remedies is authorised. It really needs the concerted effort of chemists, endocrinologists, physiologists, ethnologists and botanists to solve this problem. At present time there has been no scientific centre or institution where men with these various interests and skills can concentrate on the single aim of finding a reliable and safe biological contraceptive.

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"MODERN MEDICINE"

(By Mr. K. N. Gopala Pillai, M.A., Perunna, Changanachery)

The Hindu in its leading article on 12-12-56 (reproduced on another page — Ed) makes the following observations on the report of the Dave Committee:

"The whole report is dominated by the doctrine which seems to have currently influence with the government that neither the Indian systems nor Homœopathy can be regarded as on a par with Allopathy, that they all require to be replaced by a large infusion of 'modern medicine' and a complete and systematic integration of these systems is 'unnecessary'."

These days it has become the fashion for Allopathy to masquerade under the term 'Modern Medicine'. Common sense teaches us that the word 'modern' is anathema in medical science. To principles there is no time element. Natural law knows no ancient, no modern. Time offers only the greater opportunity for examination of the results of applied principles, the action of the natural laws. Evolution knows not the meaning of fashion.

Hence the word 'modern' must be used in a comparative sense. This is never appreciated more keenly than when considered in the light of medical practice. *Those elements of practice that have survived the crucible of time have rightly become recognised as the principles of art.*

Medicine has passed through several 'modern discoveries'. As H. A. Roberts observes: "Therapeutics as demonstrated by modern medicine, is still in a state similar to that of the

past, in that the discovery or development of the day is the seeming answer to almost all therapeutic problems.

No guiding principles have been discovered by the dominant school of medicine that are sure and certain indications in the field of therapeutics. That means there is no test but that of experience for any therapeutic agent and modern medicine, despite the period of its discovery, still finds itself on basis of empiricism rather than of true science."

Think of the continuous procession of the synthetic group of drugs! Each was hailed as a modern development of science, a panacea for the ills of mankind. Later on, sincere students of science pointed out that these were not without danger:— aspirin, luminescences, the Sulphanilamides etc. The Sulphanilamide is one of the best instances of the powers and dangers of these drugs. True, they destroy the invading organisms, but same they are dangerous to normal cell balance also.

We, Homoeopaths have early recognised the dangers of the synthetic drugs. We know that where medicinal agents are capable of eradicating organisms by any other method than by stimulation of the dynamic force to the point where nature itself balances the scale, there is danger to the patient, sooner or later. We know that pain has its beneficent aspect as a sign post, and that it cannot be suppressed without grave danger to the ultimate health of patient. Our principle has been discovered and evolved through the crucibles of time, experimentation and enlightenment. It stands pre-eminent, unchangeable in spite of all changes in therapeutic fashions. It is based on the immortal maxim. 'Similia Similibus curantur'. Now, friends, won't you admit that the Homoeopathic Medical Science will be ultramodern in every age?

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NEWS AND NOTES

Our readers will remember that in July 1955, we had the good fortune to welcome Mr. Kanagaratnam, Retired Auditor-General of Ceylon and a Member of the Committee of Inquiry on Homoeopathy, Ceylon.

Recently on the 17th December last, we had the great pleasure of welcoming in our midst another illustrious son of Ceylon Mr. C. G. Ponnambalam, Q.C., M.P. He was taken round the Tutorial Section, the Medical Section, the Dispensary and the pharmaceutical Sections, as also the Press, and in his own words, as he wrote in the Visitor's Book, he was "greatly impressed by the extreme orderliness of the Pharmacy". He also felt that "a specimen for the rest of the country" that makes an appeal to a large section of the population within the reach of the poorer section should be placed by the Government of the Country".

Speaking before the members of the Coimbatore Medical Association on 15th December, Dr. A. Lakshmanaswami Mudaliar, Vice-Chancellor of the Madras University, said he had nothing to say against the ancient system of Indian Medicine. What he felt was that it was not easy to train people in these systems without a proper scientific background.

Regarding integrated medicine, it was difficult for students to undergo training in two systems of medicine, one modern and another indigenous. A proper method of encouraging Ayurveda or Unani or Siddha system of medicine was to see that those who practised one of these systems of medicine possessed the necessary qualifications in that particular system. They must be registered under the Medical Practitioners Act. It was his view that the Indian systems of medicine should be kept at a higher level. He had no objection if some sort of training in Ayurveda or other Indian systems of medicine was given to doctors of modern medicine. He was particular that they should not give room for lowering the standards of

any system of medicine. The University of Madras was prepared to give recognition to institutes started in a particular system of medicine provided the prescribed standards were satisfied. He did not say that the modern system of medicine was the best and ayurveda system did not deserve encouragement. There was no compartmentalisation in medicine. Whatever was good should be welcomed. Serious study of the evolution of these systems of medicine was necessary if they wanted to spend money. They should spend money for the development of a particular system of medicine. He was anxious that the rural population must not be deprived of the advantages of the modern system of medicine.

The fourth working committee meeting of the Chittoor District Homoeopathic Medical Practitioners' Association was held on 29th November last when the following

request and press the Andhra Pradesh Government to include Homoeopaths also in village Vaidya training which is being conducted in Eluru District Headquarter Hospital for Ayurveda Siddha, and Unani Practitioners and also to conduct special classes exclusively for Homoeopaths at various centres in the State in view of the enactment of the Andhra State Ayurvedic and Homoeopathic Medical Practitioners' Registration Act 1956.

None of the Homoeopathic Institutions in India are recognised by the State Government at present and as such the working Committee feels it necessary that the State Government must be pleased to conduct this six month Village Vaidya training for Homoeopaths also and enable them to be the accorded the 'B' Class registration.

Mr. M. Srinivasan writes in the *Indian Express* of the 7th December.—

During the recent visit of the Mysore Chief Minister to the Central Food Technological Research Institute, we drew attention to an interesting observation that we had made of the effect of the immature field bean (*avare kalu* in Kannada; *mochai* in Tamil; *dolichos lablab*) on reducing blood sugar level in different human subjects.

Nearly a year back, we observed that green *avare kalu* in the immature stage, possessed an ameliorative effect on patients with high blood sugar, as judged by urinary sugar excretion and glucose tolerance tests. Interestingly enough, this effect disappeared as the bean matured. *Iddlies* too, which are based on *urdhal* (*Phaseolus mungo*) had a beneficial effect as observed with a number of diabetic patients. That it was not merely a non-specific effect of pulses in general was shown by the fact that certain other legumes, notably mature "*avare kalu*" and *turdhal* (*Cajanus indicus*) did not possess a similar effect. More recently, it has been found that casein has also a positive effect in mild diabetic cases, in contrast to equivalent quantities of the same free amino acids or gelatine. Casein, as such, had no hypoglycemic effect in a normal individual or in an individual with acute diabetes, though ~~these~~ ^{these} ~~specimens~~ ^{specimens} grams was orally administered. It ~~specimens~~ ^{specimens} emphasized that all this work is essentially ^{ly} cor He must nature and that systematic observations ^{ing f} large number of patients are necessary be ^{g c} definite can be concluded. ^{restless}

The Union Health Minister, Rajkumari Amrit Kaur gave the following details in the Lok Sabha recently in answer to a question by a member:—

The Madras Government has suggested that Section 31 of the Drugs Act of 1940 should be amended for providing for confiscation of drugs in case they are established to be of sub-standard, irrespective of the fact whether the dealer who had stocked the drug was punished or acquitted.

Bombay has suggested that section 22 of the Act may be amended for empowering the Drugs Inspectors to seize records, cartons, blocks and the like and to seal the premises where there is reason to believe that manufacture of spurious drugs is carried out.

A recent issue of the *Lancet* reveals that in a group of hospitals in London, with a total of 1,450 beds, there were no

fewer than 653 accidents to patients in 1953 and 1954. More than half—380, to be precise—occurred actually on or near the bed, the patient falling down while trying to get in or get out. Even such a simple matter as sitting on or rising from a chair led to accidents. Other patients nearly 200—slipped on the floor; and some others fell off trolleys. Accidents also included burns by hot water bottles, spilling of hot tea, etc. Most of these accidents caused fractures, cuts or burns but in nearly a half of them, the injuries could not be detected early. The report suggests that most of the accidents are avoidable and by way of prevention recommends that floors should not be polished but merely washed, that beds should not be as high as they are, that in wards for the older patients linoleum or waxed wood-work should be substituted by haircord carpets and that senile or feeble patients should have beds with lifting side—

—The Hindu

Government of India has sanctioned a sum of Rs. ^{10 lakhs} ^(10 lakhs) Government of Bombay for starting a post-graduate centre in homoeopathy at the Government Hospital, Bombay.

Inaugurating the fortieth session of the All India Medical Licentiate's Association on December 18 last, President Rajendra Prasad once again emphasised the great need of the day. "I think the time has come", he said, "when our medical men, particularly the Licentiate's, must seriously consider whether the villages which have now become centres of nation-building activity do not offer better scope for practice than towns".

Mr. Mohanlal Saxena, speaking in the Lok Sabha on the Indian Medical Council Bill said that "during the nine years that the Health Minister has been in charge of her portfolio, she has done precious little for the encouragement or promotion of the Ayurvedic, Unani and Homoeopathic systems of medicine which are serving our country by and large".

The vast majority of people in India he said, would not be in a position for years to come to benefit from the modern system of medicine. In the meantime, the indigenous systems

should be encouraged. In China the indigenous system had become the base of all modern medical research. A similar step should have been taken in India but nothing was done.

* * *

The Union Ministry of Health has recently published the first complete national pharmacopoeia of India giving valuable information on standards to be prescribed and tests to be used to establish the identity and purity of a number of indigenous medicinal preparations.

The Health Ministry has also appointed an ad hoc Board to scrutinize the research proposals received for studies into the indigenous drugs and to recommend grants-in-aid.

Further support to the development of indigenous drugs and considerable expansion of the programmes are contemplated during the five year Plan. Intensification of studies into indigenous drugs in the treatment of diseases, drug industries in large scale production, drug trials, are the important items in the programmes.

Detailed information on the subject is contained in the Health Ministry's progress report for the year 1956. Entitled the "Development of Indigenous Systems of Medicine," the pamphlet, which has just been published, also covers various stages of development since 1946.

* * *

The Central Council of Health which concluded its fifth meeting at Ranchi on December 16th, 1956, decided that more centres for research in Ayurveda, Unani and Homoeopathy should be established.

In view of the consensus of opinion among State representatives that they should be allowed more time to study the Dave Committee's Report, the Council unanimously adopted a resolution requesting all State Governments to forward their comments to the Union Ministry of Health as early as possible, in order to enable the Government of India to take further action.

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While replying to the debate in the Lok Sabha on the Indian Medical Council Bill, Rajkumari Amrit Kaur brushed aside as irrelevant the complaint of the earlier speakers that the indigenous systems of medicine had been neglected during the Minister's long regime. Others might be disposed to think that even total neglect would be better than the kind of attention these systems have been receiving at the hands of the State. A Committee was appointed to report on establishing uniform standards in the practice of Vaidyas, hakims and other persons engaged in the practice of indigenous medicine. In its report just published, it shows itself very much in charge. The Minister, as the Minister herself, of modern medicine, it says, "is becoming a world medicine". The Committee, which was presided over by the Health Minister of Saurashtra and had four other Health Ministers as members, produced an interim report making recommendations regarding the question of regulation of medical practice by the practitioners of indigenous systems. If these were accepted men who are trained in future in the old guru-kula style under distinguished physicians would be considerably handicapped in their attempts to earn a living as against the products of institutional training. The Committee has now followed this up with a final report in which it makes detailed recommendations about the duration of training, courses of study and arrangements needed to ensure effective control over the maintenance of teaching standards in all the institutions teaching the systems above mentioned. The whole Report is dominated by the doctrine, which seems to have currently influence with the Government, that neither the Indian systems nor Homoeopathy can be regarded

as on a par with Allopathy, that they all require to be reinforced with a large infusion of modern medicine, and that for this purpose systematic integration of these systems with Allopathy is necessary.

Ayurveda and Unani do not exhaust the Indian systems. Siddha Vaidya, for example, claimed and won recognition in its own rights in the Madras College of Indian Medicine that was; but it is not mentioned by the Dave Committee. Of the Ashtangahrdaya itself Rasa-tantra forms an important part; but it is totally omitted in the syllabus prepared by the Committee. And, even in regard to the development of the first-hand knowledge of the basic teaching of the system (which are in Samskrit) is not to be required of the students, which is the minimum qualification that a student must prescribe for admission, would be too inadequate. Knowledge of the texts would be indispensable for restless practitioners who might have to refer to the authorities in their works when confronted by complicated or peculiar ailments. Oral lectures, which are regarded as an unsatisfactory substitute for tutorial study and extensive guided reading even for Arts subjects, can hardly meet the requirements of the students of ancient medicine, as they can at best be but brief summaries of a vast and recondite literature. Even in the matter of lectures the Committee's proposals are calculated to over-weight the attention given to modern subjects at the expense of the Indian system whose study is the ostensible reason of the course. While 1,600 periods are to be allotted to Ayurveda, as many as 850 are to be devoted to modern medicine in a course designed to cover four and a half years. Not more than twenty-five per cent of the total time should be given to modern subjects, according to competent opinion, if full justice is to be

done to the main study, which is that of the Indian system concerned.

Even more debilitating would be the effect of the Committee's proposal that after the first three months, which are to be devoted to "instruction in Sharir Rachana, Dosh-Dhatu and Malavignan, etc., according to the classical teachings of Ayurveda only", these subjects "should be taught on Ayurvedic as well as on modern lines concurrently". Nothing, to our mind, would be better calculated to confuse the learner. Ayurveda is closely connected with Indian philosophy. Its hypotheses have very little in

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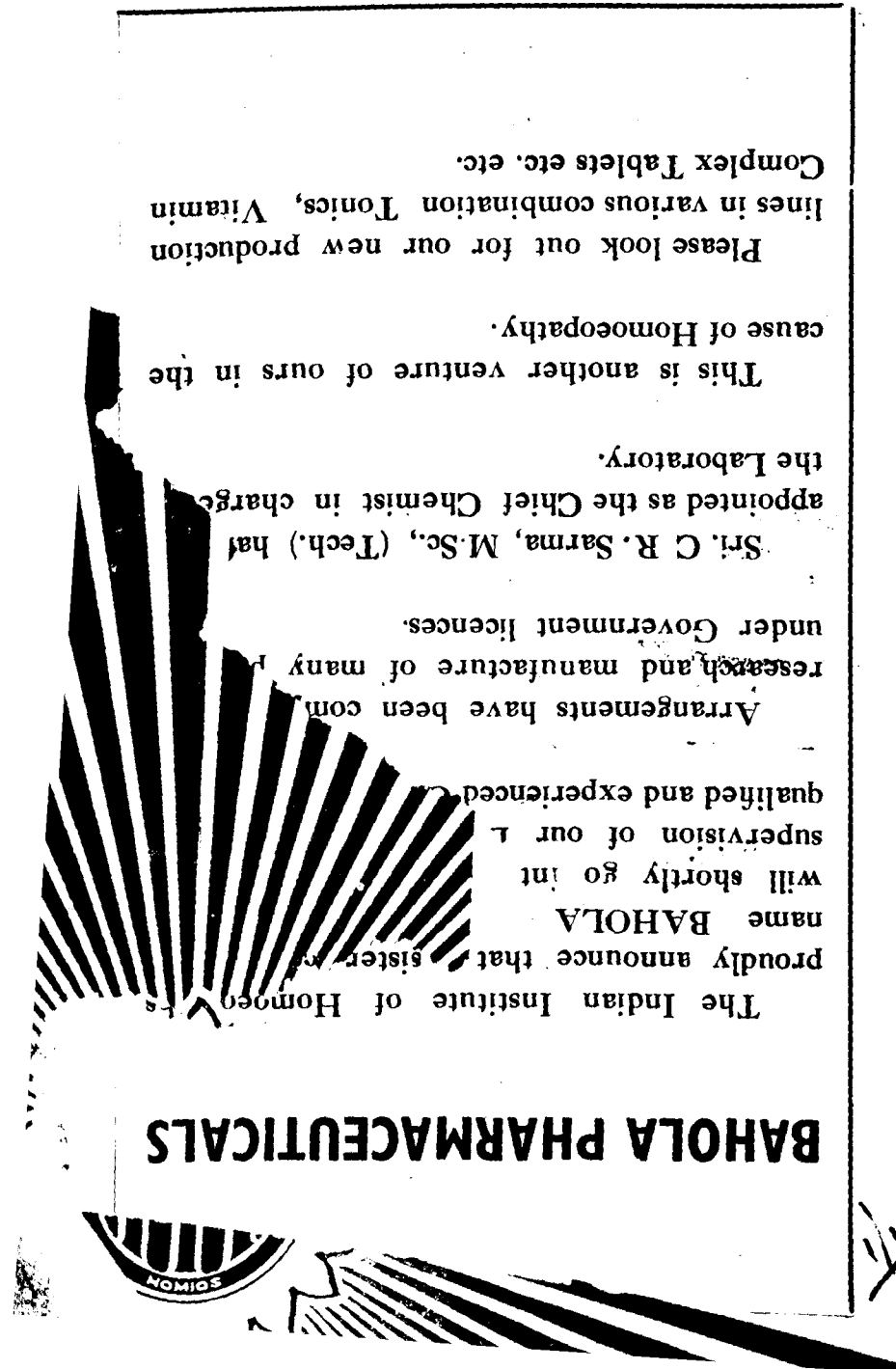
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common with the empiricism of Western medicine. You cannot teach the basic principles, philosophy and history of Ayurveda merely by devoting three months' intensive attention to them and by laying at all stages of instruction emphasis, as the Committee recommends, on "the true spirit of the Ayurvedic (or Unani) system of medicine". In actual practice this will be subordinated to the aim, on which the Committee lays far greater stress, of "a fresh interpretation and re-valuation of the ancient knowledge in the light of the modern scientific outlook". To subserve this object the Committee wants new text-books to be prepared sub the syllabus of the present subjects. There may be a place in the development of the Indian system, with the aid of the modern science, which has led to the present state of the specimens for the study of the Indian system. He must choose a system in its pristine purity and with the greatest rigour. A specious broad-mindedness deriving from a restless belief, which the Committee cherishes, that "medicine is simple and universal" may easily degenerate into a spineless eclecticism, especially in institutions which would all the time tend to impress on the student the superior prestige of the modern systems. It may be useful for a student who has done a full course in Ayurveda of three and a half years, to finish with a training in modern subjects for a year or a year and a half. It is the conservation and rejuvenation of the Indian systems that should be the objective of any attempt to regulate education and not their extinction by selective absorption in modern medicine in the name of integration.

—Editorial in THE HINDU dated December 12, 1950.



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common with the empiricism of Western medicine. You cannot teach the basic principles, philosophy and history of Ayurveda merely by devoting three months' intensive attention to them and by laying at all stages of instruction emphasis, as the Committee recommends, on "the true spirit of the Ayurvedic (or Unani) system of medicine". In actual practice this will be subordinated to the aim, on which the Committee lays far greater stress, of "a fresh interpretation and re-valuation of the ancient knowledge in the light of the modern scientific outlook". To subserve this object the Committee wants new text-books to be prepared sub: the syllabus, development of subjects. There may be a place in ard: ion of the lation of the Indian system "with: ing the: e: tance which has led to the present state of specimens f: can come in usefully only after the student: ly cor He must chosen system in its pristine purity and with: rigour. A specious broad-mindedness deriving: restless belief, which the Committee cherishes, that "medicine: and universal" may easily degenerate into a spineless eclecticism, especially in institutions which would all the time tend to impress on the student the superior prestige of the modern systems. It may be useful for a student who has done a full course in Ayurveda of three and a half years, to finish with a training in modern subjects for a year or a year and a half. It is the conservation and rejuvenation of the Indian systems that should be the objective of any attempt to regulate education and not their extinction by selective absorption in modern medicine in the name of integration.

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HOMOEOPATHY

FOR HEALTH & LIFE

FEBRUARY 1957

607
1-57 **SYSTEMS OF MEDICINE**

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NOTES FROM OUR STAFF PHYSICIAN

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VOL. VI

FEBRUARY

BOOK 2

Systems of Medicine

Swami Sivananda Saraswathi of Rishikesh is fond of emphasising that fanaticism in any line of thought or action is harmful to the world. Where it has led us in religion we all know: but the Swamiji is enunciating a universal truth not confined merely to religion or politics.

Specifically, addressing a gathering of Naturopaths in the Ashram about two years ago he said that it was a common fault of Naturopaths to think that they had an answer to every known illness of mankind and that all other systems of medicine were just superfluous, if not harmful. He emphasised that a receptive frame of mind, humility and a willingness to learn from observed facts of life and benefit thereby were great assets in life for saints and specialists as well as laymen.

What the Swamiji said of Naturopaths is equally true of other systems of medicine, such as allopathy. Allopaths are convinced that there could not be much good in other systems—at least, if there were, they would have been absorbed in their own system long ago! That this has not happened is self-condemnatory of such other systems!!

Prime Minister Jawaharlal Nehru, more recently, condemned this attitude of mind when inaugurating the Institute of Post Graduate Medical Education and Research at the Karnani Memorial Hospital, Calcutta.

It was important for the country to provide qualified medical men to look after the health needs of this great community in India. "We lack them greatly, and till we have proper provision for our remote villages, we have not really done our job".

Mr. Nehru continued that he could not understand the arguments between different systems of treatment, namely, allopathy, Homœopathy, Ayurveda and Unani. They should not be led by any particular axiom as if that was an incontrovertible truth. In the matter of science, one had got to keep his eyes and mind open and try to adopt something if it was found good or useful.

Mr. Nehru said he would refuse to accept the position if a modern medical practitioner thought that he had got the key to the riddle of life and closed his mind to anything. In such a case, the medical man was doomed and his mind stopped functioning. It was by trials, errors and experiments that one could get the results which could be accepted. It was recognised, he said, that ayurvedic practitioners could supply a great deal of helpful knowledge but if they got into a group and talked without looking out of it, it became a difficult thing for acceptance.

Under the healthy leadership of the Prime Minister, there are signs that the Government is gradually shaking off the monopolistic grip that allopathy had over them for such a long time and that there is now a realisation that systems like Ayurveda, Unani and Homœopathy, given a

chance, might be able to make substantial contributions to the Science of medicine.

If this changed attitude is to bear fruit, it will be necessary to allow full scope to these systems to conduct researches, each according to its own genius, untrammelled by outside or competitive influences.

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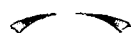
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Therapeutic Notes of Various English Authors

(By Dr. A. R. Kannappan, M. I. H. Vellore)

SULPHUR

ALLEN: (1) Valuable in later stages of *Pneumonia* when inflammatory process fails to resolve, the patient begins to have fever at night, *hot hands feet and hot head*; a few doses of Sulphur will then generally cause the cough to loosen and the hepatisation to resolve. (2) Very useful in habitual constipation. (3) Often indicated remedy for *Acne*; *favus*; *eczema*; *Crusta*; *Serpiginosa*; and a variety of skin diseases. (4) In *Synovitis*, specially when there is considerable exudation, particularly in the knee. (5) Holds first rank for the treatment of *hyperaemia of the liver*.

KENT: (1) Sulphur will clear up the constitutional state when remedies have failed to reach the whole case because they are not deep enough. (2) A dangerous medicine to give in advanced cases of phthisis and if given it should not be prescribed in the highest potencies. (3) Sulphur is suitable in the most troublesome "*Scrofulas*", complaints in broken down constitutions. (4) For all sorts of eruptions; that are vesicular, pustular, furuncular, scaly eruptions, all attended with much itching and some of them with discharge and suppuration. (5) It is a common feature for a sulphur patient to have a peculiar kind of diarrhoea which has been long known as a "*Sulphur diarrhoea*" though many other remedies have a similar condition viz. *Diarrhoea coming on early in the morning*. (6) In the coal regions of Pennsylvania those who work in the mines and those living in the vicinity of the mines often need Sulphur. (7) "The Sulphur patient has filthiness throughout, he is always imagining and hunting for offensive

odours." (8) "The Child is subject to catarrhal discharges from the nose, the eyes, and from other parts, and he often eats the discharge from the nose." (9) "Mothers tell you of the filthy things that little ones will do if they be Sulphur patients". (10) A beginner on reading over the provings of sulphur might naturally think that he would need no other remedy, as the image of all sorts of sickness seems to be contained in it. It seems that the less a physician knows of the "materia medica" the oftener he gives sulphur and yet it is very frequently given even by good prescribers; so that the line between physician's ignorance and knowledge cannot be drawn from the frequency with which sulphur is prescribed by them. (11) Who is the sulphur patient? Persons who lead sedantary lives confined to their rooms in study, in meditation, in philosophical inquiry, and who take no exercise, soon find out that they must eat only the simplest foods, foods not sufficient to nourish the body, and they end up by going into a philosophical mania. (12) Dirty appearance is the Keynote. He does not see the necessity of putting on a clean collar, and cuffs and a clean shirt. Sulphur is seldom indicated in cleanly people but it is commonly indicated in those who are not disturbed by un-cleanliness".

FARRINGTON: (1) In tuberculosis affecting lungs, Sulphur is indicated only in the beginning. "I would here caution you as to how to use the drug. If carelessly or wrongly given, it may precipitate the disease which it was your desire to cure," you must not repeat your doses too frequently and you must never give it unless you are certain that this is the remedy. (2) Sulphur is valuable remedy in incipient stage of phthisis, no matter what part of body it may involve. (3) Specially useful in tubercular hydrocephalus. (4) Sulphur may sometimes prevent pneumonia by relieving the lungs of that hyperaemia which precedes the deposit of plastic matter.

(5) Specially is sulphur indicated in plethora that has risen from sudden cessation of accustomed discharge particularly a haemorrhoidal flow. (6) "Our main-stay in scrofula". (7) "In cholera - A true prophylactic" (8) Whenever the system refuses to respond to the well - selected remedy, it matters not what the disease may be, whether it is a disease which characteristically corresponds with symptomatology of sulphur or not, it will often clear up the case or pave the way for another drug which will cure. (9) Particularly applicable after suppression of itch and other forms of eruption. (10) In old cases of gleet; in old broken down patient when the ordinary gonorrhoea remedies and the remedies especially fitted to the discharge itself, only palliate; when patient himself is a sulphur patient.

HUGHES: (1) Valuable remedy in malarial cachexia, (2) "I know indeed of no remedy so frequently beneficial in chronic asthma". Best medicine we have for skin diseases. (4) Plays a permanently curative part in rheumatism. (5) In rheumatic fever, prevent the lingering of convalescence, or the passing of the disease into a chronic form. (6) Almost an unfailing preventive for recurrence of boils. (7) A wonderful remedy and useful in those cases of diarrhoea that occur in cholera times, when the diarrhoea begins in the morning.

NASH: (1) Sulphur has in its totality of symptoms a perfect picture of cholera asiatica. It suits the incipient symptom. (2) "Indicated when melancholic mood; dwelling on religious things; anxious to save his soul". (3) "The most ordinary awake extraordinary admiration." (4) Useful when pressive pain in vertex as from a weight on top of the brain, with heat on top of head; flushes in face; feet cold (5) Often suits in sick headache; periodically once a week or two weeks. (6) "Particularly useful in comedones, black pores of

the skin specially in the face". (7) The eye troubles are sharp; darting pains like pins, needles or splinters were sticking into the eye; cannot bear to have the eyes washed. (8) Sulphur patient drinks much, eats little, weak, gone faint feeling at pit of stomach at 11 a. m. (9) Back Pain. One of the best remedy for violent, bruised pain in small of the back and in coccyx, especially when stooping or rising from seat.

BAEHR: (1) "Materially hasten the disappearance of plastic exudation of pleurisy". (2) "No remedy is better able to effect the reabsorption of an exudation in pericarditis that had already existed for a time (3) In cerebral apoplexy, comes into play where the action of Arnica terminates. (4) "Curative action in involuntary urination during sleep." (5) Persons who are always working in the coal mines often need Sulphur.

POTENCY

(1) All dilutions seem to act well; but in *rheumatism, and asthma* the lowest trituration seems most in favour.
(HUGHES.)

(2) In chronic disease, the Sulphur is adopted in highest potency (200th and upwards). In torpid eruptions the lower potency (the 12th and 30th). The lower is good one to begin the treatment with, going higher according to susceptibility of the patient.
(W. BOERICK)

(3) Acts in all potencies from the lowest to the highest, some of the best results are obtained from the very highest, such as 50. M. C. M. and D. M. potencies and not too frequent doses particularly in miasmatic constitutions.
(UNDERWOOD)

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CASE REPORT

[Dr. P. Sankaran, L. I. M., D. F. Hom. (Lond.)]

Mr. J. L. aged 49 years, a sailor by profession consulted me for the following disorder on 5th October 1956.

For the past 2 months he has been having daily attacks of *Pain* in the right chest: a *pain as if there is a sprain*. These attacks *generally occur when he is hungry*, usually in the forenoon around 11 A. M., and lasts half to one hour. It is immensely *relieved by taking some food*, by pressure and by lying down. It is also *relieved for a few minutes by taking any hot drink*.

His appetite is normal; he likes more sweet and salty food; he takes 2 to 3 glasses of water in a day; dislikes cold. His stools are normal. He sweats profusely and it is sour-smelling. *Though he sweats profusely, he likes the sun and the hot weather; he takes warm baths.*

The attacks could not be traced or attributed to any definite cause.

Physical Exam: N. A. D. Wt: 130 lbs. B.P.: 120/90. Previous History and Family History: Nothing particular.

Diagnosis: Investigations done had proved negative and no definite diagnosis could be made.

Treatment: The italicised symptoms were considered important for purposes of prescription. They were translated into the following rubrics and the case was worked out on my card repertory:

Eating, Amel.	(modality)	Card No. 97
Lying Amel,	"	Card No. 188
(warmth Amel.) Uncovering Agg.	"	Card No. 366
Sprained, dislocated etc., as if (sensation,)		Card No. 320

The only drug to show through was Ignatia. This drug, I felt, would help the patient who though he was sweating profusely preferred to sit in the sun. It covered the amel. by hot drinks, the amel. by pressure etc.

So I prescribed on 5-10-1956 Rx Ign: 1 M, one dose 18-10-56. The report was that he had one mild attack on the 7th: on the 8th he passed one round-worm and one more again on the 10th; since then no attack.

15-12-1956. No more attack - patient remains well.

Discussion: This case is notable for the completely unexpected effect elicited by the prescription as unexpected as the symptomatology of the drug itself that helped the patient.

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FEBRUARY '57

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TUBERCULINISM

(By Dr. K. Alayam, Homoeo Physician, Coimbatore)
(Continued from December 1956 issue)

It has been observed in the previous pages that Tuberculinism is the predisposition to tuberculosis. Such a predisposition to a disease is peculiar only to Homoeopathy and unknown to any other system of healing the sick. Tuberculinism naturally implies latency, i. e. the disease is latent inside the person not having external manifestations or observed signs. But we have also to understand that the latency does not mean inactivity. The tubercular diathesis though not discernible to our senses or the instruments of the physician, is however active in the organism, and depresses the life force inside. The mental symptoms that we have noted as characterising tuberculinism are verily the results of changes produced in the vital force by the inimical tubercular force. They are the first warnings that tuberculinism has found an abiding place within the organism. The soil is thus prepared and kept ready for the fortification of the seed, when sown. The so called germ bacilli, cold breeze, damp weather are all exciting causes and cannot operate or render any disorder in any part of the system unless the soil is congenial to its development. It is not all that are exposed to cold breeze that catch cold. A few are susceptible and others are not. It is also observed that in some persons pneumonia or diarrhoea is a frequent occurrence. There is susceptibility in some and non-susceptibility in others.

So, tuberculinism, or as it may be called latent tuberculosis, or as I may call tubercular miasm exists

in a great percentage of the modern population, so that this diathesis well deserves to be called a fourth miasm irrespective of the already existing miasm of the Homoeo science. It is not out of place to mention here that at the moment the drive for prophylaxis against Tuberculosis by the modern Allopathic research and the introduction of B. C. G. vaccine gives enough evidence to show that a very great percentage of the population of the world is tuberculinic or susceptible to tuberculosis. This means that the temperament of a great part of the population is tubercular. So, the latent T. B. may manifest itself by localising in any organ of the body.

Is it not fit therefore to term this condition of the body as a fourth Miasm?

As aforesaid Dr. Burnett had diagnosed in very many cases latent condition of T. B. or as I may call it Tuberculinism, and cured them with Homoeo remedies specially intended for treatment of T. B.

Dr. Palmer who is said to be a world authority on T. B. says that a great mass of people get infected with T. B. by the time they reach adulthood.

I may leave this to the great research works in Homoeopathy to confirm whether this condition in a constitution can be called Tuberculinism or the 4th Miasm.

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FEBRUARY '57

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Thought Gems in Homoeopathy

(Sri K. N. Gopala Pillai, M. A., Perunna, Changanachery)

1. Following allopathic or unhomoeopathic treatment of Gonorrhoea, there follows host of chronic diseases such as gout, gouty rheumatism, muscular or arthritic rheumatism of a sub-acute or chronic nature.

2. Words cannot tell the endless disease processes that develop through the suppressive measures and the thoughts of man cannot paint in words the manifold sufferings of humanity that follow the development of these processes.

3. We must be successful navigators; we must know where the rocks are, steer our vessel clear of them, and land our patient upon the shore of health, and not upon the hidden rocks where the breakers grind and crash.

4. The march of the human mind is slow, but it is unceasing vigilant, eternal, and its goal is upward, onward, towards a solution of the infinite mind and the uncovering of the unknown.

5. When Hahnemann says "Disease is a disturbance of the life force," it means nothing to many of us, because we know so little about the life-force that vivifies and animates the human body.

6. We must study the chronic miasms before we can understand the true cause and the multiple changes in the phenomena of disease.

7. The sexual organs of the women of today are the great centres of disease, and especially is this true of the sycotic miasm, whose destructive and disturbing action has

become as alarming factor to our best pathologists and ablest therapeutists.

8. Many times the surgeon's knife is resorted to, simply because as a therapist, he was not familiar with the effect of the sycotic poison (miasm) upon the reproductive tract. His therapeutic knowledge did not reach that far; thus, in the end, he demonstrated his ignorance of the disease by removing the organ.

9. In Sycosis the uterine pains are spasmodic, colicky, often extending over the whole abdomen and generally felt in the membranes of the ovaries and tubes.

10. When we have the tubercular element combined with the sycotic we have the worst form of dysmenorrhoea to deal with.

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NEWS AND NOTES

We regret to report the death of Dr. Mrs. Indira Rasik Thakar, wife of Dr. R. R. Thakar, D. D. M. (Germany), General Secretary of the Western India Homoeopathic Medical Association, Bombay. She passed away at the early age of 43 on 30th December last at Kandivli, Bombay. The only daughter of Mr. T. V. Subramania Iyer of Palghat, Parvatidevi, as she was known before her marriage to Dr. Thakar, was a Homoeopathic Doctor in her own right and later helped her husband in his practice. A condolence meeting was held under the joint auspices of Bombay Suburban Residents' Association, and the Western India Homoeopathic Medical Association, Bombay, to mourn her untimely demise.

* * *

A meeting of PEPSU Homoeopathic Medical Association was held at Patiala under the Chairmanship of Dr. Mohan Singh.

Dr. L. C. Khanna, Organising Secretary of the All India Homoeopathic Medical Conference to be held at Amritsar this month requested the members to join and strengthen the All-India Homoeopathic Association

* * *

Information has been received that Mr. N. Venkatarama Ayyar, Hon-Secretary, Madras Presidency Homoeopathic Association has been appointed as a member of the Telephone Advisory Committee, Madras, to represent non-allopathic interests.

Dr. Ramakrishna Rao, Governor of Kerala, recently stated that Kerala was the one State in the whole of India which had provided over Rs. 60 lakhs for the Ayurvedic System. There was a proposal for establishing an Ayurvedic Research Institute in that State.

* * *

Vaidyaratna Kaviraj Pratap Singh, presiding over the Ayurvedic Conference in Kurukshetra on 14th January, referred to "Gristika", a rare specimen of Indian fruit which, if eaten once obviates the necessity of food for a person for at least two months, and displayed same to the audience. This fruit tree was said to be abundant in Almora District and, as an experiment, a specimen has been planted in the Moghul Gardens of the Rashtrapati Bhavan in Delhi.

* * *

We reproduce below a letter written by Mr. S. B. Vaidya to the *Nagpur Times* and published by them on the 16th January:

I have been observing that homoeopathic practitioners of Nagpur do not co-operate at all among themselves. One is unable to treat a patient, who was previously treated by a homoeopath as he will never tell what drug or drugs were administered to the patient. I can quite understand if the patient is not told about the drugs administered but if one doctor asks the other doctor, he must be bold enough to do so. Professional etiquette demands it.

A true homoeopath will never take a case coming from another homoeopath unless the drugs previously administered to him are known. I have seen many of such patients with drug symptoms. I have to make an exception in case of the only leading practitioner, Dr. Shivde, who is co-operative and is bold enough to admit his failures, if at all there are any.

I appeal to all homœopaths, in the interests of public health, to co-operate in this respect, and I shall request them to refresh their memory by reading once again "Lectures on Homœopathic Philosophy" by J. T. KENT.

* * *

The South Kanara District Homœopaths' Association, Mangalore has submitted a Memorandum to the Chief Minister of Mysore State requesting that recognition might be granted to the Homœopathic system, and that it should be placed on a par with other systems of medicine now in vogue.

As most of the other States have passed legislation to this effect, we presume that it is only a question of time before Mysore follows suit.

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Notes from Our Staff Physician

I. HICCOUGH

A hefty young man reported to me a month ago suffering from Hiccoughs, which came on every half a minute, so that he could not carry on conversation or do any activity. There was no other symptom available; his digestion was good, he had no constipation, the hiccough was there all the time, on a full or empty stomach, whether he took a drink or not.

In the hurry of routine clinical practice, I prescribed Ars. Alb 30, seven doses for seven days and hoped for the best, as his condition was essentially a spasm, and there was no noticeable sound as there is in hiccough—it was just a spasm.

After a week, when there was no improvement Kali Phos 6x and Mag Phos 6x were tried for a fortnight—still without any effect.

The case apparently required deeper study. I asked him to answer questions on a detailed case sheet and with that as the basis questioned him for half-an-hour when the following symptoms were elicited:—

There were white sordes in the mouth, his trouble was aggravated by movement and an year or two before, he got a shock as a result of his bullock-cart turning topsy-turvy. There was no injury but the shock to the system was immense.

As symptoms go, this was not much to build upon but as the distress had to be relieved and no other

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symptoms could be elicited, I proceeded to consult the Card Repertory on the following symptoms:

- (1) Spasmodic or Convulsive effects.
- (2) Mouth and throat.
- (3) Motion—agg.
- (4) Shocks, blows, crash.

Luckily only one remedy had all these symptoms and that was Belladonna. That obviated any further search and I gave the patient one dose of Belladonna 200, and asked him to see me next morning.

There was no improvement then, and so I gave him another dose. The next day he said that he was better and that the hiccough came only when he was walking and not otherwise. I asked him to see me next day and he was happy to report that the hiccough had ceased. I asked him to see me again after a week, when a recurrence threatened. He was given Belladonna M and that is the last we heard of him.

A report of the case will not be complete without adding that there is need for the physician to be alert in selecting the correct symptoms out of the jumble that patients usually provide. This one said he liked sweets. Who does not, within limits? He added that he felt that he was going to die. Local tradition has it that when hiccough starts the patient is going to die. That may or may not apply to this stalwart young man in the best of his health otherwise, but we can guess wherefrom he got the idea of death when hiccoughs started. So, I had to rule these out as misleading symptoms, and concentrate on other peculiarities.

II. NEGLECT OF SMALL THINGS

A cultivator once came to me one day from a village about 20 miles away and asked me to go with him and give treatment to his wife. He said that she was unable to sit or stand and was having tickling pains on her left abdomen. She was then the mother of three children and the family could not afford to have her in that state in the sick bed. The husband had already tried his best in the matter of medical aid. For two or three days he managed to take her in his cart daily in the morning to a town near by and got her injections once in the morning, the next at midday and third in the evening but to no avail. She was in the same state or slightly worse.

I followed him and when I reached his house, his wife was lying down and was still in the same state. On enquiry, I understood that she had a slight accident. She was pregnant at the time. Her mother-in-law was sick and she helped her in getting up from her sick bed. There was then a sharp prick just at the place where she had the drawing pains now. There was no trouble during the delivery nor for a year after that. I concluded that this was due to some dislocation and I accordingly gave her a dose of Arnica Montana Q and also got the same rubbed externally for only a few seconds. It worked like a magic. She immediately got up and after steadying herself for a few seconds started for the kitchen! It was therefore only a stitch and required some remedy to remove it. Poor lady, she suffered for five days and the family too suffered with her.

It is now four years since the above incident happened. She had two children subsequently and there was no trouble during either the delivery or during the menstrual periods. The pains however returned in a small measure this year and the same treatment as above set her right.

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FOR HEALTH & LIFE

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INDIGENOUS MEDICINES AS SPECIALISED STUDY

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COLITIS AND BIO-CHEMISTRY

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ANTIMONIUM TARTARICUM

JOURNAL OF THE INDIAN INSTITUTE OF HOMOEOPATHY



The "HOMOEOPATHY"

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MARCH

1957

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VOL. VI

MARCH

BOOK 8

INDIGENOUS MEDICINE AS SPECIALISED STUDY

The allopathic profession looks upon every facility afforded to the indigenous medicines to make them more popular and acceptable as encouragement of undesirable encroachment on its professional preserves and is prepared to take all steps to sidetrack, if not prevent, Ministerial enthusiasms in this respect.

Finding that the waves of the sea march on in spite of their King Canute's pose, an effort is now being made to condemn indigenous medicines, and along with them, Homoeopathy too, to the exclusive confines of specialised research study.

In the gradual marasmus of the influence of Homoeopathy in America we have a warning signal of what we should avoid. In an unguarded moment, the Homoeopaths there fell victims to the blandishments of allopathy that in specialised study of Homoeopathy in post-graduate courses by the alumni of allopathic medical colleges lay its great future. Thus, Homoeopaths rung their own death-knell in America, and from that day on, their influence and usefulness are fast dwindling.

Allopaths are casting a wider net in India; they want to catch Ayurveda, Unani and Homoeopathy, all in one net, and transfer them to the boiling pot. Listen to what gallant Lt. Col. C. R. Krishnaswamy says in 'The Hindu' of 22nd January:

"We, the allopaths say 'Don't waste money and open schools and Colleges to propagate the rudimentary centuries-old theories of Ayurveda and Unani, but take them up at research level to test their claims'. We call him gallant because his attack is too frontal and overbold. He considers it a waste of money to open schools and colleges for indigenous medicine. Like Don Quixote of old, he would even tilt against the Prime Minister. He says: 'I fear Pandit Nehru has not quite grasped the salient features of the controversy on different systems of medicine'! All wisdom rests on the Lt. Col.

Mrs. Maragatham Chandrasekhar, Deputy Minister for Health, Government of India, presiding over the Hostel Day Celebrations of the Government College of Integrated Medicine recently, paid some left-handed tributes to the glories of Ayurveda and prophesied "a bright future for those who wanted to pursue the study of Ayurveda at a post-graduate level."

Rajkumari Amrit Kaur, the Union Health Minister also sings to the same tune. Speaking at the Golden Jubilee Celebrations of the Unani Medical College at Allahabad, she said: "Let the new students of these ancient systems of medicine have the full training of the modern doctor and let them *thereafter* study with scientific minds as a *speciality* the therapeutics of Ayurveda and Unani and practice the same with devotion".

And now, *The Mail*. In an editorial entitled "Improvement of Ayurveda" and dated 23rd February, *The Mail*,

writes: "indigenous medicine is best cultivated as a *speciality*, after the study of the general modern medicine".

They *all* want us to sheer off from the allopathic close-preserves of ordinary "general" practice.

On the other hand, if we understand aright the policy of the Welfare—State, India that is, the people are fed-up trying to induce allopathic graduates into setting up practice in rural areas, they are fed-up at their prohibitive consultation, diagnostic and treatment techniques, they genuinely want to promote Ayurveda and Unani on a large scale and make them fit for efficient, "general", rural practice, they would promote Homoeopathy as offering the cheapest and most efficient method of teaching and spreading the curative values on a national scale, and a resurgent nationalism is not in a mood to be swerved from its path of welfare work by the delaying tactics of entrenched vested interests in medicine.

So far as Ayurveds, Hakims and Homoeopaths are concerned, it is wiser to have a correct appreciation of the formidable forces arrayed against them.

A PROBLEM AND A SOLUTION

In our December 1956 issue we wrote our "Rambling Thoughts on the River", in a half serious and half jocular mood. Now, a correspondent raises a far more serious question in the *Indian Express* of 7th February, reproduced on another page.

All towns, in these days, have to depend for their drinking water on large storages, where chances of contamination are great. To minimise the risk due to this factor, no better way has yet been found than chlorinating the sources of supply more or less heavily, according to seasons.

The average town dweller has always suspected vaguely but surely, that his seasonal bouts of constipation, stomach-ache or diarrhoea are caused because of this chlorination. He has also by hearsay, and doctors' advice, learnt that if he boiled and cooled this water before drinking, by some incomprehensible means, the water lost its power to produce this type of illness.

To all such citizens the letter of Roop Narain will now cause some disquiet and dismay. It now seems that boiling affords no protection and that the list of illnesses one is heir to because of this chlorination and the consequent hydrochloric acid produced, is frightening.

That the quantity of hydrochloric acid dissolved in our drinking water is really Homoeopathic need not be doubted. The dilution in minute quantities is there and in the long run the water supply takes in the city's water pipes the chances of efficient potentization must also be recognised. Thus, according to the inevitable Homoeopathic law, most of the healthy citizens of the land are being constantly doped with small doses of hydrochloric acid. It requires a subtle balance indeed to weigh the evil consequences of chlorinating or not chlorinating the citizen's drinking water supply.

We do not know why camphor is not being used as a decontaminator; probably when used for a long time it may bring its own trail of woe to be-fuddled humanity. The cost might also be a deciding factor. But, speaking as Homoeopaths, as *Camphor* is an antidote to *Muriatic Acid* cum hydrochloric acid, the best solution that should satisfy both the municipal authorities and the Homoeopathic fraternity is to chlorinate the water first for decontaminating it and then camphorate same to rid it of the evil effects.

ANTIMONIUM TARTARICUM

(Sri R. RAMACHANDRAN B. A , Mylapore)

Old age has been sometimes humorously called second childhood. One can certainly infer the reasons from common sense and from worldly experience. The homoeopathic materia medica contains a few remedies particularly suited to the ailments of both children and the aged, the extremes of life. Antim tart is such a remedy and there are a few other such remedies *Ambra G*, *Antim Crud*, *Baryta Carb*, *Lycopod*, *Veratrum*.

Both children and old people generally suffer intensely during the cold, rainy weather, mainly from respiratory diseases - coughs, bronchitis, asthma, pneumonia, and so on. It is for these complaints in such people that Antim tart has earned its name. Of course, there are other remedies suitable for these respiratory ailments, but the role of Antim tart in these complaints is definite and cannot be filled in by any other remedial agent.

Antim tart has been called a hydrogenoid remedy - that is, a remedy suitable for patients who are abnormally sensitive to damp and cold, and whose troubles are always aggravated by residence near lakes, rivers etc. or in damp, chilly places. Boericke mentions a list of such remedies which are well worth remembering - Antim tart, *Aran*, *Arsenic*, *Ars. iod.*, *Calc C*, *Calc. silic.*, *Dulc*, *Nat sulph*, *Nux Mosch*, *Rhus tox*, *Tereb*. Though all these remedies belong to the hydrogenoid group, each has its own sharp distinguishing features.

So, it is a good start to know that Antim tart is particularly suitable for old people and young children, and that these patients are liable to suffer most due to coldness and dampness in any form. The diseases that affect them mainly take hold of their respiratory system and learned physicians would give varying nomenclatures to their ailments. We need not be mystified by all these names provided we have before our mind's eye the picture of the disease to which Antim tart is homoeopathic. It all started as an ordinary cold and fever in a cold, damp weather. No proper treatment was given and the disease progressed from bad to worse until at last the patient is in a pretty bad plight. Even the feeble attempts at coughing made by him would reveal that both his lungs are loaded with phlegm. But he does not have strength enough to cough and expel the phlegm. Stethoscopic examination would only confirm this impression in a more unmistakable way. The patient appears to be in a drowsy or soporous state. It is characteristic of Antim tart that great drowsiness or irresistible inclination to sleep prevails in almost all complaints needing it. Boericke mentions three catch-words - drowsiness, debility and sweat - as characteristic of the remedy, and adds that this group of three symptoms should more or less be present when it is prescribed. Kent describes the seriousness of the situation in graphic language. The rattling sound of the phlegm in the chest may even appear as death rattle.

"Great accumulation of mucus in the air passages, with coarse rattling with inability to expectorate; impending paralysis of the lungs"

"Face very pale or cyanotic from unoxidised blood"

"Great coma or sleepiness in most complaints". (Nash)

In addition to the loose, rattling cough with no strength to expel the phlegm, the remedy has vomiting and intense nausea with prostration, accompanied by coldness, cold sweat and sleepiness. Often the retching and nausea may be as intense as those of Ipecac, but with Antim tart the patient is very much debilitated and can't even make an effort at vomiting or retching; if only he could bring out a little vomit, what a relief he would have. In the case of Ipecac retching and vomiting go on unabatedly, with no relief even after vomiting.

Well, the respiratory symptoms of Antim tart have been so well described in text books that I have no intention of repeating them here wholesale. Homoeopaths in general, are also well acquainted with those symptoms. There is one particular disease in which a study of Antim tart would be much rewarding - Small-pox. In provings Antim tart developed pustular eruptions resembling fully developed small-pox. Hence its homoeopathicity to that dreaded disease and its sequelae. But one should not run away with the impression that it is the only infallible remedy for small-pox. There is a definite stage of the disease where only it is to be employed; otherwise, it would, apart from creating complications, cause permanent disfigurement and deep pitting.

Antim tart develops small-pox pustules. Thuja dries them up, and Variolinum hastens the whole thing to a speedy termination.

The above scheme by Pulford is a valuable tip in therapeutics. Antim tart is only to be used in the initial stages of the pustule formation, especially when there appears a dry teasing cough, and with the characteristic back-ache of Antim tart; Thuja after all the pustules are fully formed; and Variol.

intercurrently. Antim tart is also useful for the ill-effects of vaccination when Thuja fails and Silicea is not indicated.

So much in brief about how Antim tart is useful in small-pox, or for that matter, in skin affections simulating small-pox. The treatment of small-pox is a very vast subject indeed, and cannot be fully dealt with here. In all complaints needing Antim tart there is apt to be found one particular symptom which is characteristic — violent pain in the sacro-lumbar region, which is often described by patients as back ache. Many remedies have this pain but Antim tart is likely to be overlooked.

I've tried to indicate the broad outlines of the remedy which is useful in a variety of diseases — dysuria, strangury haematuria, albuminuria, catarrh of the bladder, burning in rectum, bloody mucus, sciatica, rheumatism, small-pox, bronchitis, pneumonia, whooping cough, and so on, provided its leading symptoms are found. It is said to nullify the bad effects of the injection of crude antimony for Bilharziasis. Before concluding, I would like to list a few characteristic single symptoms of the drug:—

1. Painful whinings and crying before and during attacks of cough in children. Child coughs when angry (important symptom in whooping cough etc.). Coughs and yawns alternately. Child clings to those around and wants to be carried (Cham): *cries if any one touches it*; will not let you feel the pulse.

2. Child at birth pale, breathless, gasping, although the cord feebly pulsates—asphyxia neonatarum.

3. The wings of the nose flap in serious conditions. (Lycopod).

4. Thirstless in many complaints and the tongue is also coated thickly white, with red papillae and red edges; red in streaks; very red, dry in the middle,

5. Pain with sweat (Opium, Verat Alb. Merc, Puls, Arsenic)
(Cold sweat, on forehead—Verat Alb, hot sweat on the head—Cham)

6. Craves apples, fruits, acids, cold drinks, refreshing things; aversion to milk.

7. Skin covered with a running, sticky sweat (Opium)

8. In small pox, back ache, cough and crushing weight on chest before or at the beginning of the eruptive stage; diarrhoea etc. Also when eruption fails.

9. Very serviceable when cholera breaks out during an epidemic of small pox; controls the diarrhoea occurring in eruptive diseases.

10. It is, like Carbo Veg, one of the “rescue” remedies in critical conditions when life is despaired of.

BRIEF MATERIA MEDICA OF ANTIM TART.

1. Suited to the complaints of old people and children and to constitutions very much debilitated by chronic, bronchial troubles. Torpid, phlegmatic persons. Constitutions: hydrogenoid and sycotic; rheumatic and gouty diathesis.

2. Causative factors: Exposure to cold in damp places and cold wet weather. Vaccination, eruptive diseases and sycotic affections.

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3. In many diseases where Antim tart is needed, one will notice drowsiness, debility and sweat, more or less present. Pain with sweat is characteristic as also the irresistible inclination to sleep.

4. *Respiratory diseases:* Loose, rattling cough, with no strength to expel the phlegm: the patient is much prostrated and is also drowsy and sleepy. The rattling in chest almost seems a death rattle. The exertion involved in coughing brings on cold sweat on face. The lungs seem to be paralysed. When Antim tart fails in such cases, Hepar sulph, proves helpful.

5. *Children:* always fretful, weeping and whining and when you try to examine it, sulks and weeps. Wants to be carried and embraced.

6. *Eruptive diseases:* Is homoeopathic to small-pox; should be used in the initial stage of the development of eruptions. Dry, hacking cough and back ache, or diarrhoea in eruptive diseases, especially small pox. Cures cholera during an epidemic of small pox.

7. Tongue is often coated thickly, white with red papillae and red edges; red in streaks; very red, dry in the middle. Usually thirstless.

8. Vomiting in any position except lying on right side, followed by drowsiness and prostration; diarrhoea very severe. Intense nausea, vomiting, loose stools, prostration, cold sweat, stupor — are all very often more or less present in most diseases as important concomitants.

9. *Aggr:* Cold, open air; lying down at night; warmth of room, change of weather,

Amel: lying on right side; expectorating phlegm; sitting upright.

THOUGHT GEMS IN HOMOEOPATHY

(Shri K. N. Gopala Pillai. M.A., Perunna, Changanacherry)

1. Iodine meets all the miasms, and especially the tubercular and syphilitic.

2. Lycopodium is a powerful antisycotic, so deep in its action that it will, when indicated, cure in almost any miasmatic state of the system, even to a mixed miasm or malignancy.

3. Leucorrhoea is not a disease, but a product of a diseased state or condition of the system. Clinically we have four divisions of Leucorrhoea, the vulvular, the vaginal, the cervical and the uterine.

4. If we do not understand the nature of miasmatics, we will soon lose ourselves in the labyrinth of pathological names and conditions to which Leucorrhoea is attributed.

5. We have eyes and glasses to look through, which the rest of the medical world know not; they were bequeathed to us by Samuel Hahnemann. To put them on is to use the telescope of law that searches the labyrinth of disease to its fountainhead and reveals its hidden mystery.

6. In the treatment of Leucorrhoea I always study my case from the standpoint of the chronic miasms and from the light thrown upon disease by Hahnemann's teachings in his Organon and Chronic Disease.

7. It is law that governs the world and not matters of opinion or hypothesis.

8. The true homoeopath, when he speaks of the sick, knows who it is that is sick, whereas the allopath does not know.

9. The symptoms are but the language of nature, showing as clearly as daylight the internal nature of the sick man or woman.

10. The sole duty of the physician is to heal the sick, to put in order the interior economy i.e. the will and understanding conjoined.

11. Let the physician hunt out the symptoms until a remedy is found to cover the disorder.

12. The totality of symptoms written out carefully is all that we know of the internal nature of sickness.

MULLEN OIL

PURIFIED ESSENCE OF MULLEN

OUR OWN BRAND

An excellent remedy for all affections of the ears, such as pain, ulcerations, fetid discharges, and for removal of hardened wax: instil one or two drops into ear and plug with cotton wool.

MULLEN OIL may also be used internally, a few drops diluted with water, for irritation of the urinary tract and for dribbling of urine.

Dose: 3 drops three times a day internally.

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HOMOEOPATHIC CONTRACEPTIVES

(Dr. Bankim Chandra Chatterjee, M. D., Bhatpara, W. Bengal)

The subject with which this article deals is one which always arouses great interest. It is, indeed, a burning question all over the world. Also this problem has its political economic and social aspects, but here we shall be mainly concerned with it from medical point of view on "Family Limitation" or in other words 'Birth Control'. The difficulty is that people, in spite of their keen desire to regulate the size of families, are reluctant to go to doctors or lady doctors for advice and use or rather misuse methods picked up from friends, chemists and the literature of firms interested in popularizing their own contraceptive appliances, good or bad. Family doctors or lady doctors, if consulted, decline to help, usually because of their ignorance of the subject.

It is essentially a problem of the poor and middle class people. The advance in scientific and psychological researches have led people to regard conception control as the reverse side of death control. This knowledge is as important to doctors and lady doctors, health visitors, and midwives as, say, the knowledge of asepsis. There are also many mothers who cannot conveniently look after their existing children and sincerely desire to limit their family but do not know how to do it. Five words define perfection of protection: Wherever pregnancy spells serious hazard to health, to success in marriage, to essential well-being of family or community, there contraceptives must be *dependable, acceptable, harmless, simple and cheap* - easy to get, easy to keep, easy to use. Because the woman is

more likely than man faithfully to carry out the method of control, the means would better be at her disposition.

ON ECONOMIC GROUND

It is almost a truism to say that the number of children to a couple should depend not only on the mother's health but also on the father's earning capacity. Available statistics show that the majority of the families (in middle class) have incomes varying between Rs. 301/- to Rs. 100/- per month and the infant mortality rate tends to vary inversely with the income of the father. It is not suggested that the poor people should have no children, but that they should have only as many as they can afford to bring up in healthy and in moderate comfort. A good father should aim at leaving his children in a higher social level than his own; if not, at least in his own. A man of low income group should therefore, control pregnancy after his wife has had two or more children. Economic and sociological causes are inter-related.

ON MEDICAL GROUND

Now let us turn to the medical ground. Conception should be prevented on the following grounds: Pelvic deformities, chronic disease of lungs or heart of the women, gonorrhoea, syphilis, insanity, leprosy, hemophilia etc. Reproduction must be stopped so that the country may not be infested with congenitally diseased persons, who are doomed to a life of considerable suffering to themselves and are also a curse to society.

SUBJECTIVE SYMPTOMS OF OVULATION

Some women can identify the time of ovulation by the occurrence of a cramp-like feeling in the lower abdomen or the appearance of a slight vaginal discharge, spotting or even bleeding. There may also be some tension in the

breast at the time or it can be indicated by keeping a monthly temperature chart (at least for six months). The most likely time for conception is when the temperature suddenly falls and rises again. This time is called "Ovulation day". It is interesting to note here that a woman may be apparently normal in her menstrual physiology, yet not ovulate; likewise, a woman may ovulate, yet not menstruate.

THE DRUGS AND THEIR ACTION

Generally we know that the Homoeopathic drugs which act on uterine epithelium are: APIS MEL, CONIUM M., CYCLAMEN, LILIUM TIG, MERCURIUS, LITHOSPERMUM OFF, SENECIO. If the energy in the atoms of one grain of hydrogen is able to lift a million tons to a height of more than one hundred yards, may we not expect that the energy liberated from 200 potency of the above Homoeopathic drugs can disturb the reproductive function of a woman? On the other hand, the weaker the solution, the greater is the IONIC FORCE, or in other words, in higher dilution medicines become more active and powerful.

THE MODE OF USE OF THE DRUG

Three doses of Homoeopathic medicine of 200 potency to be taken by woman on the first, second and third day after the cessation of the monthly course and one dose in one drop on the 4th, 14th and 21st day of the month render fertilisation unlikely. The dose must be repeated after every menses as long as child is not desired. During its course (sterile period) if any other drug (specially antidotes) be used for any other disease, no effect of the Homoeopathic contraceptive can be found. Duration of action of the drugs varies from three weeks to six weeks.

COLITIS AND BIO—CHEMISTRY.

(Dr. B. N. Basu Mullick, L. O. I., M. B. (Bio), Calcutta.)

The inflammation of large intestine is commonly known as "Colitis". This is due to many causes and after effects of some diseases. They are grouped separately according to the nature of complaints and symptoms.

Usually we group them in three classes: "Mucus Colitis", "Catarrhal Colitis" and "Ulcerative Colitis".

The Mucus Colitis is one, when we see a large quantity of mucus is coming out with stools. The mucus is nothing but a membranous looking slimy material which exudes from the mucus membranes or lining of various organs or passages of the body. In case of mucus-colitis, the mucus comes out from the lining of the large intestine and it may be due to catarrhal condition of large intestine or it may be due to nervous condition (in which, too, large quantity of mucus is being given off.)

The catarrhal-colitis is one when the large intestine is inflamed in an acute attack due to taking of irritating or poisonous food or to anything taken causing disagreement with the stomach and intestine, and finally upsetting the normal function for some time, then "Catarrhal Colitis" develops.

The "Ulcerative Colitis" is one when the large intestine becomes ulcerative. It is a very common disease of middle life and is very difficult to cure and is of serious import. The real cause of it is not known but closely resembles tropical dysentery or it may be due to infection of similar germs. It begins gradually with increasing diarrhoea in which mucus with pus and blood is passed. The patient soon becomes ill and the number of stools sometimes increases to 18 or 20 times a day. If this disease is not stopped or cured timely the patient may die of exhaustion.

The symptoms are, in "mucous colitis", passing of mucus of varied character, sometimes looking like ribbon or resembling a tape worm. It may be considerably thick with folds

like intestine. A history of poor health soon after an attack of any illness (like influenza) is most commonly complained of. It is very common in females than males. The patient who has developed this, generally gets dyspepsia, flatulence with occasional attack of cramp in the intestine, which may last a few hours or a day or two. The main symptom is very chronic constipation and very often requires purgative to overcome it. The tongue is pale, flabby and coated with whitish fur, the breath is often offensive, the appetite becomes very whimsical, and the urine is found with too much of uric-acid. Most sufferers are thin, pale, anaemic and poorly nourished. They always complain of a feeling of sensation of cold with pain in the back and in the loins. The disease is rarely fatal but is apt to last a long time and becomes very difficult to cure. Most of the sufferers become chronic invalids.

In "Catarrhal colitis" the symptoms are well known. Severe colicky pain in lower or middle part of abdomen, sickness, diarrhoea with offensive fluid containing too much of mucus. The temperature may rise, and in some cases skin rashes may appear (such as urticaria or nettle-rash).

The 'Ulcerative Colitis' is always of serious nature and mucus comes with pus and blood. The patient becomes very weak and exhausted in a very short time and passes motions 18 or 20 times a day.

Before treating this disease one must be definitely sure to which group it belongs. One must be very very careful in prescribing diet for the patient and must remember the following :—

The patient must take complete rest and be confined to bed with cheerful surroundings, avoiding visits of friends and relatives. The diet must be ample, nutritious and must be well cooked, consisting chiefly of eggs (raw or lightly boiled preferred) fish and meat soups, finely minced meat (mutton or chicken preferred) crisp-toast or biscuits with plenty of butter. The patient must completely avoid green vegetables, starchy foods and fruits. This is in general. But in acute

catarrhal colitis, give no food to patient until the contaminated food is cleared-off entirely within a few days and then the diet will return to normal. Give plenty of boiled water and to gain strength give very thin-liquids, like whey, albumen water, chicken broth, with a few drops of brandy.

In case of ulcerative colitis meat, vegetables and fruits should be entirely avoided. The patient must be confined to diet which leaves no residue in the bowels such as thin soup of fish or chicken, thin liquid milky food etc. etc. Constipation must be guarded against by administering some intestinal lubricant such as 'liquid paraffin'.

The Remedies are Calc. Fluor, Calc Sulph, Kali Mur, Nat Mur, Nat Sulph, Kali Phos. When simple or ordinary, Calc Flour 6x, Nat Sulph 6x, Nat Mur 6x together one dose daily; when with pus or blood, Calc. Sulph 6x, 12x, 30x; with too much flatul, Nat Mur 30x, Nat Sulph 12x, when with sour smelling, Nat Phos 6x and Nat. Sulph 12x alternately; when with sulphurous-smelling, Kali Sulph 6x with Nat Sulph 6x, Nat Mur 30x alternately; In ulcerative, Fer phos 12x and Kali Phos 6x, 12x thrice together and Nat Mur 30x, Kali Mur 12x, every two hours till patient feels better; to prevent suppuration Kali Mur 12x and Calc. Sulph 6x, alternately; when diarrhoea with stool green and profuse, Nat Sulph 3x every 20 minutes; when exhausted, Kali Phos 3x, 6x; when too much discharge of mucus, Nat Mur 3x, 6x, 12x; when restless Kali Phos 6x, Fer Phos 12x. In all stages and group when tongue is coated, Fer Phos 12x and Kali Mur 12x or Nat Mur 12x, 30x may be given alternately. When cure is affected, Silicea 200x twice daily for 3 days and then return to normal diet.

NEWS AND NOTES

We give below extracts from a letter which Lt.Col.C.R. Krishnaswami has written to *The Hindu* of the 22nd January:

I fear Pandit Nehru has not quite grasped the salient features of the controversy on different systems of medicine. There is such a good deal of woolly thinking and woollier presentation of cases by the partisans that the public is left in a confused state. The Ayurvedic and Unani systems of medicine which undoubtedly contain a few grains of truth had acquired a certain stature in the past and had not progressed beyond that. In a true and scientific manner they had not pursued nor do they pursue now any experimental investigations nor have they had opportunities for verification of whatever findings some of their adherents may make.

Allopathic medicine, though originally founded on some empirical observations and floundering for some years somehow, has during the last two centuries acquired a very strong and unshakable buttress through anatomy, physiology and pathology. The whole body had been completely dissected and the minutest nerves have been traced from their origin to the ultimate destination. * * * The controversy, for the information of Mr. Nehru; is this. We, the allopaths, say "Don't waste money and open schools and colleges to propagate the rudimentary, centuries-old theories of Ayurveda and Unani, but take them up at research level to test their claims." We have no animus against Ayurveda. What we say is "Do not tie up in the

yoke to the bullock cart a sturdy bull and another which can hardly stand. Let the weak bull get strong enough to be a proper mate for the other in the yoke. Then it is time to think of the integration of medicine." Mr. Nehru, who is so preoccupied with various worries, can have no difficulty in understanding the simple statements formulated above.

* * *

On 1st February, Dr. K. G. Saxena, Homoeopathic Physician to the Hon'ble President of India, addressed the Executive Committee of the Andhra Provincial Homoeopathic Association at Gudivada on the position of Homoeopathy in India.

* * *

Addressing the Madras Presidency Homoeopathic Association on 3rd February Dr. K. G. Saxena stressed the need for starting a Homoeopathic College in prominent cities like Madras, Bombay and Delhi and assured that he would do his best to collect funds at Delhi and other places for starting the College in Madras. He was sure Central aid would also be forthcoming for the venture.

* * *

Mrs. Maragatham Chandrasekhar, Deputy Minister for Health, Government of India, presided over the Hostel Day Celebrations of the Government College of Integrated Medicine on 10th February. She said that one common criticism that was made about the graduates coming out of such institutions was that they practised modern medicine most of the time and seldom Ayurveda. If this was true it was a very serious matter.

Prophesying a bright future for those who wanted to pursue the study of Ayurveda at a post graduate level, the Deputy Minister mentioned the Centre at Jamnagar offering

such courses and stated it was likely there would be several such centres set up in course of time. Facilities were also available in the country for anyone who wanted to devote himself to researches in Ayurveda.

* * *

A warning of the possible dangers of some new drugs, including the so-called "tranquillisers," is given in a leading article in the current issue of the medical journal, *The Lancet*.

The article says that among many new drugs lately introduced, "the most prominently displayed are the organic chemicals for the relief of insomnia, and the so-called tranquillisers".

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I, V. R. MURTY, hereby declare that the particulars given above are true to the best of my knowledge and belief.

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It adds, "The chemical structure of many of these drugs raises suspicion that they may damage the blood-forming tissues and the blood vessels, and evidence is accumulating to show that this suspicion is justified.

"The chances that a given drug will harm a particular patient are probably very small and the mounting record of blood disorders may be largely a reflection of the great number of patients who are now being given these drugs, rather than a sign of serious toxicity.

"Nevertheless, there is good reason to emphasise again that many of these substances can kill and that others may yet turn out to be potentially lethal".

The article says "these drugs, and others like them, must always be used with caution, and it might reasonably be asked whether some of them should be given at all."

"But whatever may or may not have been done before a drug is offered for general use, the surest safeguard is to look on every newcomer as potentially dangerous and to be sceptical of confident statements to the contrary—for the first five years at any rate."

* * *

The Government of India are proposing to set up a Central Indian Medical Plants Organisation in collaboration with the Indian Council of Medical Research, the Council of Scientific and Industrial Research and the Indian Council of Agricultural research.

This organisation, says a Government Press release, will be the co-ordinating body for the work done in connection with the cultivation of medicinal plants, standardisation and certification of drugs, correct identification and prevention of adulteration in drugs.

The Central and State Governments are also considering the establishment of herbaria in various localities for the purpose of producing genuine Indian drugs which can be used for treatment in the indigenous systems of medicine.

* * *

The Government of India have approved of a scheme for starting a model Ayurveda Research Centre in Trivandrum.

The scheme will include postgraduate training pharmacological research, clinical research and literary research.

The clinical research section has already been inaugurated in the Government Ayurveda College in Trivandrum. Arrangements are being made to open a separate clinical research ward of 20 beds in the college hospital.

* * *

A sum of about Rs. 9 lakhs was sanctioned during 1956-57 - up to the end of January - for research in indigenous system of medicine.

In the Second Five-Year Plan a provision of Rs. 2.75 crores is made in the Central and State plans for the development of Ayurvedic, Unani, Homoeopathic and other indigenous systems of medicine. It is proposed to give central assistance for research and for improvement of teaching institutions.

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The Ministry of Health has set up three Advisory Committees with experts in Ayurveda, Unani and Homoeopathy for scrutinising research schemes received from institutions and recommended grants for such purposes to the ministry.

Rs. 12 lakhs was sanctioned during the first plan period for research in indigenous medicine.

The Research Centre at Jamnagar has completed a study on "Pandu Roga" (anaemia). Cases admitted to the hospital for treatment of this group of diseases are studied in accordance with Ayurvedic concepts and treated as such and the results are observed independently by a modern medical team.

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CHLORINATED WATER

Sir,—On several occasions the question of contamination of drinking water has been raised in public and also in the Lok Sabha, since the jaundice epidemic broke out in Delhi last year. A committee was appointed by the Government to enquire into the causes of this epidemic and the contamination of water and to determine the people responsible for this state of affairs. The committee was of the opinion that the mixture of sullage water with the waters of the Jamuna was the cause of the epidemic.

Notices are issued in the press from time to time, warning people about the contamination of water at Okhla and they are advised to boil water before drinking. During the debate in the Lok Sabha, the Health Minister denied reports about contamination, but assured the House that steps have been taken to divert the course of Najafgarh Nallah and to chlorinate the drinking water before and after filtration.

I have been watching all this with interest and concern just to find out if some one should even accidentally stumble upon the real cause of water contamination, but I was disappointed. I therefore, take this opportunity to warn the medical authorities, the administration and the public against the disastrous results of the constant use of chlorinated water. The effect of chlorine even in the smallest quantity constantly taken for a long time is dangerous to human beings and causes many complicated diseases. The public is advised to boil water. It is surprising that the medical authorities have not thought about the results to be obtained by boiling chlorinated water. Boiling of such water only discharges the oxygen and chlorine remains, and the hydrogen combined with chlorine produces hydrochloric acid making the water still more dangerous. The effects of the hydrochloric acid

are horrible. Dr. Clarke in his *Materia Medica* Volume 1, page 505, gives characteristic symptoms and conditions produced by chlorine water in small doses on healthy human beings, such as, laryngeal spasms specially pronounced, inflamed and ulcerated mouth, rapid emaciation, acute rheumatism, excessive sensitiveness of the skin, nettle rash with fever. *Cutis anserina*, skin dry, yellow and shrivelled malignant pustules and carbuncles, typhoid state.

Boiling chlorinated water does not destroy the chlorine; it merely effects a chemical change giving a dilute solution of hydrochloric or muriatic acid, whose terrible effects have been related above.

Dr. Clarke mentions among the marked effects of greatly diluted doses of muriatic acid on the healthy, the producing of stupefying headaches, obstruction of sight and optical illusions, halfsight, whizzing noises in the ears, hardness of hearing, bleeding of nose, loss of smell, cracked lips, foul breath, scurvy mouth, paralysis of tongue, bruised pain in abdominal walls, fever and stinging heat, frequent small pulse, marked prostration from blood poisoning going on to complete paralysis of brain and heart, rapid decomposition of tissue, hence blood changes and subsequent muscular weakness and atrophy, cancer, and weakness which will be almost universal.

The subject is one fraught with so much importance to so many individuals that I feel it my duty to awaken public sentiment to a state of enlightenment that will bring about free discussions from various angles together with careful and proper investigation to ascertain the truth of this big problem.

My purpose in writing on the subject of chlorination is to warn the authorities and the public to beware of the horrible consequences of using chlorinated water.

—ROOP NARAIN in the *Indian Express*.

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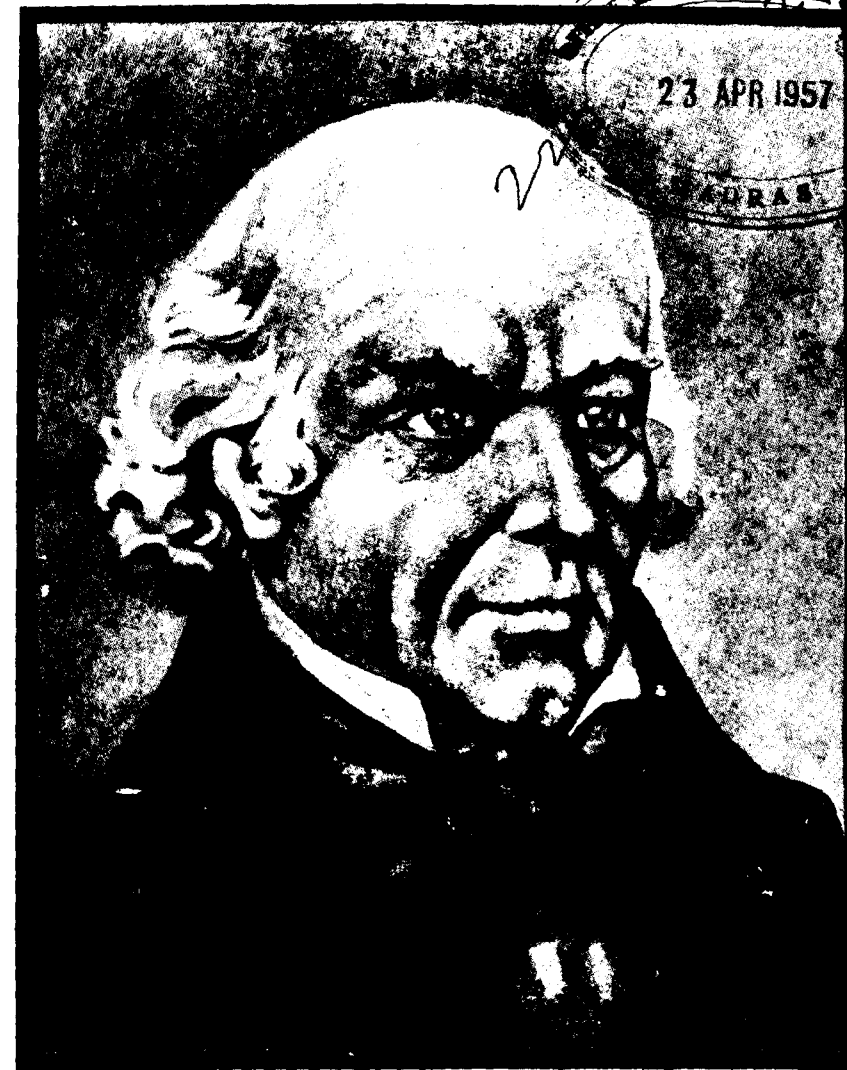
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APRIL 1957



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HOMOEOPATHY

Managing Editor: Dr. V. R. MURTY

APRIL

1957

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THE HOMOEOPATHY

VOL. VI

APRIL

BOOK 4

IN THE FOOTSTEPS OF HAHNEMANN

HERE is an ancient adage that no prophet is respected
in his own country. It is said,

Seven cities claimed him dead.

Through which the living Homer begged his bread.

The land in which Jesus was born and preached has
gone into alien faiths quite some centuries ago; yet
Christianity is a living faith of millions throughout the
world. Buddhism is a minor faith now in the country in
which Buddha was born; but it is a flourishing religion in
the land of its adoption, China.

Even so, Homoeopathy is being outdistanced by allo-
pathy in Germany, where its eminent founder, Dr. Samuel
Hahnemann was born 202 years ago, on 10th April 1755.
In America, where it flourished in full vigour for some
decades, its influence may be said to be waning mostly
because of the self-immolation it committed.

But in India, Homoeopathy has found a receptive soil
and is growing in strength and usefulness year after year.
Its theory of vital force appeals to the intellect of India;
the ease with which the system can be taught and practised,

the efficacy of its remedies and their cheapness – all make Homœopathy the ideal system of medicine for quickly spreading its healing inspiration into the most inaccessible villages of rural India; its infinitesimal dosage tickles our imagination and makes us pause in wonder at the reluctantly revealed mysteries of mother Nature.

In India, the land of its adoption, Homœopathy has a great role to play in the future, and accordingly, its present practitioners who are still in the happy-go-lucky methods of the pioneering stage, have a great responsibility to fill.

In remembering with gratefulness the date of his birth we should not merely rest content with paying lip adulations to the greatness of Dr. Hahnemann or decorating his pictures with garlands.

What we should rather do is to emulate the august example he set and each, in our own way, work hard for the progress of the curative system of medicine for which he gave his life's blood. He did not rest merely with voicing vague discontents. He spent his whole life trying to change the conditions which gave him dissatisfaction. Thus, from grave discontents arose a great system of medicine for which humanity is thankful. We, in India, in trying to follow in his footsteps, should not merely smugly go on prescribing his medicines according to the methods which he had formulated. We should, following the genius of his thought and method, proceed further along the line of investigation which he initiated. Two centuries have passed since then. His investigations, carried against great odds, could not proceed beyond the 30th and 60th potencies; but now, we have potencies ranging into CM and MM. How the human system reacts to the dosages of these highly potent remedies has still to be investigated and

formulated on an authoritative basis—on a scale which modern facilities make it possible for us to think of.

Somewhere between the 30th and 200th potencies, our remedies, in some cases at least, seem to jump from their *primary* to their *secondary* symptoms, seeming to produce exactly *opposite* reactions. The extent to which this phenomenon occurs and whether in still higher potencies the symptoms do revert again or not, thus producing probably *cyclic* series of symptoms calls for intense study. This should be a fruitful source of investigation for ambitious Homœopathic enthusiasts.

Secondly, all detailed provings have hitherto been confined to herbs, plants and products of Europe and America. We, in India, have been simply importing these remedies for our use here.

Holding, as we do, the foremost place in the world of Homœopathy, we should not any longer be content with this position. India possesses such a wealth of medicinal drugs and plants.

Their ayurvedic and allopathic possibilities have been elaborately investigated and epitomised. But, of their Homœopathic curative value, no regular and sustained provings have hitherto been undertaken. One or two pioneers might have, within their limitations, proved some of our drugs; but no organisation exists where this could be undertaken on a nation-wide scale.

It is high time that we, as a profession, devoted more thought to this subject and no great tribute can be paid to the memory of Dr. Hahnemann than that we should all make this dream a reality. ★

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The Central Homeopathic Polyclinic in Moscow

By Dr. V. VARSHAVSKY,

Head of the Therapeutic Department and Consulting Therapist
of the Central Homeopathic Polyclinic

For more than twenty years now there stands on Trubny Square in Moscow the Central Homeopathic Polyclinic of the Moscow Regional Public Health Department. The polyclinic comprises the following departments: therapy, surgery, gynecology, otolaryngology, dermatology, neurology, urology and diseases of the eye. Specialists in these fields receive outpatients at the polyclinic and attend them at home.

There are 54 doctors working in our polyclinic, and in Moscow there are about 200 homeopaths. They are of different ages and vary in length of service.

Twenty-six doctors have been trained in homeopathy during the last five years in the Central Homeopathic Polyclinic. All of them have studied homeopathy in the course of their practical work.

The Central Homeopathic Polyclinic receives 400 patients a day. They are attended to by doctors and consultants. Besides treating outpatients the Central Homeopathic Polyclinic trains homeopaths, conducts research work and gathers and summarizes material on the homeopathic treatment of certain diseases. The results of this work are summarized in reports made at the conferences of the polyclinic which are held regularly twice a month. The doctors' conferences of the Central Homeopathic Polyclinic attract a large number of physicians who are interested in homeopathy.

There is no need in a small article to touch upon theoretical principles which are evidently well-known to all its readers. Soviet homeopaths fully agree with the basic principles concerning the correlation of the organism and one of the elements of the external environment, concerning small doses of medicines and the action of medicinal substances upon healthy people and at the same time strive to elaborate in greater detail each one of these propositions. This is included in the plan of work of the polyclinic's staff.

For instance, the homeopathist S. Ganeman has made a study of the clinical picture of accidental and intentional poisonings with the aim of utilizing poisons as remedies. Comprehensive data were also obtained from the clinic of vocational poisonings and concerning acute or chronic action of diverse substances upon healthy people. These data have made it possible to map the paths in the search for new homeopathic remedies.

Ganeman attached exceptionally great significance to the analysis and estimation of the patient's sensations. As a matter of fact, the correct interpretation of the patient's sensations often makes it possible to begin the treatment of a number of ailments at an early stage long before the disease becomes deep-rooted. This may lead to the prevention of a number of diseases by the application of homoeopathic remedies.

These and certain other problems constitute our future paths for a deeper elaboration of the theoretical principles of homoeopathy.

In 1918 when the decree about the protection of public health was signed in the USSR nothing was said in it about homoeopathy as such. A correct decision was taken not to oppose to

each other different methods in medicine. Today homoeopathists widely utilize all the achievements of medical science and constantly improve their knowledge. They consider homoeopathy one of the methods of modern therapy and do not oppose it to other methods of treatment.

Many doctors have known long ago that the homoeopathic method is effective in many cases although contemporary medical science does not give sufficiently convincing theoretical explanations for the mechanism of the action of homœopathic remedies.

In the treatment of certain diseases the homoeopathic method has its advantages while in other diseases homoeopathists have no experience whatever. Homoeopathists, or to be more exact, doctors who are familiar with methods of homoeo therapy can choose the most effective means for the given case in treating different patients and some doctors even consider it possible to combine homoeopathy with other methods. The question of whether it is possible simultaneously to apply other remedies in combination with homoeopathic medicines is a new problem which has its adherents and opponents. The solution of this controversy is a matter of the future when each side will have accumulated experience for generalizations and proof.

At any rate it is now clear that homoeopathists who have mastered all modern methods of diagnosis and treatment have a considerable advantage over doctors who employ the homoeopathic method only.

Beginning with 1934, work on a wide scale has been conducted in the USSR on the study of homoeopathic methods of treatment. In 1934—38 work on the study of the effectiveness of homoeopathic treatment of certain diseases was conducted in the Leningrad branch of the All-

Union Institute of Experimental Medicine in six clinics under the supervision of Professors Barsuke, Boyachek, Chernoutsky and others. This treatment was applied to 1680 patients suffering from 16 different diseases. The results of these researches were discussed at a meeting of the Presidium of the Scientific Council of the Ministry of Public Health. In the adopted decision it was noted that the therapeutic effect of the homeopathic method was favourable in the treatment of vasomotor rhinitis, ulcers of the cornea, furunculosis, etc.

In 1940-41 work was conducted on the study of the effectiveness of homeopathic treatment of intestinal diseases in children in the Central Pediatrics Institute of Moscow and in the Ostroumov Hospital on the homeotherapy of diseases of the joints. This work was interrupted by the war and has now been resumed. In 1954-55 fifty hospitalized patients were assigned to homeopaths in the therapeutic and surgical clinics of the Central Institute for the Improvement of the Qualifications of Doctors. Homeopaths together with the staff of the clinics treated patients suffering from stomach and duodenum ulcers, bronchial asthma, cholecystitis, gall stones, acute purulous diseases, thrombophlebitis, endarteritis and burns. Examinations of the patients, treatment and the appraisal of the results of homeotherapy were conducted by homeopaths in close cooperation with the workers of the clinic. *It was found that stomach and duodenum ulcers can be treated with equal success by homeopathic methods.* Favourable results were likewise obtained in the treatment of burns of the 2nd and 3rd degree.

The results of these works were discussed at the Presidium of the Scientific Council and Board of the USSR

Ministry of Public Health which have outlined the plan of experimental studies of homeopathic method and remedies in the institutes of physiology and pharmacology of the USSR Academy of Medical Sciences.

In 1956 T. A. Granikova's book 'A Brief Handbook on Homeotherapy' appeared in print in the USSR. Although the handbook is very concise it nevertheless is of great help to doctors studying the fundamentals of homeotherapy.

I have had the pleasure of meeting my respected colleagues, Dr. J. M. Majumdar, Dr. Hori Lal Saklia and Dr. M. P. Varma. It has been a great pleasure to me to write this small news article for the adherents of homeopathy in India especially knowing that it will be printed in the Indian Journal, "Homeopathy" which I regularly read.

The doctors of the Central Homeopathic Polyclinic will always be thankful to you for any information about the development of homeopathy in your country.

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Neem-Oil—its Homoeopathic Possibilities

(Shri R. Ramachandran, B. A., Mylapore)

This is a household remedy in all parts of India and extolled as almost a cure-all for many malignant diseases. Azadirachta Indica (margosa bark) is the Latin name of the tree. A short account of its Homoeopathic indications is found in Boericke's Materia Medica. According to Ayurvedic teachings, different parts of the Neem tree have different properties. Provings with extract of the bark in alcohol were made some years ago by Drs. P. C. Mazumdar and H. Chakrovarthi of Bengal and a summary of the same would be found in some of the text books giving a homoeopathic account of our Indian drugs.

But to my knowledge there is no published homoeopathic account of the use of the Neem oil though it has been used extensively as a domestic remedy in our country. I do not also think that it has been subjected to a homoeopathic proving either. From what I read of it in Ayurvedic literature I conclude that its homoeopathic possibilities are enormous. *Bhavaprakasa* indicates it in debility, cough, fever, loss of appetite and taste, worms, ulcers, disturbance of pitta and kapha, vomiting, leprosy, nausea and so on. From the named diseases it would be seen that it is a remedy of wide application.

With the above background of thoughts, I proceeded to make a practical clinical trial of the remedy homoeopathically. I made by trituration with sugar of milk, the first three decimal potencies. The 3x was taken up for use. I have observed grandmothers using the crude oil with a certain measure of success in a particular ailment of children which

is frightening to most mothers—children's asthma, called in Tamil "mantham". There appear to be several classifications of this agonising ailment and each one appears to have a line of treatment according to Ayurveda. But for us homœopaths the general classification will do and the choice of the remedy will be decided upon by the symptoms present. So the first patient to receive the remedy presented the following symptoms :—

Case 1: Child aged one year, fat and obese, chubby and short necked; body cold to touch; lungs filled with loose phlegm; suffocative breathing, typical of asthma; constipated; some months earlier, suffered from fetid otorrhoea which was cleared with one dose of Sulph. 30. The respiratory trouble is of recent origin.

The child received one dose, one teaspoonful from a tumblerful of water (6 oz) in which one grain of Neem Oil 3x was mixed, with instructions to repeat it similarly every three hours until improvement. In about an hour's time the child had a broad motion, warmth returned, and was positively better without further medication, thereafter.

Case 2: A child aged 4 years used to suffer from very severe asthma, from infancy, accompanied with fever and sometimes convulsions. A curious feature of the attacks was that it used to take place positively every new moon in an aggravated form. Other school treatments had not succeeded in mitigating either the intensity of the attacks or their frequency. A homœopathic friend to whom I had given a small quantity of Neem Oil 2x, administered it in the aforesaid manner. The first dose was followed by copious vomiting and motion in an hour's time, with rapid amelioration of symptoms. The medicine was continued for a day. I'm now informed that there has not been any recurrence of the complaint even during the new moon.

I have given these two cases to illustrate the promptness with which the remedy acts in a particular malady of children. I believe it would come in very handy in many other respiratory affections of children. I have also given a small supply of the remedy to an allopathic physician in the 3x potency who tells me that the results with it are uniformly good in children's respiratory affections in general, and in children's asthma in particular. He also confirms the symptoms on which I base the prescription. (viz)

- (1) Suited generally to plethoric children subjected to frequent attacks of asthma and attendant symptoms.
- (2) The patient is constipated and there is a general deficiency of bodily warmth. This symptom is typical of the remedy.

Note: In many cases, the administration of the remedy will be followed by vomiting and a broad evacuation of bowels and general relief of symptoms. Do not repeat the remedy very frequently.

I have not so far used the remedy for the other complaints advised clinically by Ayurvedic writers nor in a potency higher than the 3x. I would therefore, request brother homœopaths to put it to the test and publish their results.

★

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Thought Gems In Homoeopathy.

(By. Shri. K. N. Gopala Pillai, M. A., Perunna.)

The treatment that is mild and gentle flows with the stream scarcely producing a ripple; it adjusts the internal disorder and the outer-most man returns to order.

2. To become acquainted with our principles and doctrines with fixed knowledge, to know medicines that never change their properties, to know their action is the aim in Homoeopathic study.

3. The cure must proceed from centre to circumference i.e. from above downwards, from within outwards, from more important to less important organs.

4. The symptoms which disappear in the reverse order of their coming are removed permanently.

5. The progression of chronic disease is from the surface to the centre.

6. If you have learned what is right and not do it, it is a violation of conscience.

7. It is not from external things that man becomes sick, not from bacteria nor environment, but from causes in himself. Disorder in the vital economy is the primary state of affairs, and this disorder manifests itself by signs and symptoms.

8. In perceiving what is to be cured in disease, one must proceed from generals to particulars, study disease in its most general features, not as seen upon one particular individual, but upon the whole human race.

9. Every new patient has a few new symptoms; he has put his own stamp on the disease. This totality represents to the human mind the nature of the sickness and it is this nature that the therapist must have in mind.

10. As we study the nature of a disease, so we should study the nature of a remedy. A remedy is not fully proved until it has permeated and made sick all regions of the body.

(From Kent's Philosophy.)

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CODE OF CONDUCT

(By M. N. R.)

At some stage or other of their progress, organisations find it necessary to formulate a Code of Conduct for their members. In most cases, it acts as a mirror in which each member can see, not his own reflection, but of the *ideal* which he professes to aim at. A constant iteration of ones ideal is said to help a man to push up his conduct unconsciously towards reaching as near as possible to that high ideal. Thus, Codes of Conduct have a purpose and a use.

Recently we saw a news that the Ayurvedic physicians in conference have decided to devise a Code of Conduct for themselves. The Bharat Sevak Samaj has come out with a Code of Conduct for its members.

So far as the medical profession is concerned, from time immemorable the physicians passing out of the medical colleges had to take an oath, named after the Greek philosopher, Hippocrates, the "Father of Medicine". The Hippocratic oath has set the pattern of behaviour for all physicians and although the oath is not actually administered now to medical graduates, it still forms the basis of conduct for all medical men. As a behaviour pattern it is so very complete in its contents that there has at no time been any necessity to add to or subtract from the oath as originally conceived by Hippocrates.

For the benefit of our own students, we reproduce below the salient features of this remarkable oath.

"I will use my powers to help the sick to the best of my ability and judgment. I will abstain from wronging or harming any man by it.

"I will not give a fatal draught to any one if I am asked nor will I suggest any such thing. Neither will I give a woman means to procure an abortion.

"I will be chaste and religious in my life and my practice.

"I will not cut even for the stone but I will leave such procedures to the practitioner of the craft.

"Whenever I go to a house I will go to help the sick and never with the intention of doing harm or injury.

"I will not abuse my position to indulge in sexual contacts with the bodies of women or men whether they be free men or slaves.

"Whatever I hear or see professionally or privately, which ought not to be divulged, I will keep secret and tell no one."

Generally speaking, we may say that no other code of conduct has for such a long time been more implicitly obeyed in practice by such a large body of adherents than this oath. We commend this to our budding Homoeopaths and advise them to strictly follow this Code in their humane duty of curing the sick. ★

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NEWS AND NOTES



We are very happy to record that one of our past students, Dr. Smt. Satyavani Muthu has been elected as a member of the Madras Assembly, from the Perambur (Reserve) constituency.

Another student, Smt. Jayalakshmi is having the pleasure of seeing her husband, Shri Anbazhagan elected also, to the Madras Assembly.

We congratulate both of them on their victory.

★ ★ ★

Ayurveda in Indian India: The Nagpur Times in its Notes and Comments of 12th March has the following paragraph:—

"Nearly sixty of the one hundred and twenty students of the first year of the Ayurveda Mahavidyalaya Amravati are faced with the loss of one year because of the dispute whether the College should or should not have admitted these students and whether it is now entitled to present them for examination.

"The dispute is still unresolved and the matter is reported to have been brought to the notice of the Public Health

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Minister, Bombay and the Deputy Director of Public Health of Vidarbha.

"Without going into the correctness or otherwise of the position of the Ayurveda Mahavidyalaya Amravati, we would suggest that the authorities should now intervene and take steps to see that students are not required to suffer for what was not their fault. Although the Vidarbha Ayurvedic and Unani Board is an autonomous body, it would not be averse to give consideration to any suggestions that the Government might make in the interest of the students"

We are left wondering why such confusion should happen in Ayurvedic institutions throughout the country. We all remember the trouble the School of Indigenous Medicine in Madras and the Ayurvedic College in Trivandrum had to go through. The position seems to be worse in Nagpur.

Can such things happen in the Medical Colleges (allopathic) run by the Government, and if not, why in Indian India, Ayurveda should be treated like an unwanted or orphan baby? The Central Health Ministry has much to answer for.

★ ★ ★

Rayalaseema: The Rayalaseema Homoeopathic Association (Regd) Guntakal, recently elected the members of their working committee and we are informed that the election of office bearers will be held this month.

★ ★ ★

Ipecac 200: Dr. C. P. Subbarayan of Vajrakarur writes:—
During my recent journey to Gudivada to attend an emergent meeting of the Andhra Provincial Homoeopathic Association, only tea was available on Bezwada platform and I had to take this early in the morning. In addition to this, I had to move a good deal in the hot sun at Gudivada before I took my food at 1 p. m. The previous night I had no proper sleep due to the journey.

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As a result of this I developed a headache, which reached its climax by 4 p. m. There was great nausea. It was so unbearable that I was forced to come out of the meeting to sit in the open air.

Dr. T. Perraju suggested to me to take some pills of IPECAC and a friend obliged me with a dose of Ipecac 200 in tablets. As soon as the tablets were put on the tongue and partly dissolved, the dramatic action commenced. It worked as an emetic and I vomited all the undigested food and bile. The uneasiness in the stomach and biliousness slowly disappeared. I was quite free from headache. One more dose of Ipecac 200 made me reach home safely.

* * *

Indigenous System: I am of opinion that allopaths should completely refrain from commenting on the indigenous or any other systems. In spite of our sincerity and honesty of purpose, our advice is apt to be misunderstood and misrepresented. Let us not take the self-imposed responsibility of channelising the public opinion at this stage, but leave it for somebody else. As far as we are concerned, let us take from these or any other system all that has been standardised and scientifically proved as beneficial. While on this subject, I would like to submit one suggestion for the consideration of the government. They should start three more co-operative dispensaries one for Ayurveda, one for Unani and one for Homoeopathy. This would enable the people to select their own system of medicine and the number of families registered at each of these dispensaries, would, at the same time, indicate the popular demand for any particular type of medicine. This would enable the Government to formulate their future plans of upgrading the various institutions on the basis of the valuable experience gained. (Extract from the Presidential

address of Dr. U. R. Pargaonkar, VII Hyderabad State Medical Conference held in Aurangabad in September last.)

* * *

West Bengal Homoeopaths: A resolution demanding early legislation by the West Bengal Government to ensure the status rights and privilege of Homoeopathic practitioners in the state was passed at a meeting of Homoeopathic doctors at Rammohan Library Hall, Calcutta, on Saturday. It further demanded that the Government should give adequate facilities for training and practice in the Homoeopathic system of medicine. Dr. H. P. Das Gupta presided and Mr. Hemendra Prasad Ghose was the chief guest. Among those who spoke were Dr. J. C. Banerjee and Dr. B. K. Sarkar. (Statesman.)

* * *

13th Confererence of Homoeopaths: The 13th conference of the homoeopaths of India will be held at Amritsar on March 31 and April 1, the All-India Homoeopathic Medical Association announces.

Mr. Gulzari Lal Nanda, the Union Minister for Planning, will inaugurate the conference.

The 12th conference of the homoeopaths was held at Rajahmundry (Andhra State) in February last

* * *

Book Review: *The Clinical Relationship of Homoeopathic Remedies:* (Compiled by Dr. P. Sankaran, L. I. M., D. F. Hom (Lond.) and published by The Homoeopathic Medical Publishers, 13-A, Station Road, Santa Cruz (West) Bombay -23, Price Rs. 2/8/-.) Next to Materia Medica and Repertory, the greatest need felt by Homoeopathic practitioners for constant reference in their consulting rooms is for a handy book of reference giving the relationships of Homoeopathic remedies. The want of a popular compilation, giving this information has been keenly felt.

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As such, Dr. Sankaran's present publication will be received with thankfulness by the profession

* * *

On March 31st Mr. Gulzarilal Nanda, Union Minister for planning, delivered the inaugural address at a two day Homoeopathic Medical Conference at Amritsar. He said; "Those who assert that the indigenous systems and homoeopathy have no right to live because they are outside the modern scientific system, may well be asked whether they have themselves arrived at a stage when they can cure all ailments to which man is liable and specially in India, whether they are able to extend their service to all people who are in need of medical help.

"It is obvious, therefore, that by our laws or otherwise we should not do anything which will restrict the range of relief now available to people till we can replace it by something of superior efficacy within their reach".

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OBITUARY

It is with deep regret we have to record the passing away of Shri C. Kesava Rao Naidu Garu, B. A., the G. O. M. of Homoeopathy, on 25th February last at Madras, at the ripe old age of 85. A retired government officer, to him Homoeopathy was as much apart of his life as of his religious faith. A man marked by deep piety, profound learning, high ideals and unbounded love for his fellowmen, he was conducting a charitable Homoeopathic dispensary at his residence for over fifty years. At his clinic many young men and women learnt the true art of Homoeopathy.

Madras has lost another Homoeopath in Sri A. R. Venkataraman at Mylapore on 17th March at the premature age of 44.

His was a dedicated spirit and as director of the Mylapore Homoeopathic Study Centre, he inculcated the spirit of Homoeopathy in a large circle of young persons who are now rendering useful service.

Noted alike for his gentleness, sincerity and kindness, he was a wise, skilful and learned Homoeopath and his grateful patients bear testimony to his great qualities of head and heart.

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JUNE 1957

TWO TRENDS OF THOUGHT

*

JYOTIR — JAYAM

*

COLLAGENOSIS ET ALIA

*

CASE REPORTS



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HOMOEOPATHY

Managing Editor: Dr. V. R. MURTY

JUNE

1957

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THE HOMOEOPATHY

VOL. VI

JUNE

BOOK 6

TWO TRENDS OF THOUGHT

During the last one or two years there has been a marked increase in the interest shown in respect of Homoeopathy. Many public men have spoken on the subject and Homoeopathic practitioners have not been slow in pressing forward their views.

Two different trends of thought are perceptible in these various pronouncements – one that is common to all the speeches made by the profession and the other indicating wherein lies the anxiety of the public men saddled with the task of ushering in the Welfare State.

Dr. S. R. Wadia's speech as president of the South Indian Homoeopathic Conference at Madras is typical of the professional approach. He wants recognition of the Homoeopathic system by the States of Madras and Mysore on the lines adopted by the other States, by which Homoeopathic practitioners will have all the status and privileges now accorded only to allopathic doctors of M. B. B. S. category, more Homoeopathic dispensaries should be opened, more facilities for research and new institutions set up to train more practitioners. He had a

fling at the practice of some institutions who offer high-sounding degrees to candidates without any practical training or examination at well-equipped institutions.

The Government is proverbially a slow and conservative machine, and although many of our demands as a profession have been conceded in theory, their implementation in any worthwhile manner is handicapped by the niggardliness of necessary financial allocations and their inability to shake off all too suddenly the routine methods of approach to which they have been familiarised by decades of allopathic spoon-feeding. Given time and patience they will rise up to the fact that efficient training in Homoeopathy is possible without the elaborate, slow and costly methods of allopathic Medical Colleges and that Shri Jawaharlal Nehru, the Prime Minister, is instinctively right when he says that on a substratum of basic scientific training, each medical system should be allowed to follow its own training and practising methods.

Coming to the public men, to Mr. M. S. Kannamwar, Bombay State Health Minister, as to several other public men, Homoeopathy is interesting because it could play a dominant part in alleviating the sufferings of masses of people who live in the villages without any good medical attention. We should devise ways and means by which the system of Homoeopathy could be made more useful to the masses.

Public men have a feeling that the process of training doctors in degree courses of four or five years, or even diploma courses of two or three years is not a sufficient answer to the real needs of rural medical relief. Apart from their limitations as to time and expense, the frustration is there that such alumni prefer to huddle with

HOMOEOPATHY

meagre practice in towns rather than go to the villages with even an assured practice and income. Therefore, knowing that, Homoeopathy is cheap and apparently easily taught, they look to Homoeopathy to offer a solution for their anxiety. It is no answer to tell them that we too would like higher and better training in graduate courses and well-equipped training institutions. There is no reason to think that Homoeopathic graduates from such institutions will be any the more willing to settle as rural practitioners than their allopathic confreres. They too will probably go to swell the ranks of the urban practitioners and be entirely ineffective in helping the expansion of rural medical relief.

We believe that Homoeopathy is ideally suited to meet the medical requirements of rural India; but if we and the country are to benefit thereby, the profession will have to adapt a more liberal outlook, suited to the urgency of the times. It is a pity professional Homoeopaths have not yet grasped the unique position in which Homoeopathy is placed in India.

CHANGE OF ADDRESS

Our Madras Branch has been shifted from
No. 15, Stringers Street to
No. 6, Stringers Street (First Floor),
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All our clients and customers are requested to note this
change of address and continue their support as usual.
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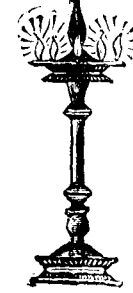
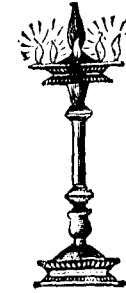


Sowbhagyavathi JAYALAKSHMI



Mr. JYOTIRMAYAM

JYOTIR JAYAM JAGAT



In the beginning was the Sun, JYOTI. Then in due course appeared Earth, yet a virgin with immense possibilities. The Sun shone on the Earth and covered it with its effulgence. *Jyotir - Mayam Jagat*. Then the clouds appeared, burst in torrential rain, and flooded the Earth. Humidity followed and was uncomfortable. But, out of it all rose peace and plenty, love, laughter and life - Lakshmi on the lotus, Jaya - Lakshmi. *Jyotir - Jayam Jagat*. The World bears witness to the Triumph of the Sun's Effulgence.

On Sunday morning the 2nd instant, in a tastefully decorated pandal in what was the Collector's Bungalow of old, in Srinagar Colony, Kumbakonam, witnessed by hundreds of the elite of the town, the wedding took place of Chiranjeevi (May he live long) Jyotirmayam, the eldest son of Dr. V. R. Murty, M.B.H.A. (Lond) H.C.A., the Governing Director of the Indian Institute of Homœopaths and Chairman of the Municipality, Kumbakonam, and Sowbhagyavathi (Blessings on her) Jayalakshmi, daughter of Shri K. Venkateswara Iyer, B.A L.T., Madras.

The happy couple were the recipients of innumerable gifts and hundreds of messages were received from all over India.

The evening previous witnessed the bridegroom's procession which started from the Institute's premises at 6 30 p. m and reached Srinagar by 10 p. m. Nadaswara Vidwan P. S. Veeruswami Pillai provided delicious music. During the Muhurtham itself, Nadaswaram Music was played by Thirucheraï Krishnamurthy Pillai, while on the eve of the Wedding day, Sangeetha Vani M. L. Vasanthakumari delighted the immense audience that had assembled at the Reception with her incomparable music for about three hours. At the Reception and the dinner that followed, thousands of Kumbakonam's plebians joined with the aristocratic hundreds and demonstrated wherein lay the high popularity of Dr. Murty. It transcended all classes and creeds.

Most appreciated was the large number of messages from his Homœopathic students, past and present, from all over Tamil Nad and abroad several of whom had sent handsome gifts. These Tamil Nad Homœopathic Association, Trichinopoly presented a congratulatory address, as also the staff of the Indian Institute of Homœopaths and the Homœopathy Press, who presented the happy couple with a beautiful wrist-watch, a silver-plate and a silver Jyotir deepam

In view of the happy occasion, Dr Murty gave a special Wedding-bonus of 25% of the month's salary to each one of the staff of the Institute and the Press. Three days' holidays were also given.

May Heaven's happiest blessings be showered on
Jyotir - Jayam.

M. N. R.

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COLLAGENOSIS ET ALIA*

F. K. BELLOKOSSY, M. D. (contd.)

It is still stranger that the condition is found almost exclusively on the lower third of the leg. So far no one has been able to explain this mystery; but many other things in medicine cannot be explained. Being strictly symmetrical, it must have its primary cause in the central nervous system. In rare cases we find this same condition also on the distal third of the forearms, just above the wrists. Also the external ear canals are sometimes the seat of it as well as throat and neck.

I would call these finely modelled, light, thin and often very beautifully shaped legs, palomino legs. They run in families and have very little or nothing to do with the age of the individual.

I wonder if it has ever occurred to you that such thin and beautiful legs are not always a sign of perfect health. It is probable that all such people have once in their life suffered from some nutritional weakness of the connective tissues. If this weakness attacks the connective tissues all over the body, then the whole body appears emaciated and there exists no panniculus adiposus between the skin and the muscles. Over the whole body the skin is smooth and thin and the contours of the muscles are almost as sharp as in an anatomical dissection.

In other types of cases this atrophying deficiency of nutrition, instead of spreading all over spreads and reaches

* Presented to the Bureau of Clinical Medicine, International Hahnemannian Association, 75th Annual Meeting, July 6, 1956. Reproduced by courtesy of the Homoeopathic Recorder. The previous article appeared in our issue of May 1957.

only to the knees, while from the knees up the nutrition is not disturbed in the form of emaciation but in the form of a slowed down metabolism with consequent obesity. It is not so seldom that we see ladies carrying on their thin legs bodies that are big and powerful, with stomachs that are protruding, the whole figure looking like a barrel on stilts. Besides their obesity, many such individuals also suffer from other metabolic troubles, such as gout and diabetes, or from hypertension, gall stones and tumors.

A third variety of deficient nutrition and poor vitality in this mysterious region around and above the ankles are the elephantiac or elephantine legs. In this variety, the veins and the lymph vessels are weakened, flabby and distended. The lymph spaces are filled with stagnating lymph and the diameter of the legs is greatly enlarged, the very opposite of palomino legs. It is a semi-odematus condition making the legs heavy and unwieldy. It is easily differentiated from anasarca as it does not pit, though it is aggravated by standing and though it shows indentations from shoes and texture of stockings. Allopathy has no remedy for it, but homoeopaths can cure it, except if incurable for other reasons. Such a cure may take years and requires persistence, but it has been effective in many cases. *Natrum muriaticum*, *Sulphur*, *Calcarea carbonica*, *Lycopodium*, *Ferrum*, *Arsenicum*, and *Silica* will be most frequently used. A lady of 72, sickly all her life and afflicted by heavy elephantine legs, a seemingly hopeless condition because of her age, was cured in about four years. Her daughter, suffering from the same trouble, is improving but is still under treatment. In these cases we must look for phlebothrombosis and investigate thoroughly any localized tenderness as to its nature and causation. A thrombus is curable as long as not organized. When of recent date, it is resorbed under the appropriate remedy and complete

restitution is effected. The accompanying phlebitis is usually curable, even if long - standing.

And now to the little explored, mysterious chapter of collagenosis. Literally translated the term "collagenosis" means formation of a glue-producing substance. It was coined only a few years ago to designate indurated tissue found in many legs which have suffered from chronic phlebitis or chronic leg ulcers and also found in tissues which have suffered no apparent damage from either trauma or inflammation and is quite often found also in former palomino as well as elephantine legs. Here, again, the part of the leg affected is the lower third of the leg and about the ankles. For some so far unexplained reason collagen gathers in this area and due to alteration, probably dehydration, of the collagen masses, the connective tissues contract and become brawny and firm. The skin becomes discolored, pink or red at first, later changing to purple and then to dark brown. After a time, such skin assumes the consistency of leather, contracts and becomes adherent to the underlying structures. The shrinkage may progress so far that the resultant contracted skin resembles a leather cuff with the unaffected flesh of the calf bulging out over the top and the puffy ankles under the bottom of the cuff. The leg may then not look thicker than the two crural bones covered by the thin shrunken skin so that one wonders how long it will take for the blood and lymph circulation to become completely cut off. In such cases the foot becomes edematous and cushions of stagnating lymph surround the two ankles.

Chemically collagen is considered as protein which yields gelatine on hydrolysis, while morphologically it is described as a homogeneous or fibrillary intercellular protein. It is a mystery why collagenosis develops in the lower leg

only. Watching such a leg clinically, we at first notice the development of pink hardened areas many square inches in size.. They slowly spread around the lower leg and upward and downward. Sometimes ulceration may supervene. Such areas are often extremely sensitive and may not tolerate even the pressure of a close-fitting stocking or a high boot. The tenderness springs from an attendant local cellulitis and this process may spread to the veins and cause phlebitis or it may spread to the skin and give rise to indolent chronic ulcers.

This tendency of collagen to spread from its starting point goes on until it girdles the leg. It is mostly bilateral, but is usually more marked in one leg than in its mate, depending probably on the difference in the severity of the attendant inflammatory lesions. Sooner or later, local obstruction to venous and lymph circulation develops. It develops sooner and more extensively if there is local inflammation.

Collagenosis is well amenable to homoeopathic treatment. It is curable except where senility or other constitutional troubles put obstacles in the way. *Silica* should be the most appropriate remedy, provided it fits into the total symptom picture. However, in my own practice, I found *Sulphur* more often indicated. Other helpful remedies have been *Lachesis*, *Graphites*, *Calcarea carbonica*, *Hepar*, *Lycopodium*, *Arsenicum*, *Mercurius*.

From this description you can see that it is easy to diagnose collagenosis. A glance at one of the legs is all that is necessary. Not only that, but, if this diagnosis is made in a case, it gives us further information on the condition of the patient. It tells us that such a patient also suffers from some other serious chronic trouble. We are immediately justified to look for one or more of the following sick

conditions in this patient: hypertension; arteriosclerosis; ulcers; sclerosing diseases; scirrhus; tumors; gout; diabetes; obesity; asthma; fissures; coronary, aortic and cardiac troubles.

One of my early cases was a lady of 290 pounds. To see so much flesh on two little sticks made the impression of a caricature rather than a harmonious human figure. She suffered also from chronic colitis, chronic arthritis and hypertension. Being more of a *Pulsatilla* type with many *Sulphur* symptoms, she received *Pulsatilla* first and then *Sulphur*. She was benefited by both; however, the scirrhotic condition of her legs remained unchanged, but a dose of *Graphites* IM removed it in two months. It was by a detour that I arrived at *Graphites*. At that time, I treated also her sister who suffered from osteoarthritis with swelling of her distal finger knuckles. On one of these swollen knuckles there was a soft swelling, sharply localized, elevated over the hard bone and fluctuating. It was a cyst and I was curious to know what kind of liquid it contained. So I punctured it and extracted a syringeful of a clear, thick, gelatinous mass. It was very puzzling. I had never expected this cyst to contain such a liquid. The conclusion was now obvious and it was a double conclusion. The sister suffered from collagenosis, so the contents of this cyst could have been collagen too. The consistency and appearance spoke for it, also. The second conclusion was concerning the remedy. Since chronic remedies run in families and the sister with the cyst was a *Graphites* case and, on the other hand, obesity being a strong *Graphites* indication, I gave *Graphites* also to the first sister with perfect effect on the scirrhotic atrophy of her legs.

My second case was a lady, 70 years old, suffering from collagenosis, varicose ulcers and an incipient malignant

mastitis with bloody and purulent discharge from one nipple. With *Lachesis* the ulcer and the mastitis were soon cured but the collagenosis, undoubtedly due to her age, was only improved.

I shall cite only one more case. This was a lady who weighed 230 pounds. She had had both breasts amputated for tumors two years earlier. She was greatly benefited by *Sulphur* but is still under treatment. Her crura are losing their scirrhotic atrophy and making her figure less grotesque.

In comparison to allopathy, the homoeopathic treatment of collagenosis is short, relatively inexpensive, and does not entail any inconveniences. Its effectiveness is far superior to anything general medicine can offer to such patients. What the allopaths have to offer they have discovered only recently. This is Vitamin E or Alpha-Tocopherol. It helps some cases, but never effects any complete cure. It is much more expensive than the homoeopathic remedies and, in cases that it helps, it must be taken through the rest of the patient's life. It does not agree with everybody and seeing that some of my patients did not tolerate it, I one day decided to take it myself in order to observe its effects on myself. I took only 60 International units of D alpha-tocopherol acetate four times within 36 hours, that is 240 units in all, when I developed enough symptoms to make me stop this purely empirical medication. It immediately affected my mental and renal functions. It caused a dullness of comprehension with loss of memory; as well as frequent and copious urination. We find these symptoms in our proving of acetic acid so that I suspected that with this vitamin I was proving the acetic acid in it. Another brand of Alpha-tocopherol comes on the market as succinate and patients are then poisoned with succinic acid. All sensitive patients must therefore abstain from taking this vitamin

JUNE '57

15

when it is bound to any acids and take untreated wheat germ oil or wheat germ itself, and even this only if they are not allergic to wheat, in case they want this vitamin treatment.

In view of the enormous superiority of the homoeopathic remedies and the doubtful values of Vitamin E in the form in which it is offered to the public at present, we should stick to our remedies and ignore this allopathic medication.

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MENSREGU	is a great medicine for menstrual irregularities and painful menstruation: to be taken along with SODHARI.	2—50
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DELEND	Will restore suppressed menstruation normally, gently and naturally in cases where there are no pathological causes. Available in two strengths, "Ordinary" and "Special". NOT TO BE TAKEN WHEN PREGNANT.	Ordinary 3—00 Special 5—00
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CASE REPORTS

(By Dr. Mrs. N. A. Radha)

Case Report No. 1

Mrs. R. Aged 24, Fifth Para.

Complaint: Advanced stage of pregnancy. Expected date of confinement, 2nd week of November 1956. Pain since 8 p. m. on 10-11-56. Rupture of the membrane at 11 p.m. on 10-11-56. Labour pain subsided after 11 p.m. Distension of the lower abdomen with pain.

Condition of the patient when examined: 11-11-56, 2-15 a.m. The patient, short of stature, very lean, pale, was found to be exhausted by agonising pain of the lower abdomen; pulse, feeble, quick.

Temp: 98.4°F. Certain amount of oedema of the legs. Distended bladder.

Management: Emptied the bladder with a sterile catheter. Urine, alb: nil. Foetal head was engaged and fixed. F. H. Normal. R. O. A. Position.

Vaginal examination: Old L. P. unsutured; Dilation full. A big caput felt at the vulva. Arrest of labour due to secondary inertia.

I gave Caulophyllum 6, 1 dose - dry on the tongue. After 10 minutes 2 easy delivery tablets.

The patient started labour pains.

By the third dose of Caulophyllum the patient was having strong labour pains; applying a certain amount of

fundal pressure she delivered a normal live male child, weighing about 7 lbs. at 3.15 a.m. on 11-11-1956.

Case Report No. 2

On March 2nd 1957 at 11.30 a. m. I was called to attend one post natal case one hour after delivery.

Complaint: Had a tedious labour. Having severe after pains with nausea and vomiting. Severe pain from back to front.

Management: I gave 1 dose of Sepia 6. After 5 minutes the patient had severe uterine contraction and expelled a few black clots. By the second dose of medicine - the patient was completely relieved of the pain and slept.

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JUNE '57

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THE SOUTH INDIAN HOMOEOPATHIC CONFERENCE

On May 12th, the Bombay State Health Minister Mr. M. S. Kannamwar, delivered the inaugural address of the South Indian Homoeopathic Conference and said that Homoeopaths could play a dominant part in alleviating the sufferings of masses of people who lived in the villages without any good medical attention. The members of the profession should also devise ways and means by which the system of Homoeopathy could be made more useful to the masses. There was great scope in India not only for one or two systems of medicine, but any number which could bring relief to the people. Since the Centre and most of the State Governments have thought it fit to recognise Homoeopathy as a standard system of medical practice, he would like to see it being recognised all over the country.

The problem in India was that some kind of medical help must be made available to every citizen. Even if doctors were available, modern treatment was so expensive that the average Indian could not afford it. Homoeopathy could very well step into this breach and fulfil the requirements of the nation.

Dr. S. R. Wadia, President, Board of Homoeopathic Medicine, Bombay, who presided over the Conference demanded that Homoeopathy should be included under the Employees State Insurance Scheme and be placed on an equal footing with the other systems. Government should encourage local bodies to open more and more homoeopathic dispensaries. He also demanded that along with the

recognition of the system, its practitioners also be registered and new institutions set up to train more practitioners.

He suggested maintenance of uniform standards by homoeopathic practitioners and pleaded for facilities for research and proper representation of able practitioners in the Homoeopathic Council that Government might set up.

At its open session on May 13th, the Conference resolved to establish immediately an organisation to co-ordinate the activities of Homoeopathic bodies in Madras, Andhra, Kerala and Mysore States and to promote the study of and training and research work in Homoeopathy, besides registration of Homoeopaths.

Delegates from Madras, Kerala, Mysore and Andhra Pradesh attended.

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MULLEN OIL may also be used internally, a few drops diluted with water, for irritation of the urinary tract and for dribbling of urine.

Dose: 3 drops three times a day internally.

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NEWS AND NOTES

A Great Battle Against Odds: In the course of his preface to a Health Ministry publication entitled, "A great battle against odds", Mr. Nehru writes as follows :—

Essentially, this work is a co-operative endeavour between the States and the Centre, and its success depends on the measure of co-operation between the two. For this purpose, the Central Council of Health was started and it was greatly helpful in bringing about this co-operative and co-ordinated approach.

"The pursuit of health or the raising of the health standards of the nation does not mean merely the curing of disease, but much more so the prevention of it. Thus while hospitals and the like are necessary, what counts most is the public health approach as well as health education. Health today does not consist merely in the avoidance of bodily ailments, but comprises health of the mind which has a direct effect on the body, just as bodily ill-health often affects the mind.

"I am sure that the very first consideration in raising the standards of health of the nation is to supply adequate food, properly balanced. Poverty and health do not go together. Therefore, it is really more important for the health of the individual as well as of the community, that there should be adequate nutrition. To this, I should like to add that food habits should be encouraged which would ensure a balanced diet. Unfortunately, we in India suffer most of all from inadequate nutrition, and even those who can afford to have what food they like, have seldom a

balanced diet. Then there is the necessity of a pure water supply, which is still lacking in a great part of our rural areas, though some progress has been made.

"A war on disease and ill-health is, therefore, essentially a war on poverty and all its evil brood. In effect, it is the raising of the standards of the nation in every way, and we come back to our Five Year Plans whose aim it is to do this.

"While our cities and towns require to be looked after much better than they are at present, it is really the village that has been terribly neglected and cries loudly for succour. Public health must therefore, go to the village, and the village should not be compelled to come to the town in search of it. Our community development movement will, I am sure play a very important part in this extension of public health services to our rural areas. I think that mobile vans should be increasingly used for this purpose in our rural areas.

"There is much controversy often about the place of the Ayurvedic and Unani systems. There can be no doubt that both these ancient systems of India have an honourable history and that they had a great reputation. Most people know also that even now they have some very effective remedies. It would be wrong and absurd for us to ignore this accumulation of past knowledge and experience. We should profit by them and not consider them as something outside the scope of modern knowledge. They are parts of modern knowledge. But, in many directions, modern science as applied to both medicine and surgery, has made wonderful discoveries and because of this, health standards in advanced countries have improved tremendously. We cannot expect to improve our standards

unless we take full advantage of science and modern scientific methods. There is no reason why we should not bring about an alliance of old experience and knowledge, as exemplified in the Ayurvedic and Unani systems, with the new knowledge that modern science has given us. It is necessary, however, that every approach to this problem should be made on the basis of the scientific method, and persons who are Ayurvedic and Unani physicians should have also a full knowledge of modern methods. This means that there should be a basic training in scientific methods for all, including those who wish to practise Ayurvedic or Unani systems. Having got that basic training, a person may practise either of these systems or homoeopathy.

"The question is thus not of a conflict between various systems but of sound education in knowledge as it is today and then the freedom to apply it according to any system. It is the scientific approach that is important.

Homoeopathic Association, Madurai: At a meeting of the representatives of the various Homoeopathic Associations of Madurai held recently it was decided to amalgamate all the associations and to have a single Association for Madurai District.

It was resolved at the meeting that the South Indian Homoeopathic Association should be renamed Madurai Homoeopathic Association.

Hahnemann Day Celebration: The District Homoeopathic Association, Tirunelveli, celebrated the 203rd birthday of Dr. Samuel Hahnemann on 28th April last. Shri. D. R. Srinivasa Iyengar unveiled the picture of Dr. Hahnemann and delivered a short speech. Homoeo globules were distributed by Shri D. S. Abraham.

Pari Homoeo Vaidyasala: Dr. V. R. Murty recently performed the opening ceremony of Pari Homoeo Vaidyasala at Pandanallur. The pleasant function was presided over by Shri M. Ramiah Pillai, B. A. B. L., Sub-Judge Kumbakonam. All those present felicitated Mr. T. Markandan, an enterprising student of the Institute, the doctor in charge and owner of the Vaidyasala, and wished him a prosperous career.

All Kerala Homoeopathy Convention: The Rt. Revd. Dr. Benedict Mar Gregorios, Archbishop of Trivandrum, inaugurating the Convention said that there would be scarcity of doctors and adequate medical service would be beyond their means. It was here that Homoeopathy could be a boon. Better organised and encouraged by Government, Homoeopathy could bring medical help within easy reach of the bulk of the people in India living in remote villages.

Dr. A. R. Menon, Health Minister of Kerala, in his presidential address, promised sympathetic consideration and financial assistance of the Government if practitioners of Homoeopathy organised themselves and started an institution to be run efficiently.

Bihar's Scheme for Drug Proving: It is reliably learnt that a comprehensive Scheme of basic researches in Homoeopathy, estimated to cost about five or six lakhs of rupees, has been recommended to the Bihar Homoeopathic Board by the Sub-Committee entrusted with the task. Among other things, the scheme proposes the establishment of a modern and fully equipped bio-chemical laboratory. Extensive arrangement for proving drug action in human systems has also been envisaged.

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It may be recalled that the last Central grant for research in Homoeopathy was granted only to Bombay and Calcutta; and Patna was not considered because there was no approved scheme existing at that time. It is believed that an appropriate grant will come from the Centre to be supplemented by State funds.

Dave Committee: The recommendations of the Dave Committee on indigenous systems of medicine are under consideration in consultation with the State Governments and no decision has been taken so far, said the Minister for Health, Mr. D. P. Karmarkar, answering a question in the Rajya Sabha on 22nd May, by Dr. W. S. Barlingay, whether the Government had taken any decision on the recommendations of the Committee and which of them were intended to be implemented.

Indiscriminate use of Penicillin: Col. J. R. Dogra, Managing Director of the Penicillin Factory Pimpri, broadcasting on 26th May from AIR Poona, on antibiotics, warned against the indiscriminate use of penicillin injections.

He said: "As a doctor of medicine engaged in medical research for over a quarter of a century, I may warn that this practice is most dangerous. In antibiotic therapy the right procedure is to diagnose and find the offending germ and then use an antibiotic which is effective against that germ. . . . Indiscriminate use of antibiotics will result in germ resistance to antibiotics and when you need the particular antibiotic for a serious illness it may not work."

Practical Class: Enthusiasm for the practical class this year was so great that there were nearly 400 applicants, the result being that two sessions had to be held, the first

from the 2nd to the 16th May and the second from the 18th to the 31st.

These comprised of our students who had already completed the twelve months' course in Homoeopathy and were thus ready to benefit from the personal tuition imparted by our Governing Director, Dr. V. R. Murty, himself on such subjects as the use of the Stethoscope, Injection Technique, Minor Surgery, Blood, Urine and other diagnostic tests, and Clinical Practice. These classes attain the greatest popularity from the attending students because of the diagrams, charts, demonstrations and cinematic films emphasising the various aspects of medicine, hygiene and public health.

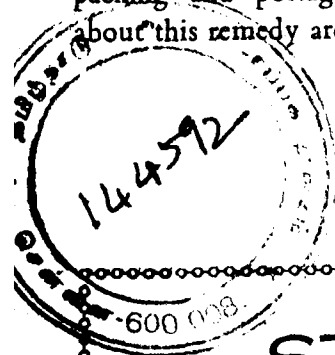
Influenza Epidemic: Luckily this epidemic is not so fatal as the one that raged in 1918; still, it is necessary that proper precautions and treatment are taken; otherwise, fatalities can occur, as Bombay is proving. Perfect rest in bed, isolation, easily digestible liquid diet, protection from draft are all prime considerations.

In the matter of treatment, Homoeopathy has some effective remedies, the chief of them being Eupatorium Perfoliatum 30. When the characteristic pains all over the body, headache, nausea, coated tongue and constipation are followed by fever varying from 101° to 103°, there is no mistaking what one has got. Then, two or three doses of this remedy at three hour intervals bring down the fever and establish improvement. Too many doses seem to heat up and constipate one. When the fever stage is under control proper remedy according to symptoms should be continued. Thus, nausea and vomiting call for Ipecac; constipation, Nux Vomica; congested chest calls for Bryonia.

Perfect rest for at least three days after the disease is controlled is necessary.

Influenzinum acts both as a preventive and curative. Other remedies found useful in this type of fevers are Gelsemium, Ars. Alb, Baptisia, Natrum Sulph.

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