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THE HOMOEOPATHY

Vol. 6.

Book 7

Book 8

JULY 1957 Book 9.

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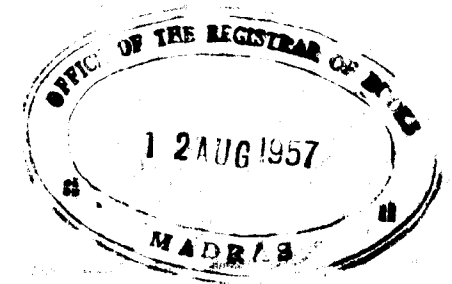
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HOMOEOPATHY

FOR HEALTH & LIFE



JULY 1957

A VIGNETTE

★
MY FIRST EXPERIENCE
IN HOMOEOPATHY

★
POTENTIZATION

★
SOME TALK OF TONIC



**JOURNAL OF THE
INDIAN INSTITUTE OF HOMOEOPATHS**

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Madras Office: 6, Stringers St., Madras-1. (Telephone 55390)



Managing Editor: Dr. V. R. MURTY

JULY

1957

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THE HOMOEOPATHY

VOL. VI

JULY

BOOK 7

A VIGNETTE

In Homoeopathy, there is a healthy clinical practice by which, as soon as the patient has finished narrating his symptoms, the doctor questions the nearest relatives and friends as to what other minute symptoms they would have observed in the patient. The importance of this drill cannot be over-emphasised.

A recent case came prominently to our notice. A lady complaining of 15, 20 painless, loose motions a day, weak and with sunken eyes, reported to a prominent doctor's clinic. After she had narrated her symptoms, her husband who had a complete history sheet prepared in advance, handed it to the doctor and added "I may tell you, doctor, my wife has not got T.B. Twice before doctors diagnosed T.B. and ultimately both times the trouble was discovered to be something else."

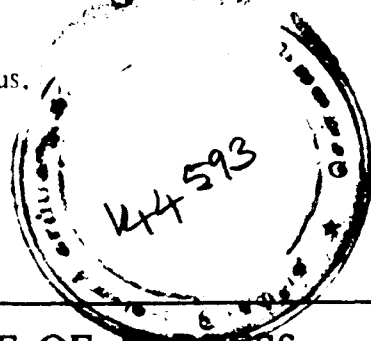
Brusquely, the doctor asked, "Are you a doctor?" He said "No" and "Hum" was the reply.

Within a week, this doctor diagnosed the patient's case as intestinal T.B. and continued treatment for about four

months. The patient got worse every day until one day the doctor said the case was hopeless and suggested consultation with a famous physician. Naturally, he was asked, "But, doctor, this is hardly fair to you, the consultant or the patient. You should have done this three months ago when I asked you to do so, and when the case had not become hopeless." The doctor replied, "I am perfectly certain that no one can do anything better and there is no doubt about what the patient is suffering from. It is more for your satisfaction."

The consultant was called in, diagnosed the case as Nephritis and under his modified treatment the patient improved within a week's time and was fully restored to health in about two months.

The moral is obvious.



CHANGE OF ADDRESS

Our Madras Branch has been shifted from
No. 15, Stringers Street to

No. 6, Stringers Street (First Floor),
with effect from 13th May, 1957.

All our clients and customers are requested to note this
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Our Telephone No. 55390 and Post Box No. 1906
remain the same.

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POTENTIZATION*

By Dr. G. E. Leonard

One of the most difficult points to understand in relation to Homoeopathy for a great number of people is potentization, or the meaning of the power of the homoeopathic remedies.

For so long we have been accustomed to material or physical doses of medicines, that it is difficult to extricate the mind from its habit and realize that material dosage, even if necessary or efficacious in allopathic medicine, is rarely used in homoeopathic medication.

In the early days of Samuel Hahnemann's experiments with drugs, applied according to the Law of Similars he had come to regard as the true way of treating sick people, he used the remedies as he had been accustomed to in the Allopathic School, that is in material doses, milligrammes, grains, or drops. He found his patients suffered an aggravation, sometimes severe, a worsening of their suffering, instead of immediate improvement as he had expected. He therefore decided that the best and obvious way to lessen the discomfort created by the remedy would be, not to change the medicine, for this was the truly indicated homoeopathic remedy, but to lessen the amount given in each dose. This he did, not in any haphazard fashion, but mathematically with meticulous accuracy. He took one drop of the tincture of the remedy and diluted it with 99 drops of diluent; he then took one drop of the first dilution and again added it to 99 drops of diluent; at every step the dilution was shaken vigorously. When the diluted remedy was eventually given

*Reproduced by courtesy of *Health & You*, Surrey, England.

to sick people, the improvement in the condition was rapid and the originally severe aggravation or worsening was obviated. Although this process may now be stated simply and briefly it must be realized that it was a long and tedious process of experimentation and observation extending through many years. A man with less intuition and insight, perseverance and love for his fellowmen than Hahnemann, would have probably given up the study and suffering it involved; but always Samuel Hahnemann was inspired by his inborn knowledge and love of his fellow creatures, filled by an overwhelming compassion for all who suffered and a determination to assist them when stricken by disease. Those who have since followed the master of Homoeopathic medicine, conducting their researches into the values of new medicine, have had a comparatively easy task. The improvement afforded by science in the matter of the electrical vibrators for the succussion of remedies has considerably lessened the time and labour so painstakingly carried out by Hahnemann and his students. Whether it is always to the advantage of the patient or the remedy is a point sometimes debated. Many students would feel perhaps that the hand-made medicines are always more efficacious than those where the mechanical principle is involved, but *autre mond autre moeurs*, and with the increasing demand for the ever-widening field of remedies one can only leave it to individual opinion.

Another point that is raised sometimes is the reason why there are definite gaps in the potencies. For instance, between the 6th and 12th, the 12 and 30th, the 30th and 200th. In Hahnemann's day we find references to the interim potencies, the 9th, 18th, 24th, and 60th. His enthusiastic followers were anxious to continue potentizing remedies to the higher degrees, but with this Hahnemann was not in full agree-

ment. It is evident, however, from the letters written by his wife to Dr. Breyfogle of Louisville that Hahnemann came to realize the value of the higher potencies in the later years of his life for she says "Hahnemann used all degrees of dilution, low as well as high, as the individual case required. I saw him give the third trituration, but I also know that he used the 200th or even the 1,000th potency whenever he considered it necessary". (*Samuel Hahnemann's Life and Work*. Vol. 1. By RICHARD HAEHL, M.D.)

It should not be assumed that the interim or unusual potencies will not work. Remedies that have been prepared by systematic dilution and succussion will work at all levels to a greater or lesser, that is deeper or more superficial degree, but experience through the years has proved that those in customary use produce results which justify their general use. From my association with the late Dr. Dorothy Shepherd I can say that I have seen remarkable results from her use of the 60th potency in cases that required a higher potency than a 30th, but where the patient was so highly strung that the aggravation from the 200th potency would have been too severe. Likewise, I have seen excellent results from the use of the 500th potency by Dr. Shepherd, specially with children.

It should however, be realized that the unusual and also the higher attenuations are generally best left to a trained Homoeopathic physician to administer. The power of the potentized remedy, permeating the entire life of the patient, can bring about severe aggravations and difficulties that require more knowledge and experience in dealing with, than the average lay practitioner possesses or is in a position to learn. The late Dr. Clarke, who was so kind a friend to the unqualified practitioners, always emphasized that the

important thing was to be sure that the chosen remedy was truly homoeopathic, it could then be given in repeated doses in the safer lower potencies and the cure was assured.

It is always so exciting and seemingly miraculous to cure a disorder with one dose only of remedy, given at a high level—We live in an age of thrills and spectacle and we tend to measure success by a spectacular standard, but if we consider the danger that is always relative to the thrill or the spectacle and apply it to Homoeopathic medication, we shall realize that when human life and comfort is involved a slower but still certain progress is a wiser, kinder way for the patient, and a safer path for the unqualified practitioner who must ever be answerable for his failures as well as his successes.

STINCURA

The most wonderful remedy for scorpion stings and bites of poisonous insects

DIRECTION FOR USE

If the sting or bite is in the left of the body pour one or two drops into the right ear, and *Vice Versa*: pain and discomfort cease immediately. Should slight pain persist apply one drop into the eye in the same manner.

Price per Bottle 50 nP.

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Immediate relief from

Headache, Colds, Early Fevers, Tooth-ache,
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Its action is Safe, Fast and Sure.

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This is a most palatable and highly nutritive Tonic.

Indicated in all wasting diseases, sleeplessness, anaemia, loss of appetite, indigestion, and as a quick recuperative after influenza and other acute diseases.

A great body - builder after serious illness and also during pregnancy and after delivery.

Directions:- A teaspoonful 2 to 3 times a day after food or as directed by Physician

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G. T. MADRAS—1

SOME TALK OF TONICS

By Dr. A. C. Gordon Ross

I have never been much of a one for tonics of any kind and I was confirmed in this view by my old professor of Materia Medica who told me once that when he retired he was going to write the first scientific text book on Tonics. I met him some fifteen years after he retired and asked him about his book but he had abandoned the project as it was difficult to find exact scientific proof that tonics did any good at all

This view is altogether too pessimistic for it does not take into account two important factors, one psychological, the other environmental. Let us take a look at both.

The psychological is the more important one and I think if the patient believes that a tonic might do him good he should get it. It is a curious fact that sometimes the more obnoxious the more benefit the patient receives from it. Anything can be a tonic. For a woman a new hat, a night at the theatre or a change of sinks. A change of sinks is sometimes more important than a change of air. A cheerful smile, and a happy disposition are invaluable tonics in themselves, and if good humour could be put up in eight ounce bottles I know of many people who would benefit from the prescription.

The environment factor simply means that for the poor city dwellers something is needed after a sunless winter to take the place of fresh air and exercise. The early spring is a good time to take vitamins A, B, C and D. Of these I think vitamin C the most necessary for there are still lots of

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people who take no greens at all in the winter time, and in the early spring rose hip syrup definitely bucks people up and is reasonable replacement therapy.

My other favourite vitamins are halibut liver oil, rich in vitamins A and D. I often give them to sickly children for taken over a period they seem to help the resistance against colds. The other vitamin which I use most is vitamin B₁₂, the essential factor missing in pernicious anaemia. All vitamins should be given to patients getting antibiotic treatment because the antibiotics seem to reduce the patient's vitality in a greater or lesser degree.

How about the other common type of anaemia which used to be called the green sickness and was common in young girls? We don't see much of it now and consequently I cannot say if any of the new iron preparations are more successful than Bland's pills, which I always thought did more harm than good. My old teacher used to say: "Let them take more exercise and eat spinach and lettuce". I can recollect using Easton's syrup with some benefit in my early days.

A tonic for the aged is alcohol. Many an octogenarian gets from me a Scotch toddy—a dessert spoonful of whisky in a glass of hot milk at bedtime—when he complains of sleeplessness.

When I was not long started in my medical career I did some visits for an old practitioner who had a grand practice in the Clyde Estuary, chiefly among wealthy widows. Apparently he had great faith in alcohol as a pick-me-up. Champagne for stomach pains and sherry for tired hearts. He used to prescribe a dozen bottles at a time, and he spoke from a lifetime of experience.

Some months ago I had an old soldier consulting me. His trouble, as he cheerfully confessed at the start of the consultation was bad temper due to financial malnutrition. I gave him KALI IOD. on several presenting symptoms. He came back again the other day, looking and feeling much better. I said to him that I thought my medicine must have helped. He replied, "May be, doctor, but I won a couple of hundred pounds on the pools, that helped as well." It was the ideal tonic for that particular patient.

How do these disjointed remarks fit in with homoeopathy?

We have plenty of drugs to choose from to buck patients up but we must individualise each case and try to understand the circumstances in which the patient finds himself. NITRIC ACID for the person who has got into the habit of worrying about his health. PHOSPHORIC ACID for the adolescent who worries about his emotional life. (PHOSPHORUS can help here too.)

Then there is NATRUM MUR. for the young shy girl who falls in love with the wrong man. KALI PHOS. for the nervy types who complain of generalised weakness and debility. ARGENTUM NIT. for the person who is always anticipating trouble. GELSEMIUM for nervous brides and examinees. AETHUSA for restless babies who cannot digest milk. CHAMOMILLA for irritable children.

Of "tranquillisers" we have also a good supply such as ACONITUM, ARSENICUM, etc. For post-influenzal depressions we have SCUTELLARIA. Then there is the common oat, AVENA SATIVA, of which ten drops of the tincture in water helps the nervous tremors of old age. It deserves to be better known as does ALFALEA of which ten drops of the

tincture in water gives refreshing sleep and helps to dispel melancholy thoughts.

These drugs are only instanced as pointers, for depending on each case quite a different drug might be required.

Sometimes the best tonic a patient can get from a doctor is just a sympathetic hearing and we should always remember that a trouble shared is a trouble halved, and one of the worst features of the National Health Service is the fact that the patient merely feels a number and not an individual when he queues to take up two minutes of the doctor's time.

This is not the fault of the doctor but of a system which takes little account of the individual and which is leading to frustration all round.

—By courtesy of "Homoeopathy" London

BAHOLA TOOTH DROPS

gives immediate relief from Toothache due to inflamed spongy and receding gums. Dental Caries and Pyorrhoea.

Simply apply on the affected parts a small wad of cotton-wool soaked with
BAHOLA TOOTH DROPS

Can also be used regularly as a mouth wash. A few drops in a tumblerful of water act as an effective gargle after cleaning the teeth.

Small bottle — 0.50 nP.
Big bottle — 1.25 nP.

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NUTRITIONAL DEFICIENCIES OF INFANCY

(By Dr C P. Subba Rayan, M. D. I. H., Vajrakarur)

Nutrition is important for the total well being and right functioning of the whole body.

Wholesome nutrition should contain Carbo-Hydrates, Proteins, Mineral Salts, Fats and Vitamins in proper proportions.

A majority of the diseases are caused by improperly constituted Diet.

What are the foods for nutrition of infants?

Infants are babies under the age of two years. Generally for the infants of poor families, Breast Milk, Cow's Milk and Ragi Ganji, are the only sources of nutrition.

For the infants of the rich and aristocratic families, Cow's Milk, and Tinned milk foods, are the various kinds of foods since breast feeding is considered uncivilized. Of all the foods, milk is an ideal food which is easily assimilated and as a matter of fact feed the tissues with nutritive substances within a few hours after its consumption.

Milk is also a source of Vitamins A, B, C, D and E. Vitamins A and D prevent Rickets, Marasmus, stunted growth, and Xerophthalmia of infants; B, against neurasthenia, Infantile Paralysis and so on; C, against Scurvy.

Human Milk is considered to be the best for infant feeding as it is rich in Vitamins and also possesses the same constitutional qualities of its mother.

Next comes the cow's milk. Tinned milk foods are claimed to contain Vitamin D and iron to safeguard against rickets and Anaemia of infancy.

How does nutritional deficiencies arise in infancy ?

The important factor for the good and healthy construction of an infant is the sound health of its mother during the period of pregnancy and good nutrition can only be supplied to the infant provided the mother is healthy during the period of lactation.

As the poor cannot get sufficient nourishment to maintain their health, they will be unable to feed their babies with the required quantity of milk and even the quantity supplied will be poor in nutritive value. Infants of poor families can hardly get sufficient milk which is essential for their health. This is one of the main reasons for a high rate of infant mortality in our country.

Some of the rich and aristocratic classes leave their infants under the care of "Ayahs" (i.e. servants). These babies are likely to be fed by these irresponsible persons at irregular intervals, and thus get diseases due to faulty feeding. Tinned foods are to be immediately fed; otherwise, by over staying, chemical changes will take place by fermentation and the nutritive value of the food will suffer.

The diseases that commonly cause nutritional deficiencies in infancy are, Marasmus; Rickets; Anaemia; Sprue; Neurasthenia; Nervous debility; underdevelopment, irritability and crying. Infantile convulsions are also reported occurring due to nutritional deficiencies. Indigestion, constipation, diarrhoea & vomiting during dentition period are also caused by improper Dieting.

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OUR SPECIAL LINE IN TONICS

	Price Rs. nP.
ALFALFA TONIC, the Blood Purifier	2.50
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TISSUETONA, for General Debility	2.50
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All the five TISSUE PHOSPHATES in one preparation in readily assimilable form.

Each tablet of 'Quintophos' contains Calc. Phos. Ferr. Phos., Mag Phos, Kali Phos. and Nat. Phos in equal proportion. It is not a mere mixture of all the above but a duly potentised product after having been mixed in the crude form.

Quintophos is indicated in a good variety of complaints especially in cases in which the nerve power is wanting. As a general tonic and toner of the nervous system there is nothing to equal it. Please try a bottle for your next patient.

Available in 7½ grain Tablets (each tablet an adult dose) 50 to a bottle at Rs. 3/- per bottle.

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KUMBAKONAM :: MADRAS

Let us now deal with the subject proper. "Nutritional Deficiencies of Infancy".

RICKETS: The treatment of a rickety child requires careful attention. The diet must be regulated. Sugar and Starchy foods must be curtailed. Fresh Cow's milk, Sunlight; cleanliness; warm clothing and massage with Shark Liver Oil are of great value.

Calcarea Phos: This is the principal remedy. The bones are soft. Child is emaciated. Sweats profusely, is weak and cold and has Diarrhoea, sallow earthy complexion etc.

Calcarea Carb: Sweating of the head, eating charcoal and earth, damp cold feet and swollen abdomen.

Nat. Mur: especially when the neck is very thin and the thighs also are much emaciated.

Silicea: Head large. Rest of body greatly wasted away. Pot bellied and ankles weak. Child is very nervous; Tendency to boils, better when wrapped up warmly.

Nat. Phos: much acidity, Sour smelling stools and perspiration etc., stools often clay-coloured.

MARASMUS.

Calcarea Phos: Thin, emaciated children predisposed to glandular and osseous diseases-Large head and open fontanelles. There is curvature of the spine which is so weak that it cannot support the body; the neck is very thin, the child vomits persistently, there is a diarrhoea of green, slimy and undigested stools.

Calcarea Carb: Has sweat on head, damp cold feet and pot bellied, due to defective nutrition.

Iodine: Extreme hunger but yet the patient emaciates rapidly.

Magnesia Carbonica: Puny sickly children in whom milk causes pain when taken into the stomach and is vomited undigested. The stools are sour and green as grass.

Calcarea Iod.: Enlarged Tonsils, and scrofulous tendencies.

Baryta Carb.: Dwarfish sluggish infants; pot bellied, suffering from great physical and mental debility.

Hepar Sulph.: It stands between Sulphur and Calcarea. There is weakness of digestion. Diarrhoea worse during day and after eating. Stools undigested and sour. The whole body smells sour.

Nat. Mur.: Thin-necked children with ravenous appetite. Yet they grow thin. Great thirst and dryness of the mouth, which water relieves.

ANAEMIA & SPRUE.

Ferrum Met.: A great anti-anaemic remedy. Puffiness of the extremities, complete bloodlessness with paleness and earthiness.

Cinchona: loss of fluids due to chronic diarrhoea.

Calcarea Phos.: Face white pale or sallow or waxy and greenish, Nutrition Anaemia.

Ferrum Phos.: Useful to improve red blood corpuscles-follow Calcarea Phos.

IRRITABILITY AND CRYING.

Chamomilla: Colic and crying from derangement of digestion.

Nux Vomica: Due to faulty feeding indigestion, sleeplessness.

Colocynth: Much crying; better by bending double.

Magnesia Phos.: Nervous Cramps; Convulsive colic, indigestion, Flatulence, constipation etc.

NEURASTHENIA:

Kali Phos.: Exhaustion, weak nerves, tendency to cry.

Ferrum Phos.: Dull & Restless, failing appetite, Loses weight etc.,

UNDER DEVELOPMENT:

Calcarea Phos.: Ferrum Phos Kali Phos and Magnesia Phos will build up the undernourished infants.

Biochemic Remedies play a very important role in combating the diseases resulting from Nutritional Deficiencies of Infancy.

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Homoeopathic Tinctures and Globules in all Potencies, Bio-Chemic Remedies, Our popular Specials such as Dr. Murty's Goldrops for Asthma, and Sodhari for Ladies' Ailments, our H. P. P. Specifics, and other patent products, you have only to refer to THE PHYSICIANS' GUIDE

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MY FIRST EXPERIENCE IN HOMOEOPATHY

(A STUDENT OF THE INSTITUTE)

It is a mere matter of accident that I have had occasion to turn to Homoeopathy and see for myself the wonderful effectiveness it has in cases where Allopathic doctors are unable to go ahead with confidence. I hope a narration of my experience will be of interest to readers of your journal and those interested in propagating this most scientific and harmless mode of treatment.

It all happened in 1955 when my son aged just 1½ years, had a change of climate from Bombay to Ahmedabad—a drier and hotter place, and unluckily this change of place occurred during the hottest season of May–June–July. While going from Bombay, the boy was quite chubby, cheerful and full of activities. A few days stay at Ahmedabad brought about various changes. He developed first of all troubles of prickly heat, boils all over the body and head. Then came what is known as KANAKKADI in Tamil, and by the time he got cured of it he developed diarrhoea. This diarrhoea persisted and in spite of best medical aid from allopathic doctors, though there was temporary relief for a couple of days, the same condition re-appeared again after a few days. Nearly a month and a half went by, and by this time the chubby youngster became a figure of skin and bones and a protruding belly. No food was found agreeable and in such emaciated condition, injections of Vitamin B complex were administered. Although these sustained him for a few days, he eventually lost his appetite, his power of digestion and finally the secretion from liver had dried up. At this stage he returned back to Bombay and I took him to

our local allopathic doctor. He also advised me to have a further course of injections. I was not inclined to go in for such a treatment, and I explained to the doctor that even plain cow's milk when given (because no other food was agreeable to him), the same milk used to come out as it is after half-an-hour. So it was evident that whatever treatment was given should be directed first to restore his digestive functions.

Many people advised to have him taken to a child specialist and at this stage my cousin happened to visit us, and he directed me to take the boy immediately to his family doctor—an experienced Homoeopath. No sooner the doctor saw the boy and heard our case, he assured us of his quick recovery, and it was no small wonder for us when we have to acknowledge that ever since the first dose, the youngster turned the corner to recovery. The very next day he asked for his usual menu of rice, and from then on each day he showed marked development. No doubt it was Silicea that worked wonders, and after about 6 months at the doctor's hands, the boy was his usual self again. He is now quite a young man of 3 and anxious to attend to his school and busy gathering the necessary requisites for same!

The ultimate result of the above was my desire to gain some appreciable knowledge of this wonderful system of treatment and the case of my boy is still a model for people around here.

H. P. P. 25
FOR
INFLUENZA
(HOMOEOPATHIC REMEDY)

A very useful remedy both as a Preventive and as a Curative for Influenza now spreading in an epidemic form.

DOSE

For prevention a dose of 2 pills per day morning & evening.

As curative, 2 pills per dose-four to six times a day according to severity.

The pills must not be touched by hand. They must be dropped on a clean piece of paper and then dropped on the tongue. They may be allowed to dissolve in the saliva and swallowed.

DIET: The patient must be kept strictly on liquid diet only so long as there is temperature. Thin Rice Kanji with milk is preferable. It is better to avoid coffee.

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NEWS AND NOTES

Research in Indigenous Systems of Medicine. The Government of India has sanctioned grants-in-aid amounting to Rs. 4,50,000 to institutions carrying on research in indigenous systems of medicine for the year 1957-58. Out of this amount the D.N Homoeopathic College and Hospital, Calcutta has been sanctioned a grant of Rs. 10,000.

Homoeopathic Committee:- The Government of India has reconstituted the Advisory Committee on Homoeopathy. The new Committee consists of the Secretary, Ministry of Health as Chairman, the Director General of Health Services; a representative of the Ministry of Finance; Director, Indian Council of Medical Research, New Delhi; Dr. J.N. Majumdar, Calcutta; Dr M. Gururaju, Gudiwada; Dr. K G Saxena, Delhi; Dr. Diwan J. Chand, New Delhi; and Dr. N.J. Nandurkar, as members. The Assistant Director General of Health Services (Medical) will be the Member Secretary.

Ayurveda. Presiding over the 42nd session of the All-India Ayurvedic Congress at Bangalore on 15th June, Mr. Anant Tripathi Sharma said that only the Government was to blame for the death in this country of qualified Ayurvedic Physicians, institutions, dispensaries and medicines.

Referring to the scheme for synthesis of medicines, Mr. Sharma said the principle appeared attractive, but was really destructive. If the allopathic system was allowed to flourish with further encouragement and improvement and allopathic elements were allowed to infiltrate into the Ayurvedic System, gradually Ayurveda would be totally Westernized and would cease to have any claim to the name of Ayurveda. Synthesis, he held, was not practicable as the systems were quite opposed to each other and could never be integrated into one at any stage.

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Integrated Medicine: Dr. A. R. Menon, Health Minister of Kerala State, replying to the debate on Health Demand in the Kerala Assembly, assured the House that steps would be taken to encourage Ayurveda in the State. But, he was of the view that integrated system taught in the Trivandrum Ayurveda College would ruin the Ayurvedic System. He said Government proposed to start schools in Cochin and Malabar areas to impart teaching in pure Ayurveda.

It is worth noting that Dr. A. R. Menon is himself an allopathic practitioner of vast experience and repute

Erode Homoeopathic Medical Association: At a General body meeting of the Erode Homoeopathic Medical Association held on 26th May last office-bearers for 1957-58 were elected. Dr D. S. Rayer becomes the President and Dr. V. M. Subramanian is the Secretary

All-Ceylon Homoeopathic Practitioners' Association:- The Seventh Annual General Meeting of The All-Ceylon Homoeopathic Practitioner's Association was held on 16th June at the "Vivekananda Society Hall" Colombo.

The meeting decided that a deputation from the Association must meet the Minister of Health to discuss matters regarding the immediate implementation of the recommendations made in the Homoeopathic Inquiry Commission of 1955.

The following were the Working Committee elected for the coming year:—

Dr. S. D. Mathuranayagam (President)
Dr. Mrs. Grace Phillips (Vice-President)
Dr. R. Madhavan Kutty (Secretary and Treasurer)
Dr. K. K. Gopal Das (Jt. Secretary)

JULY '57

Committee Members: (1) Dr. Mrs. Saratha Mathuranayagam, (2) Dr. Mahavava Gurukkal (3) Dr. A. V. K. Thomas (4) Dr. A. Gnanamuthu (5) Dr. P. I. Emmanuel (6) Dr. V. N. Menon (7) Dr. Louis Edwards.

In the public meeting that followed, Dr. C. V. S. Corea presided. Dr. S. L. De Silva Ph. D., Dr. Wijethilake, Dr. R. Madhavan Kutty, Dr. Mrs. Saratha Mathuranayagam and Dr. Masilamany spoke on the occasion.

More about Influenza: Dr. J. B. Shrivastav, Professor of Pathology, Nagpur Medical College, speaking at the Rotary Club, Nagpur on 20th June struck a note of warning that the present influenza epidemic should not be treated lightly. The present epidemic is in mild form but let us not forget that the 1918 epidemic also began mildly. Then subsequently two more waves came involving half the world and killing 20 million people. The influenza virus was the most notorious and there were no drugs, no agents, no antibiotics, specifically to meet this virus.

It is worth-noting that a symposium of eminent medicinal authorities of Delhi has also declared the inefficacy of various antibiotic drugs against epidemic influenza.

Homoeopathic Dispensary at Trivandrum: An official note issued on June 27th says the Government of Kerala have been considering the question of giving encouragement to homoeopathy, and they have now decided to start a homoeopathic dispensary at Trivandrum. A committee consisting of two homoeopathic practitioners to be nominated by the Homoeopathic Council and a medical officer of the dispensary (to be appointed) will advise the Government of the execution of the scheme.

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HOMOEOPATHY

Managing Editor: Dr. V. R. MURTY

AUGUST

1957

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THE HOMOEOPATHY

VOL. VI

AUGUST

BOOK 8

RECOGNITION IN MADRAS STATE

BOTH Smt. Satyavani Muthu and Mr. Anbazhagan pressed in the Madras Assembly for recognition to be granted to Homœopathy as has been done in almost all the other States of India.

Madras has a reputation for doing things thoroughly and efficiently after deep thought and perhaps it is wise not to have taken any action in this matter till now. After all, Dave Committee's recommendations in respect of Indigenous Medicine and Homœopathy are still under consideration by the Central Government. So, it is only right that we should know what the all-India policy is so that any legislation that is introduced may be in accordance therewith and, if possible, an improvement.

Other States who have introduced legislation for the regulation of Homœopathic practice and teaching have been a bit hasty, if over-enthusiastic. Rather, we should now be able to improve upon them with a view to making it less cumbersome to administer and more helpful to spread needed medical facilities to the rural areas.

If and when Madras Government is ready to handle this legislation, we suggest that Government appoint a Committee of experienced Homoeopaths only to recommend a syllabus and arrange public examinations in Homoeopathy. Candidates must be permitted to appear privately, and those who pass the prescribed examination must be registered as medical practitioners. This is, of course, only in the beginning stage. Later on, when the State is in a position to start at least two or three Homoeopathic Medical Colleges and Hospitals in different parts of the State, we must consider registering only those who pass out of the four-year course Homoeopathic Medical Colleges.

What several States have done now is to restrict registration to those who pass out of *recognised* institutions. Although this sounds well, it is only a self-stultifying act as no full-time institutions worth the name exist in any of the States except perhaps Bengal, with the result that several mushroom institutions with neither talent, equipment nor finance have to be permitted to spring up. This will only further spoil the name of Homoeopathy. Or, registration has to be so very much restricted that the purpose is defeated.

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DOSE AND DOSAGE IN HOMOEOPATHY

(By Dr. C. VINCENT, MADRAS.)

Doses too strong and too frequent carry the vital reaction to too high a pitch, and produce a dangerous commotion in our functions. Dose should be only sufficiently strong. So we should avoid the giving more of the remedy than may be required. In Homoeopathy the dose, in general, is understood in terms of Potencies.

There is no law of dose, but at all times it should be remembered that the smallest possible dose, which will cure, is the one to be relied upon. One of the fundamental principles of protoplasm is its ability to react to stimuli, whether thermal, electrical or chemical. "Weak stimuli kindle life activity, medium stimuli promote, strong impede it and the strongest stop it". This law laid down by Arndt as one of the fundamental biological laws is a complete and direct corroboration of the postulate of the Homoeopaths, that in dealing with drugs acting upon the cellular activities, it is essential for therapeutic purposes that we should avoid excessive stimulation.

Necessarily this sub-physiological dose will vary, in accordance with the reaction of the patient, if known and severity of his disease. Hence potencies from the lowest to the very highest, may with confidence be employed. In acute diseases, the remedy which is indicated may be given every one, two, three or four hours, depending upon the urgency of the case. As improvement becomes marked, the frequency of administration should be much lessened until, with cessation of all symptoms, no remedy at all need be given.

If a liquid potency be employed, ten drops of this to four ounces of water, will be sufficient and of this mixture, tea spoonful doses can be given. In less severe acute and chronic cases one drop in half an ounce of water should be the usual dose. If pellets or disks are dispensed, these can be given dry upon the tongue, to the number of two, three or more, depending upon their size; or they may be dissolved in the same amount of water as above stated for liquid potencies and then given in the same way. If powders are to be dispensed, they may be made by mixing the liquid potency or the pellets with sugar of milk and given each powder with half an ounce of pure water.

If for any reason, the patient cannot swallow, a small amount of the liquid mixture can be gently dropped between the lips and will be absorbed by the buccal mucous membrane, or may be placed in contact with any mucous surface. Potencies may, indeed, be given hypodermically, although this method of administration will rarely, if ever, be necessary.

In chronic diseases, two or three doses or even a single dose each day, will be sufficient. When the highest potencies are given, a single dose only, may be all that is required and this should be permitted to bring about all the improvement of which it is capable, before a repetition becomes necessary. The deeply acting remedies, such as the metals and minerals, are best given in this manner.

Unless a tincture or the crude drug itself is used, the mere size or quantity of the dose is of no importance. But it should be borne in mind that a reasonable man must keep within the limits. In the ordinary daily practice, the potencies ranging from 3 to 30 are mostly employed.

(To be continued)

THOUGHT GEMS IN HOMOEOPATHY

By Dr. K. N. Gopala Pillai, M. A., Changanacherry

1. Closely individualize; give the single remedy in the potentized form; give it time to act and wait for reaction before repeating.

2. The majority of the cases, however, do have, standing out like beacon-lights, some characteristic or keynote symptoms which guide to the study of the remedy that has the whole case in its pathogenesis.

3. Both pathology and symptomatology are valuable and inseparable; neither can be excluded. Pathology is what the doctor can tell sometimes. Symptomatology is what the patient can tell.

4. Homoeopathy is too often blamed when the blame lies in the stupidity of the prescriber.

5. The truly Homoeopathic curative must be in accord with the *primary effects* of every drug, in order to get the best and most radical cure, but if given for the secondary symptoms, the primary ones having passed by, we should carefully inquire for all the symptoms which have preceded those which are present. Taking both past and present, let them all enter into the *picture* whose counterpart is to be found in the drug which is to cure. Any other method is only palliative, not curative.

6. When any long-standing case comes to us and the patient dates the beginning of the trouble to going in swimming or falling into water we think of Antimonium Crudum and examine for further indications of the drug.

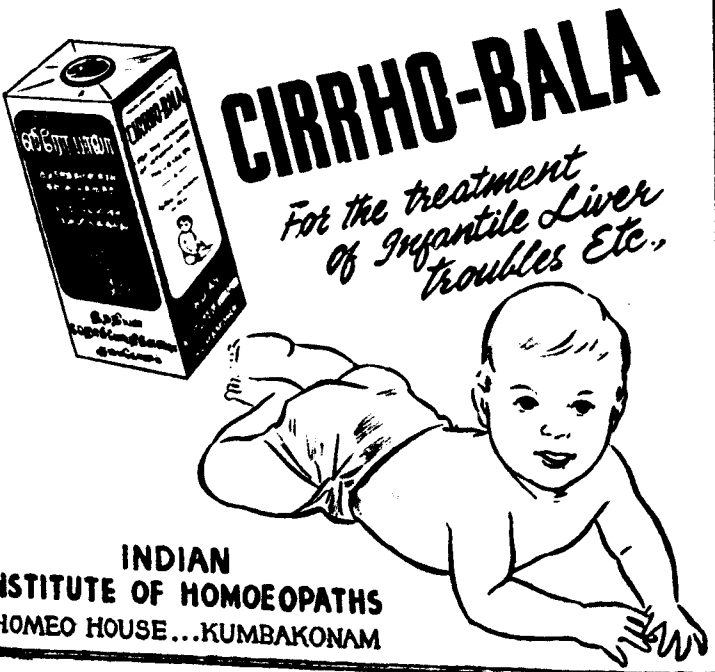
7. The question of dose is an open one as long as different degrees of susceptibility are found in different diseases and persons. I have experimented along the whole line and know that both the high and low are efficacious in certain cases. The preponderance of evidence is greatly in favour of the higher and the highest.

8. Mercury is no more a panacea for Syphilis than is Sulphur for Psora, or Thuja for Sycosis; else there would be no truth in Similia Similibus.

9. We are co-labourers. Let each add to the general store of medical knowledge, that all may draw freely from it as occasion demands.

10. The 'Sides of the body' subject is of more account than some imagine. Drugs have an affinity for particular parts, organs and even sides of the body.

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NEWS & NOTES

Dr. N. M. Choudhuri, M.D.: It is with deep regret we heard the news of the death of Dr. N. M. Choudhuri, M.D., at Calcutta a few days ago. He was well-known as a leading Homoeopathic doctor and had a lucrative All-India practice. He is remembered in Madras as the popular principal of the Madras Homoeopathic Medical College which, in spite of his best efforts, had to close down for want of support from the then Madras Government.

G. C. I. M.: The Madras Government suggested to the Union Health Minister that graduates from the Government College of Integrated Medicine should be allowed to be appointed as Assistant Surgeons in charge of rural dispensary units. We are told that the proposal faced rough weather as a number of States felt that standards of medical service would thus be lowered. It was generally agreed that there should be greater "Correlation" (sic) between the two systems, meaning thereby that efforts should be made to take the best out of the indigenous systems.

In the commercial world they call it "picking the brains and chucking out" and in the army "cannibalisation". Apparently in the medical world it is called "integration" and "correlation". We would like to know who are the Indians who have such ideas of the role Ayurveda is to play — a goose waiting to be plucked!

Rural Service: We know that all persuasions, ethical and economical, have failed to induce the medical graduates to emigrate into rural service. Apparently another effort is

to be made. A proposal is before the Madras Government that the compensatory allowance paid to doctors posted to rural areas should be increased from Rs. 50 to 100.

Influenza: The British Medical Journal recently reported that "So long as the present epidemic of Asian Influenza remains mild, vaccination is unnecessary, and perhaps even unwise. It added that a change in virulence might be associated with a change in the virus and then the present vaccines might be useless!

So far as Homoeopaths are concerned, we have found Eupatorium Perf. 30, alternated with a remedy chosen according to other chief symptoms, such as, constipation nausea, cough, headache etc., gives the best results. Nat. Mur, Ipecac, Bryonia and Belladonna act as best supplementaries. Dysenteric complications may call for Mer. Cor.

It is a pity that even in days of nationwide epidemics, Government does not make use of the services of recognised indigenous systems and Homoeopathy to combat disease

Government Aid: Inaugurating the Bombay Homoeopathic Medical College on 11th July, Mr. M. S. Kannamwar, the Health Minister, announced that the Central and Bombay Governments were ready to give financial assistance for the scientific development of the Homoeopathic system of medicine in the State.

As a medicine the Homoeopathic dose is alright, but nutrition on that basis is only starvation. We appreciate Mr. Kannamwar's intentions, but then, the financial allocations are so Homoeopathic! That is too cruel a joke.

Why not have a full-fledged, government-sponsored Homoeopathic Medical College and Hospital? Cannot

Bombay afford one? Or, is Mr. Kannamwar's faith in Homoeopathy not strong enough?

Two Year Full Time course in Homoeopathy: Mr. K. N. Gopala Pillai, M.A., has recently started The Modern Institute of Homoeopathic Physicians at Changanacherry, South Kerala. It offers a full-time two-year course in Homoeopathy. The syllabus is quite comprehensive and boarding and lodging accommodation is available. Both academically and homoeopathically, Mr. Pillai is well-qualified to make this venture a success.

In the Madras Assembly: Speaking on a cut motion in the Assembly, Mrs. Satyavani Muthu said that Homoeopathy has been recognised by almost all other States and that similar recognition should soon be accorded in Madras State also. She also pleaded that licences for the use of Rectified spirit for Homoeopathic Medicine should be more liberally issued to Homoeopathic practitioners at concessional rates of Excise Duty.

Mr. Anbazhagan also supported this demand for recognition of Homoeopathy.

Mr. Sewa Chand: Information is to hand that Mr. Sewa Chand, who was flown from Punjab to U. S., will undergo a heart operation at Hahnemann Hospital, Philadelphia this week. "By the grace of God, I am now in the safest hands" he is reported to have said.

Integration: On the subject of Ayurveda and Unani, Government still speaks with two voices. Inaugurating the first conference of the Andhra Pradesh branch of the National Medical Association of India at Hyderabad, Chief Minister Sanjivi Reddi expressed himself strongly against the integrated system of medicine. Every system of

medicine should be developed separately and not in an integrated way. Picking up certain things from various systems and calling it an integrated system was, in his opinion, not advisable.

Speaking a day previous, at Kurnool, Mr. T. T. Krishnamachari said that the Government was thinking of integrating all the systems of medicine, modern and ancient, to give them a new outlook and their proper place.

We can only hope that Mr. T. T. Krishnamachari is wrong and that the Dave Committee's recommendations present a truer picture of the Central Government's intentions.

The All Tamil Nad Eighth Homoeopathic Medical Conference was held on 28th July at Tiruchi. Mr. R. S. Malayappan, Dist. Collector, Tiruchi, delivered the inaugural address and said that he was confident that the State Government would grant due recognition to Homoeopathy soon.

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SIMILIA IN TRIPLICATE ACTION*

J. W. WAFFENSMITH, M.D., H.M.

Problem 1:—In April 1955, a woman aged 76 years, presented herself to me with a fiery-red, denuded skin; violent itching, aggravated night; stinging, burning pains; weeping and scaling over entire surface of both lower extremities.

She had taken "loads of Cortisone" after which the hair began falling out; large spots of baldness on vertex; hair dry and dead in appearance. She has used all kinds of injections and local applications; through the years has taken iron and other remedies to keep up strength. Lately she had been to a prominent clinic in the East to no avail.

There was a history of occipito-cervical headaches; colitis; arthritis of joints of fingers, which are somewhat contracted; deep-seated prostration, more like tubercular fatigue. She was an active, restless type, wants to keep moving; restlessness of hands and feet; ameliorated lying on right side and putting feet out of bed.

Sulphur 200, was given, after which she reported being in a complete mess, the eruption having spread to head and rest of body, although less hair was falling out. The appearance of itching on the scalp was considered a favourable symptom. Adhering strictly to homoeopathic principle, the battle for health was on—internally, externally and, what seemed at the time, eternally. It was a crisis, the flaring up of some deeper latency which had to be met. It

* Presented to the Bureau of Clinical Medicine, 75th Annual Meeting I.H.A., July 6, 1956.

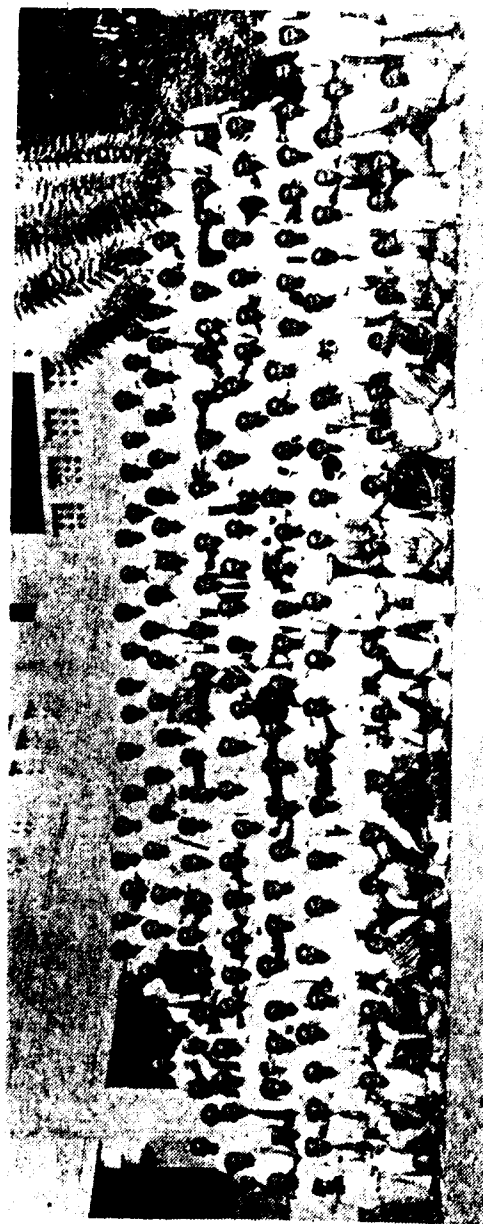
was here the problem led into the Hahnemannian theory of psora and the satellite miasms, including drugs. This, like the nosodes, was a section of the older homoeopathic field around which clustered some of the most violent forms of contention. J. H. Allen had the opportunity to present miasmatics with objective reality in his Hering College Clinic on the skin and related conditions. H. C. Allen suggested one may be wiser to give an initial vegetable similar, but in some instances the direct use of similar *Sulphur* breaks the case at once. The quick action in this instance was truly modernistic.

On May 19, 1955, *Graphites 200*, was given and repeated during suitable intervals, acting as a beneficia complement. It is my practice in the aging to restrict potency to the lower range, allowing for exceptions.

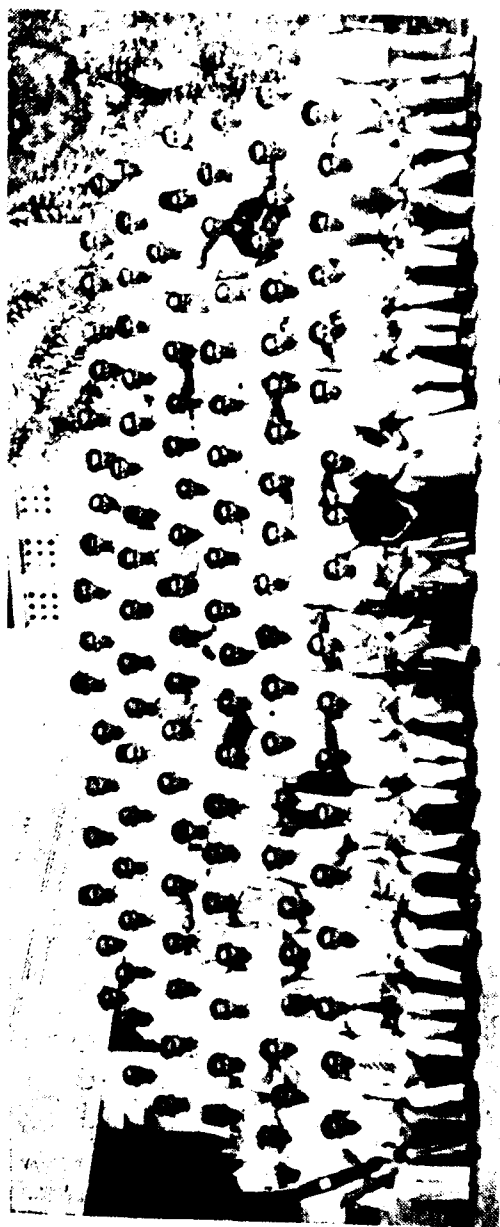
By July 9, 1955, the fire was subsiding less redness and eruption; periods of external heat less; islands of swelling seem to be surrounded with what appeared to be formations of more normal skin; prostration less; some new hair showing.

A new grouping of symptoms appeared upon the stage; aching pains in legs, aggravated right side; appetite good; digestion improving; thirsty for cold drinks; almost all of her life has been taking laxatives before retiring, discontinued without noticeable inconvenience; less desire for sweets; burning less, internal trembling; severe pain in right ankle, ameliorated motion; sensation as if steaming all over. *Rhus tox 30., 200, 1M, 45M and 50M* were given at suitable intervals until May 10, 1956.

Now the fiery redness and scaling of the skin had completely cleared; the skin was normal in appearance and



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The Governing Director (Dr. V. R. Murty) and students of the Practical Class—1957
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texture in conformity with age. She was remarkably improved in mental outlook, general physical appearance, weight and in other ways which appeal to the average woman. There was appreciable increase in the amount of hair. There remains an unwashed appearance in several spots on the legs, which suffered the most punishment; feet burn on soles, aggravated at night in bed; puts them out from under cover, a possible remnant and temporary reaction to medication, or a mild resurgence to the basic psora, offering a future rallying point for further miasmatic treatment.

Problem 2—On August 22, 1952, a woman aged 42 years, came with recurrent asthma covering many years. Her father and mother had for years been under good homoeopathic care. The father had a positive history of tuberculosis in his heredity. There was the usual wheezing late in afternoon, lower left lung; loose cough, tightens on eating; green, yellow expectoration; walks slowly, bending forward; oppression; urticaria for a month or more, size of a dime; ameliorated in hot weather; aggravated in wet, foggy, cold weather; chest partly usable; very sore; left nose completely obstructed; has been able only to take a sip of water at a time; menses one week earlier; tongue has small streaks of white; forgetful; discouraged; slow walking, averse to talking in morning, on waking and getting up (Sycosis); feels best at night; loathing of life; impatience; nasal polypi; vertigo, aggravated lying. *Natrum Sulph. 30.* was followed at intervals by 200. until June 25, 1954, when the report gave evidence of marked tubercular fatigue; sleepless from anxiety; concentration on work poor; forgetful of words; marked loathing of life; impatience; aversion to members of family. *Medorrhinum 10M* carried on until September, 5, 1955, when asthma became troublesome after a long recession with constriction in the chest and aggravation from

damp weather. I returned to the use of *Natrum Sulph* 200. with progressive improvement.

This is a splendid illustration of miasmatic inheritance, the power of the dynamic medication to maintain a balanced existence against the odds of heredity.

Problem 3—On March 19, 1953, a man, aged 40 years, consulted me. He had been treated for some twelve years for gall bladder. There was a history of the same in his mother. Surgery had removed a cyst from the upper jaw, biopsy declared negative. There was a large cavity where bone had been removed, covered with light grayish coating, the extreme upper part of which had a greenish color with adherent pus. There were pin-point hemorrhagic spots; half of the tongue was denuded. Persistent pain continued along the lower border of liver, possibly due to some internal pathology and pressure on capsule. He was subject to repeated colds. Pupils were widely dilated. He perspired much in both winter and summer. Vertigo, aggravated by lying. There was a strong fear of cancer. An inability to fit denture interfered with domestic tranquility and occupation. This appeared to be a mixed miasmatic state: psora, suspected lues, and drug suppression. A triplicate disability cleared in approximately six months with *Mercurius vivus* in 200, and 1M potencies.

It is my opinion that a considerable number of tumorous conditions are a mixed type, having inactive and hidden lues, inherited or acquired or both, modified by psora and drug poisoning. These hover around the borderline of cell destruction. This will account for the low rate of malignancy under long range homoeopathic care; also the high rate of post-operative recoveries when linked with basic constitutional treatment.

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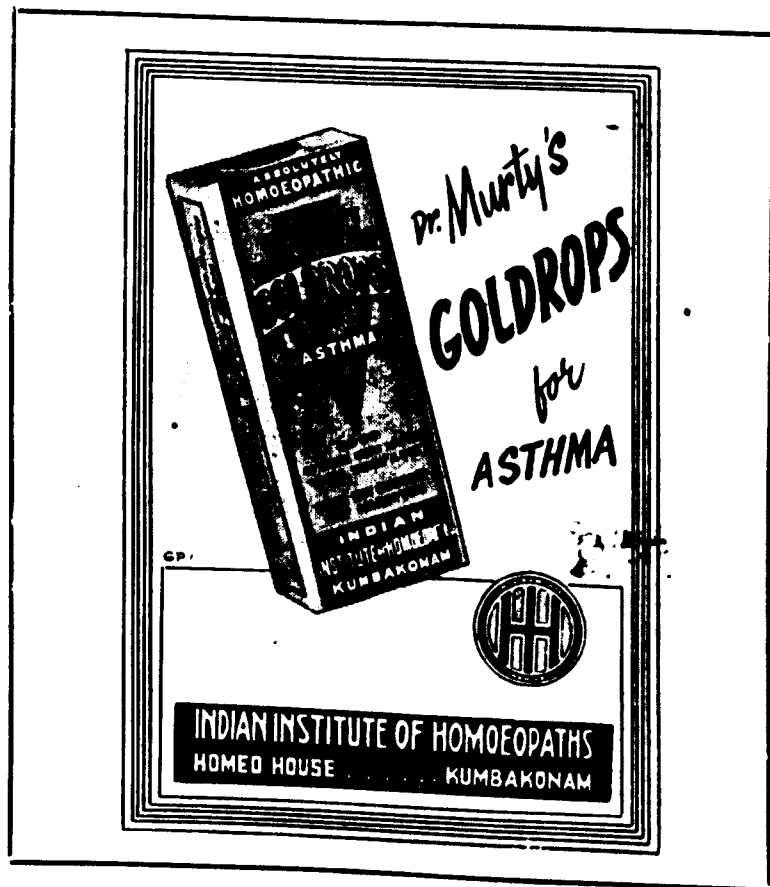
DIET: The patient must be kept strictly on liquid diet only so long as there is temperature. Thin Rice Kanji with milk is preferable. It is better to avoid coffee.

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SEPTEMBER 1957

THREE CATEGORIES

...

CASE RECORD

...

KEEP THE LIGHT
BURNING

JOURNAL OF THE
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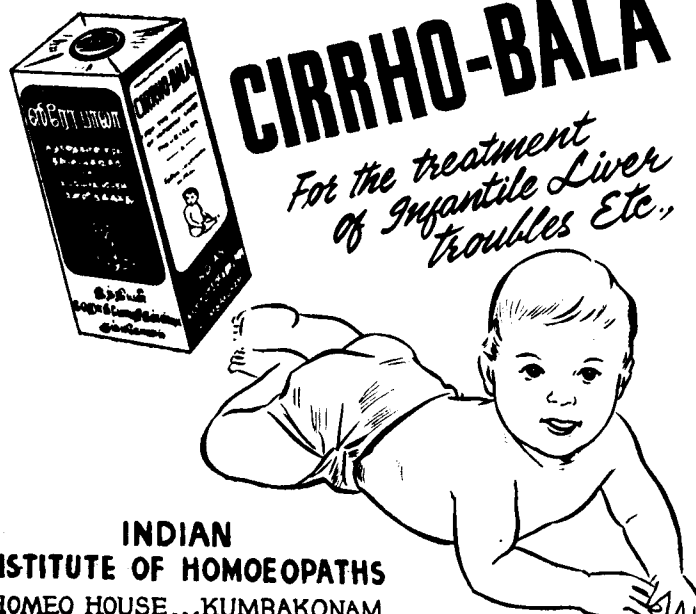
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SEPTEMBER

1957

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THE HOMOEOPATHY

VOL. VI

SEPTEMBER

BOOK 9

THREE CATEGORIES.

In our August issue we mentioned that Madras has a reputation for deliberate thinking and efficient action.

Nearly all the other States in India have brought some Homoeopathic practitioner's Act into force, thus giving equal recognition to Homoeopathy side by side with allopathy but at the same time cramping its growth by restricting recognition to non-existing standards.

Legislation to be of greatest benefit must be based on realities. No legislation can be, or should be, created *in vacuo*. Broad-based on the immediate necessities of the situation, legislation should aim at the maximum future welfare of all sections of the population. That way wisdom lies.

In the realm of Homoeopathy, Madras State has at least one problem which other States have not had to face, and that is, the existence already of a large net-work of Homoeopathic practitioners, running into not less than 10,000, most of them no doubt trained on the postal system of tuition, and offering effective medical treatment

to a large section of the rural population. At this late hour of the day, it is futile to argue whether postal tuition is an effective method or not. It has successfully withstood the test of time and has demonstrated its utility to the body politique. Therefore, any legislation that tries to ignore the existence of this large body of practitioners, or decry the method that has produced them is extremely unrealistic.

But, that does not mean that we do not appreciate the need for more detailed study of Homoeopathic medicine and allied subjects. Therefore, it is that we commend to the Government's attention, the article appearing on another page from the pen of Mr. K. N. Gopala Pillai.

We agree that there is imperative need to accord recognition to three grades of practitioners, viz: graduates, diploma-holders and registered practitioners.

Graduates would of course require four to five years full-time Homoeopathic Medical Collegiate training. These cannot be produced off-hand. Even if we start immediately and establish a well-founded College, it will take five years at least for the first graduate to come out. We will not be far wrong if we estimate the period as nine to ten years. The medium of instruction is again bound to be a ticklish problem. For ourselves, if our experience counts for anything, we would plump for both English and Tamil mediums to be introduced. One batch in each can be trained simultaneously year by year. It is quite feasible.

There seems to be large support for a shorter course of two years, leading to a diploma. In this case also, it will take at least five to six years before the first

diploma-holder can come out. Meantime, of course, there is the urgent necessity to establish at least one Homoeopathic Medical College in the State as there is none existing now. In the whole of India, there are not more than one or two colleges of the proper standard.

They are in Calcutta and their capacity to train students from our State is strictly limited in numbers. As such, any legislation that only covers these two types of practitioners is bound to be *in vacuo*.

Thus, by and large, for the first few years, at least, we will have to depend largely on the third category of postal trained Homoeopaths. Our suggestion is that out of the present practitioners as on the date of legislation, those who have seven years' practice can be absorbed in the first category and those with four years in the second category. The rest of them may continue in the registered list until they qualify by time-factor to be included in the second category.

We acknowledge that there are institutions and institutions coaching by post - some good, some indifferent and some bad. It cannot but be so when no control or restriction has so far been applied. All cannot be saints. But, the presence of rats in a house may be an argument for fumigating, but certainly not for burning down the house. Bad and indifferent institutions may be weeded out or offered opportunities for improving their set-up by being told what is expected of them.

We repeat what we said in the August issue, that is, a Committee of prominent Homoeopaths only should be appointed to suggest a proper syllabus and conduct examinations for the third category of registered practi-

ioners. Candidates should be allowed to appear *privately* for the examinations. By doing so, opportunity will be afforded to *all* institutions to come up to the required standard or go out of business and the standard of registered practitioners will also improve.

This is only an interim arrangement and if it is later found unsuccessful it would be easy to abolish the third category altogether. If, on the other hand, the third category is found to be useful, there is nothing to prevent continuance of the system.

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CASE RECORD

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

Hon. Physician, Govt. Homoeopathic Hospital Bombay-22)

Name: S. S. S. Age: 7 years Sex: M

Present History:

The boy developed temperature about seven weeks back. The temperature rose steadily every day and became continuous ranging around 103° & 104°. When the fever had gone on for a fortnight, an allopathic physician was called in & he prescribed Chloromycetin. The temp. touched normal in three days but after a fortnight went up again. Again Chloromycetin was prescribed but this time even after a week's administration, the temp. never went below 102°. The drug was discontinued and the fever continued a week more without any treatment. It was at this stage that Homoeopathy was sought. When I saw the boy, the following symptoms could be elicited:

The general condition was fair. Temp.: 103.6 Pulse: 132 Resp.: 32

Temp. is irregular and remittent and sometimes rises twice in a day.

He picks at his nose, sometimes picks at his bedclothes; his hearing has become dulled after the onset of the fever; he is constipated.

He has polyuria with the rise of temperature. As the fever rises, his memory becomes sharper and he wants to read his lessons; he then becomes very particular about wearing clean clothes.

Physical examination showed no gross lesion anywhere.

The symptoms in bold types were suggestive of Pyrogen. A look into Allen's Materia Medica of the Nosodes brought out

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The symptoms in bold types were suggestive of Pyrogen. A look into Allen's Materia Medica of the Nosodes brought out

the symptom "Frequent calls to urinate as fever comes on" under Pyrogen (Page 415).

On these indications, the boy was given one dose of Pyrogen: 30, on the 18th. After this one dose, the temperature started falling gradually, by one degree every-day and disappeared in five days without any further dose of medicine, leaving the boy healthy and well.

Comment: This is the third spectacular case of Pyrogen I have experienced. I feel that this drug is not fully exploited in every day practice. Its symptoms suggest a very wide range of application.

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KEEP THE LIGHT BURNING

Dr. K. N. Gopala Pillai, M. A., Changanachery

'Keep the Light Burning' is the motto of every conscientious homoeopathist. How, is the question? No doubt, there is the inner urge to keep the light burning, to hand over the great heritage of homoeopathy, bestowed on us by Hahnemann, to posterity in its pristine purity.

Some say Homoeopathy is dying out. To a reflecting mind, it is nothing short of blasphemy. Even a casual observer knows that Homoeopathy is growing, growing by leaps and bounds. But is it growing in the proper way? Are we bestowing the necessary thought over this question? Hahnemann himself has said:— "Truth is co-eternal with the all-wise benevolent Deity. It may long escape the observation of man until the time pre-ordained by Providence arrives, when its rays shall irresistably break through the clouds of prejudice and usher in the dawn of a day, which shall shine with a bright and inextinguishable light for the weal of the human race." So shall we be complacent over the matter? No, an emphatic 'No' is the answer. We must be supplying sufficient oil to keep the lamp burning, and preserve it from being extinguished. How? I shall try to answer.

From the outset it is to be conceded that a large majority of the homoeopathists in our country are laymen, having acquired knowledge of this medical science through postal tuition, self study or both. Physicians qualified from full-time institutions, worth the name, form a small minority for two reasons. Firstly, the imperialistic British Government did not recognise Homoeopathy. Secondly, there have been very few institutions imparting education in Homoeopathy in a deserving manner, and awarding degrees or Diplomas. Since the advent of the Homoeopathic Enquiry Committee, things have improved slightly and new attempts are being made to upgrade the deserving institutions. Recent statements of the Health Ministers also are encouraging. We are indeed thankful to them for the same.

Now, let me try to analyse the present position of Homoeopaths in our country and give some suggestions. There

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are a few institutes imparting postal tuitions. One cannot overlook the fact that there are a number of bogus institutes, issuing Diplomas (!) for money without imparting any tuition whatever. Some institutes are offering a full time two year course in homoeopathy. A few colleges in Calcutta, one in Bombay, one in Andhra and one in Kerala have a four year Degree course. My suggestion is that we should make proper use of all these institutions worth the name. Viewed on a broad basis the Homoeopaths of our country fall under three categories:—

1. Those who have obtained a Degree from a College, providing a four years degree course.
2. Those who have obtained Diploma from Institutes providing a two year course.
3. Those who have had training in gurukula or postal tuition or self-study.

The syllabi of Colleges and Institutes imparting regular courses should be drawn up by expert committees so that they may be uniform throughout India. Provision can be made for candidates of the Second category to join the third year class of the Degree course, if they so desire. Now the question arises as to how we are to accommodate the candidates of the third group. Experience shows that there are several sincere votaries of Homoeopathy in that category too. But how are we to remove the chaff from the corn? By an examination. I suggest. They can be given license to get up practice only if they pass in the oral and written examinations, conducted by an authorised body. They can also be allowed to join the senior class of the Diploma course if they deserve and if they so desire. Let me not raise the vexed question of medium of instruction. It is my conviction that the mother-tongue may come up to the mark in course of time.

Thus, I think we can keep up the connecting link between the various groups. It will also be an impetus for science candidates to advance their knowledge of this very valuable medical science, for the common weal of humanity. Thus, colleagues, shall we endeavour to keep the light of Homoeopathy burning.

AMENORRHOEA

[By Dr. (Mrs.) N. A. RADHA]

(Medical Officer incharge of Women's & Children's Clinic, I. I. H.)

A girl when she attains the age of puberty i.e. between the ages of thirteen and sixteen, her internal generative organs (uterus and ovaries) start functioning. Every month the endometrium (the lining membrane) of the uterus, under the influence of the hormones, oestrogen and progesterin, becomes a spongy layer for the reception of a fertilised ovum. If fertilisation does not take place, it is cast off. This process is accompanied by bleeding and is called *menstruation*. It mainly depends on the functional activity of the ovary. Any disturbance of the hormones, or the uterus and ovary causes absence of menstruation which is called *Amenorrhoea*. Menstruation is absent before puberty, is suspended during pregnancy and lactation, and ceases after menopause. This is normal and is not pathological.

Amenorrhoea is grouped under three distinct classes according to its different forms resulting from different causes. First is *primary amenorrhoea* in which the menses has never occurred though the girl attains her age of puberty. Next comes *Secondary amenorrhoea* in which, menses having occurred, ceases suddenly, or after a few scanty menstrual flows. The third is *partial amenorrhoea*, in which menses are wanting for months in succession, but may appear irregularly.

Primary Amenorrhoea is of two types: one which requires skilful treatment and another which must be entirely left to nature. In my experience I know women who never menstruated, conceiving and bringing forth healthy children. In these cases, ovulation and the functional activity of the uterus are so performed that there is not any periodical flow. So also there are young girls who start to menstruate in their twenties and who enjoy good health. There are again a few women, who possess a mixture of masculine and feminine characteristics. For them the ovaries are either wanting or imperfectly developed, or removed before puberty, due to accident or disease. All these cases are beyond the art of cure.

Amenorrhoea due to an *imperforate hymen* requires surgical aid. In this case menstrual flow occurs internally but cannot appear externally due to imperforate hymen or impervious os uteri. The patient will be suffering from lower abdominal pain every month. On examination the orifice of the vagina will be seen completely occluded by the hymen which will be bulging out due to the pressure of the accumulated blood. The uterus and the tubes become so distended with the imprisoned blood that they are easily felt on abdominal examination. Treatment consists in an excision of the membrane and suture of the wound, if necessary. Primary amenorrhoea can be due to some chronic diseases such as tuberculosis, diabetes and syphilis. Chlorosis (green sickness) is another cause for primary amenorrhoea. It occurs about the age of puberty. The patient looks very pale and anaemic and complains of loss of appetite, occasional nausea and vomiting, palpitation of the heart and great difficulty in breathing, with sensation of suffocation after least exertion. If the correct homoeopathic remedy is administered for the constitutional disorder, normal menstrual cycle can be established.

Secondary Amenorrhoea is either sudden suppression of menstruation (acute suppression) or gradual suppression after a few months of scanty flow (chronic suppression). The main causes for acute suppression are, change of climate, emotional upset, or due to any disturbance of the nervous system. Chronic suppression is due to the lack of proper nourishment or due to chronic diseases. Hormonal disturbance is also another factor for chronic suppression. Fibroid growths of the uterus or ovaritis or endometritis also contribute to secondary amenorrhoea.

Symptoms of Amenorrhoea: The main symptoms of all forms of amenorrhoea are:— Loss of appetite, headache, pain and distention of the lower abdomen, Leucorrhoea, Constipation, and debility. In cases of nervous temperament, there exists hysterical and neuralgic sufferings. In some cases the suppression may cause nausea and vomiting. To sum up, in a chronic case of Amenorrhoea, the circulatory system, the digestive system, the nervous system, and the reproductive system will be affected. There are however suppression of menses arising from influences comparatively slight which does not so much affect the system and

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may spontaneously be restored after one or two months without any treatment.

Partial Amenorrhoea or irregular menstruation occurs at irregular intervals as to time, quantity and quality. There will be severe dysmenorrhoea and the discharge either scanty or profuse, mixed with black clots. In tubal pregnancy and fibroid growths also, the same symptoms are present. The causes for this type are the same as that of secondary amenorrhoea.

Treatment: The treatment in all forms of amenorrhoea requires careful examination of the patient and the prescription must be governed by the causes and totality of symptoms. All forms of amenorrhoea, except imperforate hymen and the entire absence of ovary and uterus, are amenable to homoeopathic treatment. The proper remedy must be given at regular intervals, giving enough time for the first dose of medicine to exhaust its action. In chronic cases, the medicine must be given between long intervals undisturbed by a second medicine. It is always wrong on the part of the physician to try different medicines at different potencies before any improvement is seen by the first medicine. It not only complicates the disease proper, but the doctor loses the confidence of the patient and faces failure. Supposing the first medicine fails, he must study the case and from the then existing totality of symptoms work out a proper prescription based on the homoeopathic law of cure. The diet of the patient and hygiene also must be attended to.

A few Medicines to be considered in Amenorrhoea are listed below:

1 **Aletris Far:** Amenorrhoea due to the atony of the womb or ovaries, weariness of both body and mind; fulness and distention of the abdomen, with bearing down sensation.

2 **Apis Mel:** Amenorrhoea with irritability and pain of ovaries especially if the pain is *stinging*.

3 **Belladonna:** Throbbing head-ache, red face and eyes weight and pressure in the uterine region.

4 *Cimicifuga*: Amenorrhoea, in rheumatic or neuralgic subjects. Nervous excitability, bordering on hysteric or chorea. dulness of the head and vertigo.

5 *Cocculus*: Leucorrhoea in place of menses, hysterical symptoms, marked head-ache with nausea.

6 *Crocus*: A sensation like foetal movement in abdomen and stomach. Mental depression, menses in dark strings.

7 *Ferrum*: In weakly chlorotic persons, with redness of the face.

8 *Iodum*: Paleness alternating with redness of the face. Frequent palpitation of the heart. Food does not strengthen her.

9 *Lycopodium*: A fright may cause the suppression. A sour taste, sour eructations and sour vomiting. Least quantity of food causes fulness up to the throat. Sense of dryness in the vagina, wind from vaging.

10 *Pulsatilla*: Pale face, mild, yielding disposition: Leucorrhoea, vertigo, throbbing head ache, pressure in the stomach, pain in the uterus and dysuria. No appetite, nothing tastes good.

11 *Sabina*: The sudden suppression is followed by thick foetal leucorrhoea.

12 *Secale Cor*: Suppression of menses in thin scrawny married women, who suffer from forcing pain in the uterus.

13 *Sepia*: Acid leucorrhoea with soreness of the vulva. A yellow saddle appears across the bridge of the nose. Coldness of the hands and feet, and frequently flushing of heat to the head and face. Constipation and sense of weight of the anus.

SNIPPETS

DANGERS OF OVERNUTRITION: World doctors in conference at Folkestone were told recently that overnutrition was as great a danger in pregnancy as its opposite, and that in many diseases the undernourished patient had the better chance of recovery.

Sir Weldon Dalrymple-Champneys, a former Chief Medical Officer of the British Health Ministry, said that good nourishment was not always the protection against infection that it was believed to be, nor was it often an advantage.

He told the World Health Section of the Annual Congress of the Royal Society of Health that in a great number of diseases an individual was more likely to overcome infection if he were undernourished than if he were well-nourished.

Dr. CICELY D. WILLIAMS thought the question of over-nutrition was a problem which would occupy the attention of doctors a great deal in future. Research on which she was at present engaged indicated that overnutrition was as great a danger in pregnancy as undernutrition.

They were hearing a lot from America of diseases thought to be largely due to overnutrition and unbalanced nutrition. No sooner did a man get over the deficiency diseases than he became a risk from obesity and overnutrition.

The Congress was attended by 2,500 delegates from 50 overseas countries including India.

— 'The Pharmacist'.

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TOO MUCH FAT : I had been fortunate about my own health and in spite of the strains and irregular life of Congress activity I had, on the whole, kept well. Partly, I suppose this was due to a good constitution I had inherited, partly to my care of the body. Illness and weak health as well as too much fat seemed to me a most unbecoming state of affairs and with the help of exercise, plenty of fresh air and the simple food, I managed to keep away from them.

My own experience has been that a vast proportion of the ailments of the Indian middle classes are caused by wrong feeding; the food is both rich and excessive. (This applies only to those who can afford such wasteful habits.) The fond mother lays the firm foundation of life long indigestion by over feeding the child with sweets and other so-called dainties. The child is also muffled up in too many clothes. The English people in India also seem to eat far too much, although their food is less rich. Probably they have improved a little from the older generation which used to consume enormous quantities of food, hot and strong.

— *Shri Jawaharlal Nehru's Autobiography.*

DOCTOR - PATIENT : The doctor-patient relationship carries certain fundamental principles which will endure whatever the future of medicine. Among these principles is that medicine is a fiduciary profession, meaning that a doctor's ultimate government is fidelity to a task entrusted to him; this fidelity implies the highest degree of technical skill, coupled with compassionate sagacity and deep wisdom. Next, although my main theme tonight will be the reliance of the art of medicine upon science, I would ask you to accept the fact, at this stage, that medicine is not a science in its own right. It may be a science in the making, but even that is doubtful. Certainly medicine uses science and employs

scientific knowledge, but medicine is an art or, as our predecessors said with what sounds like irony, it is a 'mysterie'. For, consider again the doctor-patient relationship in its essentials. When a doctor looks at a patient he is not looking at a damaged or deranged piece of machinery. Comparisons between a human being and a machine, though commonly made, are facile, meretricious and very misleading. A sick man is not just a broken down engine. He is, instead, in his body and mind at any rate, a mammal of very late tertiary times harassed by his environment, scratching a living with difficulty from the surface of the earth, attacked, intimidated, undermined and often exterminated by invisible hosts of germs which share the earth with him. He has inherited genetic foibles from his ancestors; through the years his body visibly and obviously wears out; he knows that if he escapes trauma, cancer, racial poisons or heart failure, he will face the ills and disabilities of old age. To make matters worse he is hag-ridden by secret fears and superstition and, as every doctor knows, he is only too ready to revert to infantile fantasies. A doctor therefore, who folds down the bed-clothes to examine a sick patient is confronted by something highly complex.

So much for the patient. Now the doctor himself, being human, is not exempt from superstitions, fads and fallacies. It comes to this. The doctor-patient relationship is one of fidelity in that the doctor professes and holds out his powers to succour to the best of human resources, a highly complex sick man. Hence my early stress upon the word fidelity, and I would now add as a requisite for a doctor the word maturity. We all understand what is implied by fidelity, but maturity is more difficult to define. It is, however, an essential quality for a good doctor. I would define maturity of character as a composite of some or all of

the following ingredients, namely, sincerity of purpose, responsibility for others, magnanimity, personal integrity to the point of being fastidious, resolution, acumen and foresight. These are the abiding principles in the future of medicine. (The Br. Jour. of Clin. Practice, Feb '57)

— Thanks to "Health"

HOMEO SPIRITS: As a result of the recent increase in the excise duty from Rs. 8 to Rs. 28 or so, there has been an increase in the prices of Homoeopathic medicines in the tincture form. These medicines are mostly for the poorest. The Homoeopathic associations should approach the Government of India with a request to exempt the Homoeopathic rectified spirit used for medicinal purposes from excise duty and also to permit registered Homoeopathic medical practitioners to import and possess Homoeopathic rectified spirit used for medical purposes in quantities not exceeding 8 ounces at a time under a pass or permit, issued by a competent authority subject to necessary conditions.
B. V. Ramayogi.

— Indian Express

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MADURAI HOMOEOPATHS: A resolution requesting the Government of Madras to accord immediate recognition to Homoeopathy by legislation and urging the opening of regular colleges with degree and diploma courses with hospital facilities, was adopted at a meeting of homoeopaths held on August 23.

— *Indian Express*

EXPENSIVE FLU: "I, had the misfortune of having flu in the family. First my child fell ill. The medico in the neighbourhood prescribed pills which cost me Rs. 7/8 for a three-day treatment. The next victim of flu was my wife. The medico prescribed anti-biotics which cost me Rs. 18 for a two-day treatment. The last to fall ill was myself. As I am the sole bread winner, the medico wrote out a prescription which when I took to the chemist I was asked to fork out Rs 22/8."

— *Indian Express*

LATHYRUS SATIVUS: Khesari Dhall, similar to redgram, is poisonous and highly injurious to health. The Government has warned the public against the consumption of this type of dhall either in its pure form or mixed with toor dhall.

The khesari dhall is obtained from an annual herb, cultivated all over India, particularly in the Northern States. It is similar to redgram (toor), and is grown as a cold weather crop. (Its latin name is *Lathyrus Sativus*. Ed) It is used to adulterate toor dhall from which it can scarcely be distinguished.

Khesari dhall can be differentiated from toor dhall by its pinkish yellow colour and wedge shaped dhall with angled sides.

Continued use of this pulse produces paralysis. If used occasionally and in small quantities this produces constipation, colic and some other digestive disorders.

The sad effects of consuming this pulse food manifest themselves in the younger part of the population from the age of 30 downwards. The great majority of sufferers were males. The victims are deprived of the use of their limbs below the waist by sudden paralytic strokes, and normally it is impossible to recover the use of such affected limbs. This pulse is equally harmful to cattle also. Animals fed on this pulse grain lose the use of their limbs due to paralysis.

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— *The Mail.*

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Managing Editor: Dr. V. R. MURTY

OCTOBER

1957

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THE HOMOEOPATHY

VOL. VI

OCTOBER

BOOK 10

DOCTORS' DUTY

A general practitioner sent a patient to a senior doctor requesting that a fractional meal test be taken. The patient was in an agony of stomach pain and worried about his continuous loss of weight and vomiting. After a casual palpation, the doctor suggested that a barium meal test instead would be necessary, involving five X-ray photographs.

The photographs revealed no abnormality, the doctor said and prescribed a patent product. The patient said that he had already tried this for a month without relief and could the doctor do something else. The doctor insisted that in taking the photographs, he had done his "duty" and that he should be paid immediately for it. No wonder, frayed tempers and high words ensued.

What is a doctor's duty to his patient? Once the question of fee is settled, whether it is large or small, the doctor should use his best intelligence and care for the benefit of the patient. A doctor might be excused for not being entirely acquainted with the latest developments in medicine, for which he may or may not have had an



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opportunity, provided he has undergone the course of studies to which he lays claim and has been accredited with a certificate or diploma to that effect. For a bonafide mistaken judgment in diagnosis or treatment, he might be pardoned. But, at any time, if necessary, he must be prepared to explain to the satisfaction of a jury or a fellow doctor, called in as a specialist, that he did exercise the best of his knowledge, experience, judgment and care to ameliorate, if not cure, the illness of his patient. Anything contrary to this will amount to professional malpractice.

The Current Medical Digest says of Malpractice that "it may be defined as the failure on the part of a physician or dentist properly to perform the duty which devolves upon him in his professional relation to his patient. Thus, malpractice has two essential parts to it, first, that the physician fails to do his duty, the second, that definite injury to the patient is the result of his failure".

We are afraid that this point of view will not receive general acceptance. For example, a doctor gives a medicine to cause abortion. Whether an abortion takes place or not, even if the patient in this case is thus helped and not injured, if it is proved that the medicine was administered *with a view to induce abortion*, a malpractice has happened, unless it is also proved that *otherwise the life of the patient was in jeopardy*. Thus, injury does not form the essence of the crime. It is rather the *intention*.

An article in the *British Journal of Clinical Practice* explains succinctly the doctor-patient relationship:

"The doctor-patient relationship is one of fidelity in that the doctor professes and holds out his powers to succour to the best of human resources, a highly complex sick man.

Hence my early stress upon the word fidelity, but maturity is more difficult to define. It is, however, an essential quality for a good doctor. I would define maturity of character as a composite of some or all of the following ingredients, namely, sincerity of purpose, responsibility for others, magnanimity, personal integrity to the point of being fastidious, resolution, acumen and foresight. These are the abiding principles in the future of medicine".

Personal integrity to the point of being fastidious is an essential factor in doctor-patient relationship that cannot be too much emphasised.

* * *

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This patient is susceptible to crops of boils. He has had a lot of treatment, but without any lasting benefit. He states:

1. Cannot bear the *slightest touch or pressure* on the boils.
2. The boils throb and feel as if they were full of *sharp sticks*.
3. He is over-sensitive physically and mentally, and the slightest cause irritates him.

CASE NUMBER 2

QUINSY

This patient has an undoubted quinsy. He says:

1. *Feels like murdering everyone.*
2. Has longing for acids, wine, spiced and strong-tasting foods.
3. Tonsils very enlarged, and they feel to him as if they were full of *splinters*.
4. States he is *worse cold in general*, but is better if his head is wrapped up and kept warm. also he *much prefers wet weather*.

CASE NUMBER 3

COUGH

This patient is nearly driven mad with a shocking cough. Between his spells of coughing, he states:

1. It is a choking, deep, rough cough, with hoarseness and rattling of mucus.
2. The most peculiar thing about this cough is, that if *any part of his body gets uncovered or cold, it is much worse*.
3. The expectoration is very slight.
4. He was in such a bad way, and the cough was so painful, *that he cried before and during the bouts of coughing*.
5. He could not bear a draught, *dry cold winds*, and was worse at night. He craved all warmth.

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LADIES' DILEMMA

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

(Medical Officer in charge of Women's and Children's Clinic, I. I. H.)

My clinical observations show that a major fraction of our women (both married and unmarried) are suffering from a kind of white discharge from their genital tract called Leucorrhoea. Young girls and even some infants also suffer from this discharge and are in a dilemma to speak about it or try to get cured. In this article I will try to analyse what is leucorrhoea, the causes and symptoms of this disease, the miraculous cure effected by Homoeopathic medicines, and certain preventive measures.

Leucorrhoea is the product of inflammation of the mucous membrane of vagina (vaginitis), or uterus (endometritis). It is a warning sign to chronic inflammation of the uterus. It has to be distinguished from the normal vaginal discharge.

The vulvo-vaginal glands, or glands of Bartholin, and the glands of the cervix, during puberty, start functioning and pour out their secretion which lubricates the vagina. During intercourse and lascivious emotions these glands pour out their secretion in jets. It is acidic in reaction, colourless, thin and less in quantity, when normal.

Leucorrhoeal discharge varies in colour, character and general appearance and effects. It may be colourless and semitransparent, or it may be whitish and creamy, or it may be yellowish mixed with blood. In the same manner, its character and quantity will be different in different persons

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or in the same person at different periods. It may be non-irritating or it may cause irritation of the part, causing pruritis of the vagina or vulva.

Leucorrhoea is mainly of three types according to the locality of the inflammation and the uterine or vaginal tissue attacked. These are (1) Vaginal leucorrhoea (2) Cervical leucorrhoea and (3) Uterine leucorrhoea.

VAGINAL LEUCORRHOEA

When the lining mucous membrane of the vagina is inflamed due to direct injury to this delicate part or due to constitutional predisposing causes, a white thick discharge is secreted which is called vaginal leucorrhoea. The discharge possesses all the properties of leucorrhoea in its colour, odour, and the quantity secreted in 24 hours. It is alkaline in reaction. It starts in the acute form and if it is neglected it advances to the chronic form, causing general debility. Most of the young girls and unmarried women of leucophlegmatic temperament are likely to be affected by this form of leucorrhoea. They are either thin or quite fleshy by constitution. A few women inherit a constitutional predisposition to leucorrhoea, in particular and scrofula in general. In them, without any incidental influence, vaginal leucorrhoea develops as it is strongly marked in their constitution. These types of leucorrhoea are very difficult to cure. In young unmarried girls and infants, vaginal leucorrhoea develops spontaneously, that is, without any particular incidental influence. This is caused by psoric miasms already present in the cutaneous or glandular system attacking the mucous lining of the genitals. The vagina is subject to many influences which produce inflammation especially to its mucous tissue, viz. vaginitis, vulvitis and so on. Married women and particularly those who have borne children are

often subject to acute vaginal leucorrhoea. The discharge begins as a colourless, serous fluid which at first becomes scanty and later on profuse, and as it advances to the chronic stage, changes to yellow or green mixed with blood.

Causes:

The main causes are: (1) Exposure to cold occasions a catarrhal inflammation resulting in acute leucorrhoea (2) Injury to the genital part during delivery causes a certain amount of destruction of vaginal tissue, which later on, exhibits a chronic leucorrhoea of the muco-purulent type. (3) A very similar effect results from excessive sexual indulgence. (4) Non-hygienic way of living also causes acute vaginal leucorrhoea. A violent appearance of leucorrhoea, has been observed due to haemorrhoidal discharge, diarrhoea, lacteal secretion or chronic suppuration, spontaneous vomiting, arthritic, gouty inflammations and recent or long established cutaneous eruptions. (6) A gonorrhoeal virus, causes the most acute inflammation of the vagina with copious discharge. Women used to high living, stimulating spices and intoxicating drinks, are liable to have this discharge. Nature seeks an outlet through the profuse vaginal secretion, attended by a higher degree of inflammatory action, for the surplus of unhealthy food and drink.

CERVICAL LEUCORRHOEA

Leucorrhoea resulting from the inflammation of the lining mucous membrane of the cervical canal is called cervical Leucorrhoea. The causes, symptoms and nature of the discharge resemble that of the vaginal form. It mostly affects married women and those who have borne children. Unmarried girls are seldom affected by this form of leucorrhoea. Injury of the cervix during an instrumental delivery, and abortions are the main causes for this disease.

Sexual indulgence before completely recovering from puerperium and abortion, causes inflammation to the delicate genital parts, producing leucorrhoeal discharge. By a speculum examination, the cervix is seen to be swollen with erosions and the leucorrhoeal discharge will be seen pouring in jets. If the acute form is neglected without any timely treatment, it becomes chronic, disturbing the whole functional activity of the body. The patient feels general debility, loss of appetite, pain all over the body and in a more advanced stage, the heart and lungs are affected.

UTERINE LEUCORRHOEA (Endometritis)

Inflammation to the mucous membrane of the body of the uterus, produces uterine leucorrhoea. Compared with other two types, this is a more serious condition which requires skillful treatment and attention. It disturbs the menstrual function causing irregularity of menses. Sometimes menses is replaced by leucorrhoeal discharge. The patient experiences pain of a dragging nature at the back and lower extremities. There will be pain in the uterus and burning sensation when passing urine.

Physical Examination:

An examination of the uterus and cervix per vagina reveals the vagina to be hot and covered with leucorrhoeal discharge. The cervix is found to be swollen and very sensitive to pressure, the body of the uterus slightly enlarged and descended down into the pelvis. By a speculum examination the *os uteri* is seen swollen and red in colour. From the *os* pours out a clear, albuminous-looking fluid, muco-pus and shreds of cervical mucus.

The acute form of uterine leucorrhoea, or acute endometritis, starts with itching of the vagina and vulva,

with heat in the uterus, pain in the back and painful urination. On the 3rd and 4th day, a serous discharge is seen, escaping from the vagina, which becomes more profuse, giving an yellowish appearance accompanied by diuresis. This is the second stage of the disease. As it advances to the third stage by the 9th day or so the inflammation becomes less intense, the discharge becomes more thick and whitish. The flow of urine also diminishes. In the fourth period, as the disease inclines to become chronic, the discharge disappears and reappears again repeatedly and frequently without any incidental influence, during menses, after sexual excesses, over-eating or drinking liquors and coffee.

Causes:

It may occur from direct injury or extension of the inflammation of the vagina, whether gonorrhoeal or simple. Inflammation from child birth and abortion attacks the whole uterine mucous tract. Excessive sexual indulgence is another cause. Constitutional predisposition, and functional disorders such as irregular menses, or uterine displacement also cause uterine leucorrhoea. Some other provoking causes mainly in married women arise from great excitements, or sudden and extensive organic change to which the uterus and its appendages are constantly liable. Exposure to cold or damp weather, results in uterine leucorrhoea in woman of a leucophlegmatic or scrofulous temperament.

CHRONIC UTERINE LEUCORRHOEA

When the acute form is neglected it advances to the chronic stage. The main symptoms of this chronic form are profuse leucorrhoeal discharge, pain in the back and burning sensation when passing urine, general debility, headache, feverishness, and chilliness followed by pain in the

pelvic region and loins, aggravated by walking. Menstrual irregularity, a remarkable change in character, such as, irritable temper, mental depression, ill temper, and hysteria result from chronic leucorrhoea.

Preventive:

If personal hygiene of menses and puerperium is strictly kept up by women, a certain amount of inflammation can be avoided. Excessive sexual indulgence must be avoided especially during puerperium and after abortion. Slightest irritation of the genital parts or presence of discharge must without further delay be brought to the notice of a doctor and necessary advice and treatment received. Standing in cold places for long hours and taking cold drinks must be avoided. If women stick to all these preventive measures, I am sure they will get rid of this malady, Leucorrhoea.

Treatment:

After studying the cause for the discharge, from the nature and peculiarities of each particular case, a single remedy must be selected which is the nearest similitum. General hygiene and diet also must be attended to.

Aconite: This is the only remedy in those forms of the disease, where there is much irritation of the system, with fever and fear, thirst and vertigo in rising or sitting up.

Alumina: Leucorrhoea occurs, either before or after menses, it is acrid and profuse. Relieved by cold washes, transparent mucus running down to the heels in large quantities.

Anacardium: Great loss of memory; Leucorrhoea with itching and soreness.

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Baryta Carb: Mucous leucorrhoea with beating of the heart, pain in the back and weakness even unto fainting.

Belladonna: Leucorrhoea with colic pains come suddenly and cease suddenly; menses profuse and smell bad.

Calc Carb: Milky leucorrhoea, discharge during urinating, heat and itching of the vulva.

Chamomilla: Yellowish, smarty leucorrhoea, especially after a meal.

China: Leucorrhoea before the menses, with painful pressing towards the groins and anus. Bloody leucorrhoea with occasional discharge of black clots, or fetid, purulent matter with itching and spasmodic contraction in the inner parts.

Cocculus: Scanty irregular menses, with leucorrhoea between the periods, or leucorrhoea instead of the menses.

Creasote: Leucorrhoea with great debility causing itching.

Graphites: Profuse leucorrhoea, also great weakness in the small of the back, great lassitude.

Lycopodium: Profuse leucorrhoea at intervals; it may be milky. it may be blood shreds, particularly before the full-moon, cutting pain across the hypogastrium, from right to left.

Pulsatilla: Burning leucorrhoea, thin and acrid - milky leucorrhoea with swelling of the vulva particularly after the menses. Leucorrhoea of thick white mucus especially when lying or before and during the menses.

Secale cor: Leucorrhoea from prolapse uterine.

Sepia: Leucorrhoea with much itching in the vagina, profuse leucorrhoea having a fetid smell with drawing pain in the abdomen.

OCTOBER '57

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DOSE AND DOSAGE IN HOMŒOPATHY

(By Dr. C. VINCENT, MADRAS)

(Continued from August issue)

Just as you must be cautious enough to avoid the disaster of a Homœopathic aggravation in a hopelessly devitalised case, similarly, you must be cautious enough to avoid the mere palliation of a case in which there is yet vitality enough for a cure. It would be miserable, if you would wrongly condemn a case, in which the patient though unable to stand a high potency like 1000th or more is yet able to stand the 30th or 200th. If you condemn such a case as past cure and only palliate the trouble, you would be making a deplorable mistake and would be sacrificing "cure" for "palliation". In such a case it is advisable to begin with a low potency like the 30th or 200th. Such apparently desperate cases are brought round by the 30th or 200th potency without any disastrous homœopathic aggravation. The cases that have been thus brought round to some extent by the 30th or the 200th potency in the beginning, may possibly be cured by gradually increasing the potency as the patients progress and acquire greater and greater vitality.

The aggravation that is at times seen in acute cases due to the repeated use of lower potencies is generally considered by many as homœopathic aggravation. But this is a tremendous mistake. In acute cases, there should be absolutely no aggravation. The medicine and the potency should be so adjusted to the case as not to cause any perceptible aggravation at all. However, the aggravation referred to above, is not merely an aggravation of the external symptoms with an amelioration of the "internal" of the patient, but, as close observation will show, it is an aggravation of both the physical symptoms of the patient as also of

his internal condition. It is an aggravation both of the disease and of the patient, and it indicates that the dose of the medicine has been materially large for the case, and that a still finer dose should have been used. Homœopathic aggravation is always due to the *fineness* of the dose, while the aggravation in question is always due to the *largeness* of the dose, and it is for this reason that it is called medicinal aggravation. The effect of homœopathic aggravation is cure, while a medicinal aggravation means only trouble and suffering to the patient.

In cases where the patient is sensitive physically or mentally, i. e., where he is easily vexed or agitated in mind, or subjected to some illness on the slightest provocation, low potencies should always be used whether in acute or in chronic ailments. For acute ailments 6th, 12th and 30th are low potencies and for the chronic, 30th 200th or 1000th at the most are low potencies.

When however, the patient is not sensitive as above the 30th potency and not below this, should be used in acute cases. Neither should potencies above the 200th be used. It is safe to begin the treatment of acute illness of such patients with the 30th and to gradually go up to the 200th. In chronic cases of the patients of this type, potencies below the 200th, should never be used. Treatment of such chronic cases should almost always be begun with the 200th and the potency should only be gradually increased to 1000th 10,000th, 50,000th, and C. M. etc., as demanded by the circumstances of the case.

When the suppression of some discharge or eruption is to be brought back for effecting a cure the 200th may be generally used. If the suppression is a very old one 1000th, 10,000th, 50,000th and higher may bring back the eruption or discharge.

(To be continued)

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This phenomenal success has been possible only by the Co-operation and Goodwill of our Countrymen and our motto "Hard Work and Honest Dealings" in all our endeavours.

We solicit the same co-operation of everyone in the coming years and on our part undertake to place "Hard Work and Honesty" above everything else.

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Our other Divisions:

The Homoeopathy Press; The Bahola Pharmaceuticals.

NEWS AND NOTES

GUDIYATTAM: Dr. V. R. Murty, our Governing Director and Chairman of the Kumbakonam Municipality, presided over the third Anniversary celebrations of the Gudiyattam Taluk Hahnemann Homoeo Association, which was held at Gudiyattam on 15th September last. A large gathering of the general public interested in Homoeopathy had assembled, while the Homoeopathic practitioners of the district were present *en masse* to hear their respected *Guruji* speaking.

Dr. Murty spoke of the real greatness of Homoeopathy as a healing art, of the esteem and popularity this system of medicine had built for itself in India, especially in recent years and of the efforts the Government was taking to put Homoeopathy on an equal status with allopathy. He appealed to the audience to live their lives and practise medicine in the spirit sanctified by their founder, Dr. Samuel Hahnemann of revered memory, and to keep always in the forefront of their minds the needs of suffering humanity.

HEALING WITHOUT MEDICINES: Dr. Smt. Ratnamaniyamba is to be in charge of a Hospital newly opened in Kurnool on the occasion of Acharya Vinoba Bhave's birthday. No medicines will be used in this hospital. Patients will be housed in airy surroundings and their diet will be mainly of raw vegetables. This experiment in naturopathy will be watched with great interest by all medical practitioners.

LEUCOTABS

"LEUCOTABS" is a scientific preparation containing, besides other important homoeopathic medicines useful in this disease, "Ova Testa", the specific against this disease.

"LEUCOTABS" is indicated in Leucorrhoea, whether acute or chronic, and whether the flow is bland or acrid and irrespective of the colour and consistency.

In a -chronic case 3 to 6 bottles may be required to bring about a complete cure of the complaint.

Dose: One tablet per dose, three doses per day one hour after food.

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SELF-HELP: The machinery of Government moves slowly and ponderously. Sometimes it raises a Nasmyth hammer to kill a fly and then may miss it. It is good, therefore, to hear that 200 Homœopaths assembled in Bombay under the auspices of the Homœopathic Education Society have decided to collect Rs. 5 lakhs for establishing a Homœopathic college in greater Bombay. Rs. 10,000 was collected, we understand, on the spot.

WOULD ARGUE STILL: Speaking recently at the inauguration ceremony of a Homœopathic dispensary at the M. P's Club, New Delhi, recently, the Union Health Minister, Mr. D. P. Karmarkar, had some strange things to say. Government was not wedded to any particular system of medicine, he said, and as Health Minister proceeded at once to demolish his own statement. But, it could not overlook the fact, he continued, that the allopathic science and surgery were more developed than other systems. "As knowledge is growing every day, we cannot afford to go by any particular system. If a particular system produces anything good, we will pick it up". Thus, the Health Minister identifies himself, wholly and solely, with the allopathic system. How then is he going to promote Ayurveda, Unani or Homœopathy?

Anyhow, we thought this type of rhetoric is long dead. Starting with systems of medicine, he ends up with science and surgery. Ayurveda, Unani and Homœopathy are essentially systems of *medicine* and should be compared with allopathic *medicine*. Anatomy and Surgery are not by any means the sole monopoly of allopaths. If surgery proper is taught as efficiently in Ayurvedic, Unani and Homœopathic Colleges, our Medical Bachelors and Bachelors of Surgery would be as efficient as M. B. B. S's in surgery and would

give better results in therapeutics. After all, every M. B. B. S. does not practise surgery also. It is a highly specialised art.

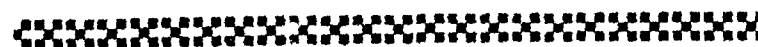
Mr. Karmarkar talks of allopathic science, leaving it to be inferred that perhaps other systems cannot lay claim to the pristine purity of *allopathic science*.

Let the *British Journal of Clinical Practice* answer Mr. Karmarkar. A writer says therein: "I would ask you to accept the fact, at this stage, that medicine is not a science in its own right. It may be a science in the making but even that is doubtful. Certainly medicine uses science and employs scientific knowledge, but medicine is an art or, as our predecessors said with what sounds like irony it is a 'mystic'".

COMPOUNDERS TO PRACTISE: The Kashmir Government proposed to amend the Medical Regulation Act in the State so as to provide an opportunity to compounders to practise medicine.

MEDICINAL PLANTS: An official Press release says that the establishment of the Central Indian Medicinal Plants Organization is considered essential for the development of medicinal plants industry in the country. An executive committee for the proposed organization under the auspices of the Council of Scientific and Industrial Research is to be constituted. The function of the organization will be to co-ordinate the activities in the development of medicinal plant resources of the country and advise on future development.

Edited, Printed and Published by DR. V. R. MURTY at the Homoeopathy Press, Homeo House, Kumbakonam.



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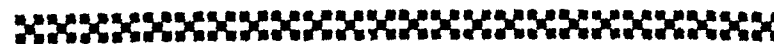
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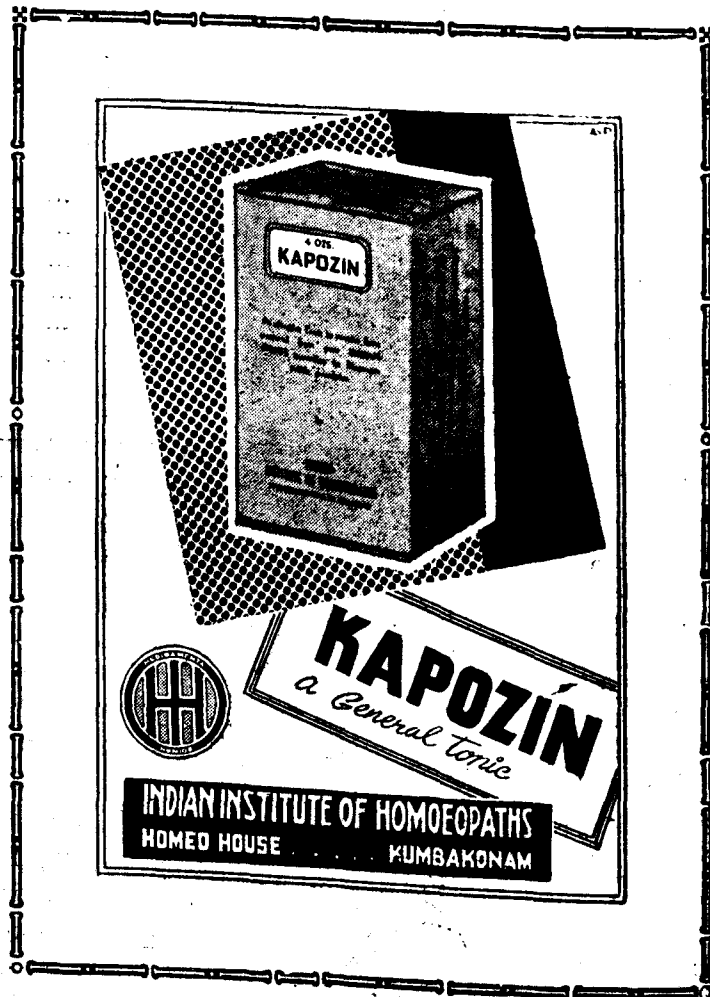
VOL. VI

NOVEMBER

Book 11

SCIENTIFIC PROOF OF POTENCIES

A scientific writer in *The Theosophist* of a few years ago calculated that one gramme of *Sulphur* contains $\frac{6.02 \times 10^{23}}{32}$ atoms and that consequently one grame of *Sulphur* 30, homœopathically prepared, could contain about $\frac{1}{5 \times 10^{37}}$ th of an atom, which is impossible as an atom is by definition indivisible. If it is remembered, he continued, that one gramme of *Sulphur* 30 constitutes hundreds of doses of *Sulphur* 30, the probability that any particular dose of *Sulphur* 30 contains even one atom of *Sulphur* is less than one in 5×10^{37} . The conclusion is thus irresistible that a dose of *Sulphur* 30 is chemically nothing but pure alcohol and as such in no way differs from a dose of, say, *Carbon* 30. What is true of potency 30 is truer still of potencies higher than 30. No test known to science can distinguish a drop of *Sulphur* 30 from a drop of any other homœopathic medicine of equal potency. Scientifically, chemically, physically, they are all alike alcohol and water. He added, the homœopathic action of homœopathic medicines and on living beings is itself the only test of homœopathic medicines and homœopathic potencies.



Facts are stubborn things. If facts and a theory are at variance, it is the theory, however sacrosanct to a scientist, that will have to be changed. Thus homœopathy has been a challenge and a puzzle to modern scientists. Is it at all possible to prove in the laboratory that Sulphur 30 contains something more than mere alcohol and water—let us call it, the curative principle?

By means of the Boyd Emanometer, an apparatus designed and elaborated by Dr. Wm. E. Boyd, M. A., M. D., M. Brit., I. R. E. of Glasgow (full details of which were published in the *British Homœopathic Journal* of July 1925, and reproduced now in the July 1957 issue of *The Homœopathic Outlook*) it is now possible to prove in the words of Dr. Boyd, "the physical reality of a selective reaction in the presence of a homœopathic so-called infinitesimal solution". Not only was it possible to obtain a detectable reaction from Nat. Mur. 200 but different potencies of the same drug produced different reactions, and same potencies of different drugs showed distinguishing reactions. Further, it was found that the variations of Shocks "or succussions" given to each potentised drug made a difference in the Emanometer readings.

As these findings should be of great interest to Homœopaths in general and our students in particular, abstruse as the subject is, we have no hesitation in reproducing on another page relevant portions of Dr. Boyd's presidential address delivered to the Scottish Branch of the British Homœopathic Society.

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It is not habit forming.

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It is now generally accepted that this medicine is capable of reducing the Blood Pressure, without causing any other after effects.

Besides being useful for high blood pressure this tablet can be successfully employed in Insanity, Hysteria, Sleeplessness etc.

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Packing : In bottle of 90 tablets for a month's use.

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EMANOMETER

By. Wm. E. BOYD, M. A., M. D., M. BRIT. I. R. E.

The Horder communication contains certain facts of great interest. There is no denying the scientific importance of the fact that a special reaction takes place in the Emanometer due to the presence of a drop of saliva even at a distance from the apparatus. That in itself would justify an awakened interest in physiological circles. Unfortunately, the extravagant claims of the electronists and of Abrams have obscured this fundamental observation, and the Committee found it necessary to devote so much of their report to these claims that the more important facts have not been so evident. The recording of a specific selective reaction to the presence of the hand of an investigator also at a distance from the Emanometer is, I believe, significant from many points of view.

Great as are the possibilities envisaged in these particulars, there are still more startling facts recorded. I refer to the reactions produced by the presence of homoeopathic drugs. I do not suggest that this finding entitles any homoeopath to make claims in support of homoeopathic principles and clinical theories. I do hold most strongly that evidences, which show that the physical reality of a selective reaction in the presence of a homoeopathic so-called infinitesimal solution has been definitely proven, demand an adequate and fair study of methods which make use of such solutions. The application of a physical property, which has hitherto been unrecognized by the greater part of the medical profession and the physicists, to the treatment of human beings who themselves have been proven by this same investigation to possess a similar physical property, becomes

a scientific possibility. It must therefore be observed as such, studied as such, and not condemned by scientific workers who have never had occasion to give serious attention either to the principles or to the methods of clinical application. These methods make use of what I venture to state is a materia medica which is unique for its immense detailed observation of drug action, and unique for the extraordinary fact that its twelve large volumes are almost entirely devoted to the action of drugs on human volunteers, a record of human endeavour hard to equal. If by this research the genius of Hahnemann might come to be recognized, the faults and failings of his followers forgotten, and the controversial terms homoeopath and allopath be submerged in a common search for improved methods of healing, then this work will have achieved one of my greatest desires.

I do not wish to stress the homoeopathic use of these infinitesimal solutions, but I do wish to utter a challenge to the physicists to take up and study the properties thus revealed in this report. The physicist is not concerned with medical matters and clinical proofs have never come within his province as evidence of physical reality. The infinitesimal solution has therefore been ignored by him hitherto, but it cannot be so now.

To make matters more clear, I would shortly describe the production of these solutions. It will be seen in the appendix to the Report that in one test natrum muriaticum, i. e., NaCl in several potencies, including the 30, 200, and CM, was used. What exactly is a 200 potency?

Where easily soluble substances are used, an initial saturated solution in distilled water or alcohol is made. This is called, where S. V. R. is used, the mother tincture. Of this solution one part is taken and mixed with nine parts of the

diluting medium, often S. V. R. (rectified spirit). This solution is then given a series of severe shocks, about twelve in number, when it is called the 1x or the first potency on the decimal scale. Alternatively, one part may be mixed with 99 parts diluting medium and given shocks of the same nature, when it is termed the 1c or first potency of the centesimal scale. Then one part of the 1x or 1c is again taken and diluted with 9 or 99 parts diluting medium respectively, given the required number of shocks and termed the 2x or 2c as the case may be. The process is carried out with small quantities. The "shock" is an essential part of the process. When the required potency is obtained a few drops of it are added to a bottle of fine sugar pellets, and the bottle is then made to stand without the cork until the pellets are dry. The potency is then "fixed" and ready for use.

The nat. mur. 200, as used in one test, was made by this process of "shock-dilution," repeated 200 times with a dilution of 1 in 100 at each stage. This, in terms of direct dilution, gives a 400th decimal dilution. The imagination fails to grasp or understand the nature of such a solution. Not only was there obtained a reaction from this preparation, but it will be seen that clear differentiation was made between different potencies of this one drug. The alcohol factor was common to all bottles, as was the sugar, and the only variant, apart from crude impurities, was the stage of shock dilution. Crude solid substances have not sufficient energy to interfere with the registration of the shock-dilutions. The fact that differentiation was made between sulphur 10m, i. e., a potency made by 10,000 stages of shock-dilution, and an inert sugar control, was sufficiently remarkable, but this differentiation between potencies of the same original drug is still more so. This potency differentiation was repeated with other drugs as well, as noted in the Appendices of the Report.

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As curative, 2 pills per dose-four to six times a day according to severity.

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DIET: The patient must be kept strictly on liquid diet only so long as there is temperature. Thin Rice Kanji with milk is preferable. It is better to avoid coffee.

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Again, it can be seen that not only was differentiation made thus, but a test was carried out with drugs picked by the investigators from my medicine cabinet, and the Emanometer was shown to be adjustable so that it could definitely distinguish between certain of these drugs, all potencies of an infinitesimal kind. Distinction was made using arsenic, pulsatilla, belladonna, calcium carbonate, and another drug not named which was cocculus, if I remember aright.

Here are phenomena of a striking nature demanding attention from the physicists. Dr. Aston, of Cambridge, a few years ago, in response to a query, most kindly showed that in taking the 100c potency of natrum mur., a patient could not get even a molecule of the drug. Drs. Dejust, Sabatini and Lagard have made researches into this question of potency. Dr. Dejust, some of whose findings may be seen in his *Examen critique de l'Homœopathie*, states that in regard to mercury the last molecule of medical substance would be in the 24c, while Sabatini places it as in the 13. Dr. Lagard, in the *Revue Biol. Appliquee*, March, 1922, states that high potencies are all of the same nature for all substances, because if only electrons of the original drug are present they are all of the same nature whatever the drug.

Yet in this report the Emanometer is definitely found to distinguish between preparations of a far further stage of shock dilution than any mentioned above. What then has occurred? That, I hold, is a question of tremendous moment to the physicists, and it is one which I cannot answer. My part is to record facts as accurately as is possible with the apparatus at my disposal. Whether there is in these high dilutions a further entity than the molecule which can still carry many of the dynamic characteristics of the source of origin, or whether there has

been a transfer of the characteristic energy to the diluting medium, I cannot say. I do not even know with certainty what the energy is, although I am engaged in experiments along this line. I can merely state a few facts, which may be partial truths only, but which are definite as far as present apparatus and most careful control can make them.

(a) There is a considerable body of evidence that the reactions depend on an energy inherent in the specimens, and not only due to energy present in the human detector.

(b) There is evidence that there is a field of influence due to this inherent energy, which field of influence I have called the intensity.

(c) There is evidence that this effect can be detected with specimens derived from any source whatsoever, with the exception of earthed conducting materials or adequately screened objects. I have carried out experiments with such differing materials as mineral ores, flowers, tea, coffee, bees sheep, cats, dogs, insulated metals, including gold, many protein derivatives, colloidal and other drugs, and other substances.

(d) With the exception of animal secretions, no materials used have been found with such a large field of influence as the "shock-dilutions" to which I refer. The process of shock dilution gradually increases the size of this field of influence.

(e) There is evidence that this field of influence is markedly present round a body statically charged by artificial means, and that the quality of this field, as shown by variations in "tune" of the Emanometer, can be altered by the method of charging, apart from the question of quantity of charge as judged by the electroscope. This last observation is of such moment that I am developing experi-

ments to find out more regarding it, as it is a totally new phenomenon and likely to be denied by many. If finally established, it may show that the energy with which we are dealing is connected or co-existent with so-called static charge, even though it appears to be kinetic in some ways.

(f) The energy I have apparently been able to refract by lenses and prisms composed of paraffin wax. At least the effects can be so dealt with, although I wish to qualify this finding somewhat, as it might not be due in this case to the energy alone but to the presence of electro-magnetic phenomena co-existent with the energy with which I am dealing. Further experiments designed to elucidate this point have been drawn up, but await opportunity and time.

In order to interest further any physicists I would present shortly part of the result of an experiment in regard to one particular reaction on submitting the solution used to shocks and further dilution. The reaction used was the V reaction, and its behaviour in such a process is most interesting. The material used was a solution of sulphur 10x. This gave a "tuning" reading for the V reaction on the inductance of 1.4 plus 2° condenser, written thus, 1.4+2. It was found that with a particular stage of solution, submission of it to "shocks" altered the "tuning" slightly, as shown by the condenser reading. I had an apparatus made to give standard "shocks". After a certain number of shocks no change in the tuning could be found to occur, and redilution required to be carried out. When this occurred the redilution was made in the proportion 1 part solution to 9 parts S. V. R. This was called solution 2, and the "shocks" were then repeated until no further change was observed, when redilution was again carried out. I show a table indicating the profoundly interesting changes in the V reaction. The columns indicate the number of "shocks"

at each stage, the number of the solution, and the V "tuning" reading when tested at the various steps. (See Table.)

You will note the cyclical change in the V reading. I may state that the succussion must be kept the same to give the same rate of cyclical change. A series of lesser shocks carried out regularly cause a smaller cycle to take place. This last observation was one of Dr. McCrae, London, and was adequately confirmed by my micrometer measurements. It appears paradoxical, but I mention it to stimulate interest.

There is much more I might say regarding very many experiments with these shock dilutions. They constitute, as it were, a challenge to modern physics, and perhaps these remarks may inspire someone to turn his attention to these remarkable solutions and the phenomena involved. From a practical standpoint these variations on succussion are used to adapt the suitable medicine to each individual patient.

— *The Homoeopathic Outlook*

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Table Showing Variation of V Reaction on "Shock-Dilution" of Sulphur 10x.

Number of succussions at each stage after	Number of solution	V reading
Redilution ...	1 ...	1.4 plus 2
8 ...	1 ...	1.4 " 2 plus
16 ...	1 ...	1.4 " 3
Redilution ...	2 ...	1.4 " 3
8 ...	2 ...	1.4 " 3
16 ...	2 ...	1.4 " 4
Redilution ...	3 ...	1.4 " 4
8 ...	3 ...	1.4 " 4 plus
16 ...	3 ...	1.4 " 5
Redilution ...	4 ...	1.4 " 5
8 ...	4 ...	1.4 " 5 plus
16 ...	4 ...	1.4 " 6
Redilution ...	5 ...	1.4 " 6
8 ...	5 ...	1.4 " 6 plus
16 ...	5 ...	1.4 " 7
Redilution ...	6 ...	1.4 " 7
8 ...	6 ...	1.4 " 7 plus
16 ...	6 ...	1.4 " 8
Redilution ...	7 ...	1.4 " 8
4 ...	7 ...	1.4 " 8
8 ...	7 ...	1.4 " 7 plus
16 ...	7 ...	1.4 " 7
Redilution ...	8 ...	1.4 " 7
8 ...	8 ...	1.4 " 6 plus
16 ...	8 ...	1.4 " 6
Redilution ...	9 ...	1.4 " 6
8 ...	9 ...	1.4 " 5 plus
16 ...	9 ...	1.4 " 5
Redilution ...	10 ...	1.4 " 5
8 ...	10 ...	1.4 " 4 plus
16 ...	10 ...	1.4 " 4
Redilution ...	11 ...	1.4 " 4
8 ...	11 ...	1.4 " 3 plus
16 ...	11 ...	1.4 " 3
Redilution ...	12 ...	1.4 " 3
8 ...	12 ...	1.4 " 2 plus
16 ...	12 ...	1.4 " 2
Redilution ...	13 ...	1.4 " 2
8 ...	13 ...	1.4 " 1 plus
16 ...	13 ...	1.4 " 2

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DOSE AND DOSAGE IN HOMOEOPATHY

(By Dr. C. VINCENT, MADRAS)

(Continued from October issue)

Recapitulating what has been aforesaid, it becomes necessary to add some more points here. The more materialised the disease the lower the potencies may be the rule. Certain drugs have no action in low potencies and certain have no action in high potencies. Some remedies such as Phosphorus and Conium, must not be repeated oftentimes. Wherever necessary all medicines can be taken by olfaction also. Quantity of the dose for children may be one-half and for infants one fourth of that which was stated above for adults. In ordinary acute diseases, three times a day or four times a day may be the interval between the doses.

Every true Homoeopath must have with him the medicines at least in the following potencies:— 3, 6, 12, 30, 200, 500, 1,000, 10,000, 50,000, and c. m.

To convince the reader on the efficacy of the minimum doses of Homoeopathic drugs acting even like tonics etc., a few remedies, with their such uses, may be quoted here. Arsenic in small doses, retards oxidation and stimulates the process of growth and assimilation. In general, anabolic functions are increased as compared to katabolism, which is decreased. The dosing of young animals with Arsenic, has produced a decided increase in weight, as compared with untreated animals of the same litter. Larger doses cause an opposite effect; they cause katabolism to gain the ascendancy over anabolism.

Arsenic produces stimulation of the growth of bone. Experimentally, there is produced a longer bone with a thicker cortex and epiphyseal connection. These changes

have been observed in young animals, such as rabbits etc. It appears to be well-established that Arsenic exerts an action very similar to that of iron, on the hematopoietic organs. This has been proved by clinical evidence. After haemorrhage, the blood is said to regenerate more quickly if Arsenic is given and the number of red cells rises faster than the hemoglobin.

Drugs in so-called Modern Medicine are usually, if not always, used in therapeutics from the standpoint of physiological action, whenever, in any case, the physiological action of the remedy will relieve any one or more of the patient's symptoms. For example, Adrenalin is of benefit in Asthma, from the non-homoeopathic standpoint, because the physiological action of this drug is to overcome bronchial spasm; hence the patient experiences, for a time at least, relief from his difficult breathing. In the case of Arsenic, however, it will be observed that this drug is rarely used to produce physiological effects, and thus to relieve disease, because there are no effects of this nature which might benefit pathological (diseased) conditions. No one wishes to produce in any individual burning pains, thirst, periodicity etc., hence its employment upon physiological indications is unusual.

Lilienthal says Phosphorus is our great tonic to the heart and lungs. Hughes maintains that Phosphorus should be given in preference to almost any medicine in acute chest affections in young children.

Dr. Butler says that for the production of sleep no remedy compares with Hyoscyamus in the tincture, five or ten drops in a half glass of water, and teaspoonful doses given half-hourly.

Von Grouvogl considered Arnica as a pyaemic prophylactic, and R. T. Cooper says that it exerts a specific effect upon septic poisoning.

*

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DISORDERS INCIDENTAL TO PREGNANCY

(BY DR. MRS. N. A RADHA)

(Medical Officer in charge of Womens and Childrens Clinic, I. I. H.)

Pregnancy is a normal physiological condition in women. The adaptation of her body to the conditions of pregnancy puts an extra strain upon various organs. Remarkable changes take place both in her uterus as well as in other organs. Gestation tests the integrity of every organ in the female body.

After conception the uterus receives more blood for its functional activity from the general circulation. Through foetal circulation another amount of blood is supplied for the growth of the new thread of life spun into it. In a state of perfect health the entire system in the body gets its share of vital energy from general circulation in proper proportion. During pregnancy when more blood is being supplied to the uterus and for the growth of the foetus the other systems suffer naturally by way of reduced blood supply occasioning sometimes general weakness, anaemia, and so many other similar disorders. Another type of disorder arises from the pressure exerted by the gravid uterus on other organs, (rectum, bladder etc) viz: Constipation, frequent micturition, obstruction of urine etc. In short, remarkable disturbances take place in the digestive system, the excretory systems, the nervous system and the reproductory system.

The different disorders make their appearance in different women at different periods of pregnancy. To cite an example, morning sickness, in some women appears even from the first month and lasts about two

months, without much complication, whereas in some others it occurs only during the second or 3rd month. However, these disorders in whatever form they manifest themselves, have to be treated properly with homœopathic medicines from the totality of symptoms found in each case and the severity thereof. By removing the disorders the physician not only relieves the patient of her then existing troubles, but prepares her for a normal confinement. Writing from my clinical experience, in Homœopathy there are so many valuable medicines which cure the patient of her disorders provided they are administered properly according to the law of cure.

The probable disorders of digestive system are, morning sickness, pyrosis, acidity and heartburn and constipation.

(1) *Morning Sickness*: This is one of the early and reliable signs of pregnancy. In its most typical form, this occurs as soon as the pregnant woman gets up from her bed. She feels uneasiness, salivation and vomiting sensation, generally followed by vomiting of bile and mucus. This is caused by the reflex irritation of the stomach. Excessive vomiting in some women occurs in the later period of pregnancy due to the direct irritation of the stomach and the upward displacement of the diaphragm. However, vomiting in pregnancy, if excessive, so as to disturb the nutrition, must be considered seriously and proper treatment given to prevent the pathological conditions, such as abortion, general debility etc., likely to arise from it.

Ipecac 6x, 30x: When there is vomiting of bile and tendency to looseness of bowels.

Nux. Vom 6x, 30x: Nausea and vomiting with constipation.

Arsenicum 3x: Excessive vomiting after eating or drinking; great weakness and emaciation.

(2) *Pyrosis-acidity and heartburn*: These forms of gastric disturbances occur generally during the 3rd and 4th month. In some women these symptoms are accompanied by nausea and vomiting also whereas in some others they are not. The patient experiences a burning sensation in the throat (heartburn) collection of saliva in the mouth and acidity.

Lycopodium 30x: Heartburn from the stomach, the acidity rising into the throat.

Mercurius 30x: Much salivation, rancid heartburn after a simple supper, and sometimes all the night. Eructations and heartburn, vomiting of bile.

Natrum Mur 3x, 6x: Heartburn with palpitation of the heart.

Nux Vom. 6x: Nausea, Vomiting, heartburn and constipation.

(3) *Constipation*: Most pregnant women have a tendency to constipate. It is due to the mechanical pressure exerted upon the rectum by the gravid uterus and the diminished peristaltic and expulsive action of the rectum, affected. Those pregnant women who from constitutional peculiarities or from bad habits of life, are subject to constipation in their ordinary life, suffer from more complications viz. haemorrhoids, either blind or bleeding, during the pregnant state.

Bryonia 6x, 200x: The stool is mostly dry and burnt. Much thirst.

Carbo Veg. 6x, 30x: Obstruction from inactivity of bowels, flatulency with colic and rumbling of gas in the bowels.

Nux Vom. 6x, 30x: Women who are accustomed to the use of much coffee, wine, and rich and highly

seasoned food generally; persons in the habit of using laxatives and purgatives.

Belladonna 6x, 30x: Flatulency, obstruction of bowels, rise of blood to the head, flushed face, red eyes, throbbing of the carotids heat in the head, intolerance of noise and light.

Phytolacca 6x, 30x: Constipation habitual, bowels will not move without purgatives, constipation from torpor of the rectum.

Zincum 6x, 30x: This remedy is indicated when the rectum is so very inactive, that the peristaltic and expulsive power is lost.

(4) *Diarrhoea*: This is quite common complication in pregnancy. It alternates with constipation or it may accompany acidity of the stomach and great weakness of gestation. During violent emotions of mind, diarrhoea appears. Generally in pregnant women, the stools, have a bilious appearance, which indicates disorders of liver. The discharge is accompanied with pain or sometimes without pain. However, it has to be considered seriously and skilful treatment given, or it may bring about abortion or premature labour.

Aloe 3x, 6x: Morning diarrhoea, rumbling and rolling of the bowels previous to stool. Pure mucus is discharged in masses

Antim C 3x, 6x: Diarrhoea at night and early in the morning with white tongue, acrid diarrhoea.

Asafoetida 30x: Watery, liquid stools with foul smell. Colic. and diarrhoea.

Belladonna 6x, 3x, 30x: Involuntary diarrhoea and flushed face.

Ipecac 6x, 30x: Diarrhoea and vomiting.

Nux Vom. 30x: Alternation of constipation and diarrhoea, want of appetite.

(to be continued)

HIGH STANDARDS

[Dr. V. R. MURTY, M. B. H. A., H. C. A.]

At a crowded meeting in Calcutta on 1st November held on the occasion of the opening ceremony of the National Homoeo Laboratory's Bonded Laboratory, Dr. V. R. Murty, M. B. H. A., H. C. A., our Governing Director, delivered an interesting address which we have pleasure in reproducing below.

The Hon'ble Sri Kalipada Mukherjee, Home Minister, West Bengal Government, declared the Laboratory open. The Hon'ble Sri Syama Prasad Barman, Minister of Excise, West Bengal Government and Dr. V. R. Murty were the Chief Guests at the function.

It is indeed a great privilege and honour for me to have been invited to attend this function here today and to participate in the same. I come from the extreme south of our great country and my presence here is chiefly due to the very kind invitation extended to me by my very good friend Shri Sinha Roy, for which I take this opportunity of tendering my grateful thanks and also due to the great interest I have in the development of the Homoeopathic Pharmaceutical Industry in our country.

I have been a homoeopathist for the last nearly twenty-five years and I have seen medical practice both in the rural and in the urban areas of my province all these years. I have also developed a homoeopathic pharmaceutical trade in the south and as such I may be excused if I dilate a little on these. Time was when every drop or every globule of homoeopathic medicine was imported in this country from

America and the west. Perhaps the solitary exception was the Homoeopathic Poor Dispensary in Kankanady, Mangalore, founded by that missionary Father Muller.

Thanks to Homoeopathic Giants like the late Dr. Mahendralal Sircar and Dr. Younan of this city, Homoeopathy was taken seriously in this part of the country for the last more than half a century and today in every nook and corner of our country, Bengal is considered to be the motherland of Homoeopathy in India. You have quite a good number of Pharmacies and Laboratories here and I am glad to mention that at least a few of them do serve the cause of homoeopathy so well that we can really be proud of them. Homoeopathic Pharmaceutical business has been developed here in a way that it cannot be compared with the same in any other state in our country. There are laboratories here who have taken up this business in a spirit of service not only to the people but also the cause of homoeopathy. It has been possible for these to do so only on account of the very tolerant attitude towards this system of medicine and the trade by successive governments and such a happy state of affairs was not generally found elsewhere.

I wish to point out here that a properly developed Homoeopathic Pharmaceutical industry in our country is a very valuable foreign exchange saver. Even today we are importing quite a good bit of Homoeopathic Medicines from both the Dollar and Sterling areas. Of course we can be glad that we are not importing as much as we used to do in the past, but still we are importing even today however less it may be, and this has to be reckoned with. But why have we to import, inspite of the fact that we have today in our country a number of well-established

laboratories? Even today, amongst us, especially homoeopathic physicians and lovers, we have people who swear by foreign preparations and would never touch a local potency. We are not yet rid of the foreign mania completely. There are people who would want an American M. T. of *Justicia Adathoda* or *Blatta Orientalis*. *Adathoda* is a wild plant found in every part of our country and "*Blatta*" is an introduction to the Homoeopathic Pharmacopoeia by your great city. These and many similar items are probably first imported by these foreign countries from Calcutta, labelled as "Imported Mother Tinctures" and then re-shipped to our own country to please some of our friends who would not touch anything "Swadeshi". This may be one reason.

There are other reasons also. I said we have a number of laboratories in our country that manufacture homoeopathic medicines but while I am glad to observe that some of these maintain a very high standard there are also many *black sheep* amongst these. Without a properly developed pharmacopoea, and without any control whatsoever in the proper maintenance of standards, it becomes possible for a few of our brethren who are devoid of honesty or integrity, to start so many mushrooms in the name of laboratories with high-sounding names, without capital or equipment and to offer all sorts of things in the name of homoeopathic medicines. There is again the price-factor. In order to sell cheap, so many things are done which may not be desirable or proper. These are factors which we cannot completely ignore. Although these are a very insignificant minority, we must eliminate them, for, we know, a tiny drop of poison would be sufficient to spoil a whole pot of good milk. Probably these contribute to some extent for the "foreign mania" of a portion of our people.

In spite of the best efforts of our Governments to increase medical aid to our people and inspite of their step-motherly attitude towards this system of medicine, the bulk of the medical aid of not only our rural population but a good portion of the needs of our urban friends are met today by Homœopathy and this is true of not only Bengal but of every other state in the country.

I daresay the production of new medical personnel (I mean of course allopathic) does not keep pace with the productive capacity of our people in the matter of population and this inspite of the great effort now being taken by the governments in respect of birth control and the like. As such it is certain that this Homœopathic industry is bound to thrive in the future in spite of every odds and it is up to our governments and the people alike to pay more attention to this system of medicine and its pharmacy. The presence here of two honourable ministers, is an indication, I have no doubt, that the government will play its part well and it is only for us, the people in the trade, to do our duty conscientiously and honestly so that we will not allow even a single drop of foreign medicine to land in our ports at least in the future.

Homœopathy has been taken up in the British Isles quite recently, compared to India, but I reliably understand that they in that country do not import foreign preparations and if at all they import anything, they do so only in respect of those that are not indigenous to that country. What is it due to? Does it not occur to us that it must be due only to the confidence of the people in their pharmacies? If we must succeed, we have to develop on those lines and that must be our goal.

Mr. Sinha Roy is my good friend, now for many years and I also know the efforts he has been making all these years to start the bonded laboratory. He is already manufacturing a good number of nonspirituous preparations which compare very favourably with any Indian or foreign preparation of that kind. Besides, he is an expert in the art of Homœopathic Globule manufacture in India. The opening of the bonded laboratory to-day is yet another mile-stone in the progress of the N. H. L. and it is taking place now under very good auspices, as we all see. I have no doubt that this laboratory will set up a very high standard of quality in homœopathic preparations. I wish the laboratory a long career of useful service, I wish also prosperity to the management, the staff and all those that are connected with it.

Finally I wish to mention a matter of some importance to the industry. In our country, Bengal is the state in which we have a number of laboratories manufacturing homœopathic preparations and the lead for organising an association of Homœopathic Pharmacies of India must come from here. The Association so formed must regulate the conduct and work of the industry and membership must be limited to only those pharmacists who maintain a very high standard. Let us not wait for government to take action; let us set up High Standards ourselves. This is for the consideration of the Pharmacists assembled here and I trust this will be taken seriously by them.

Let me thank you, gentlemen, for the patient hearing you gave me. Let me thank the management of this laboratory for having given me the opportunity to participate in this pleasant function today -

Thank you all. Jai Hind.

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NEWS AND NOTES

DRUGS ACCOUNTING BY DOCTORS: At its annual meeting held on October 5th, the Tanjore District Branch of the Indian Medical Association expressed its strong protest against the proposed amendment to the Madras Manufactured Drugs Rules requiring the medical practitioner to maintain an account in respect of manufactured drugs other than prepared opium possessed by him for use in his practice and empowering the officials of the Excise, Police and Drug Control Departments to inspect same.

—*Indian Express*

* * *

THE KOLAR DISTRICT HOMOEOPATHIC ASSOCIATION: At a pleasant function arranged on 6th October last under the auspices of the Kolar District Homoeopathic Association, Sri T. Subramanya, M. L. A., the President of the All Karnataka Homoeo Medical Association, awarded Refresher course certificates to the successful members of the Association.

* * *

RURAL DOCTORS: Dr. Leoroy Allen of the Rockefeller Foundation, New Delhi, speaking recently at the WHO sponsored Regional Conference on Rural Health, opined that the training schemes at present in force in nursing schools and medical colleges of South East Asia were carried on in a completely artificial environment. This training did not fit the students for work under rural conditions and 80% of them would have to go to rural areas. "Serious re-thinking" was needed, he added.

NOVEMBER '57

INTEGRATION: The medical students of the Radhabhai Palnitkar School, Hyderabad, state that the integrated study in allopathy and ayurveda will help them in their practice as full-fledged doctors. In the same breath, they added that they did not favour an integrated course of allopathy and homoeopathy. How can the two be integrated? The students seem to have been instinctively right.

* * *

World Homœopathic Medical Congress: It is with great pleasure we hear that Sri. N. Venkatarama Ayyar, the enthusiastic Hony. General Secretary of the Madras Presidency Homœopathic Association, has been nominated as an Honorary Regional Director (South India) of the World Homœopathic Medical Congress.

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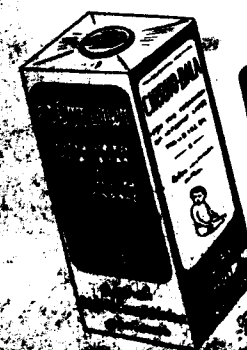
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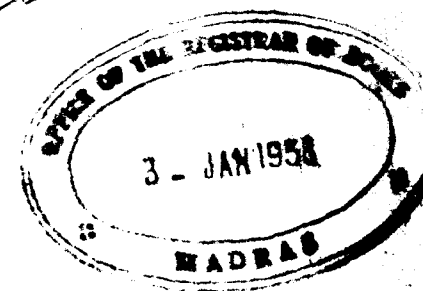
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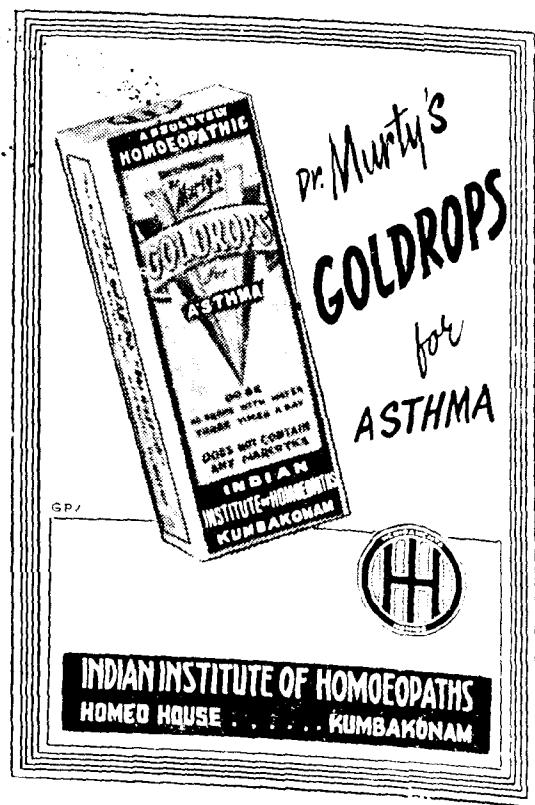
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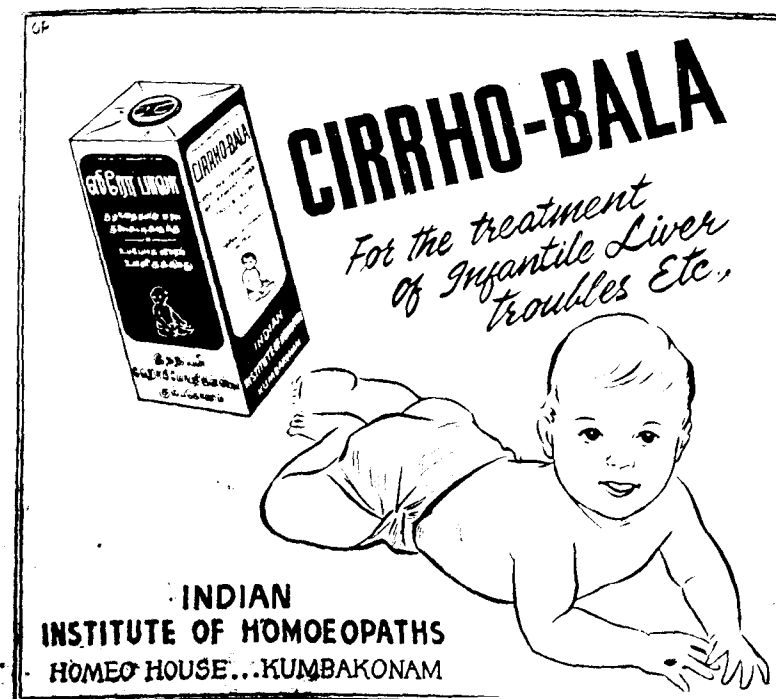
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DIET: The patient must be kept strictly on liquid diet only so long as there is temperature. Thin Rice Kanji with milk is preferable. It is better to avoid coffee.

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Edited by M. R. MURTY

DECEMBER

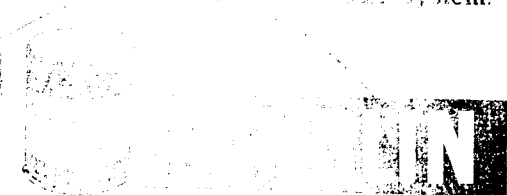
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THE HOMOEOPATHY

VOL. VI

DECEMBER

Book 12

CODE OF CONDUCT FOR HOMOEOPATHS

While addressing the first batch of students who had undergone the two-year course in Homœopathy conducted by the Madras Presidency Homœopathic Association, Mr. M. Patanjali Sastri, former Chief Justice of India, made a fervent appeal to the Homœopathic practitioners to organise themselves into a powerful organisation laying down rules of conduct and code of discipline for its members. Mr. Sastri made a special appeal to them to charge moderately for their treatment and to avoid 'mystery-mongering' in respect of their prescriptions.

Coming from such high auspices, the advice given merits serious consideration.

Regarding a code of conduct, we must confess that it has nowadays become a fashion to adumbrate codes for each and every profession and business. The most famous instance is of

course the Rotarian Code of Service as the ideal to be set up in all business and to which representative members of each business subscribed in America more than a quarter of a century ago. The Rotary ideal has spread all over the world and although of late Rotary Clubs have a tendency to confine themselves to occasional lunches and speeches one must accept the fact that the Service ideal has come to stay instead of the old bare-fangs-and-profit motive.

The struggle for existence is so keen that perhaps it is too much to expect of human nature that members of any profession or business will restrict themselves from a tendency to use unfair methods of competition. Yet, sooner or later, they discover that such shady methods bring disrepute and ultimate loss and find the necessity to frame a Code of Conduct, and stick to it.

A Code of Conduct is useful and effective only insofar as each member of a group resolves *voluntarily* to live up to that ideal, because no Code can entirely depend on force or compulsion for its success. The constant iteration of an ideal also helps to keep in mind the virtues of a straight path.

The Homœopathic profession in India has grown hitherto in an individual and haphazard manner so that its members had not found the need for united action. But, now that Homœopathy is gaining recognition and growing in importance and numbers, it is high time that we

developed a distinctive Code suited to our requirements.

This must essentially be evolved after much deliberation by the leading members of the profession.

Shall we set the ball rolling? The following should form a nucleus for a Code of conduct for the Homœopathic practitioners:—

(1) I shall always use the best of my knowledge, ability and experience to the benefit of the sick that come to me for treatment.

(2) I shall not solicit business by gaudy, or flowery language or excessive advertisement displays nor try to attract patients from my colleagues.

(3) For the services rendered I shall charge moderate fees according to the ability of the patients.

(4) I shall not make use of my medical knowledge knowingly to cause aggravations of diseases, or delays in cures or knowingly exaggerate conditions; nor shall I knowingly administer any harmful drug.

(5) Medical and other information confided in me by patients during the course of consultation shall be kept entirely confidential and shall not be divulged by me.

(6) When patients desire fresh consultation or change of doctors, I shall make my prescriptions readily available to them.

(7) My personal conduct towards patients, will always be that of a gentleman and I shall not do anything that is unworthy of such conduct.

(8) A spirit of brotherhood and camaraderie shall prevail between me and my colleagues.

All Homœopathic practitioners and especially our students and diploma-holders are requested to bring this Code of Conduct into their day-to-day practice.

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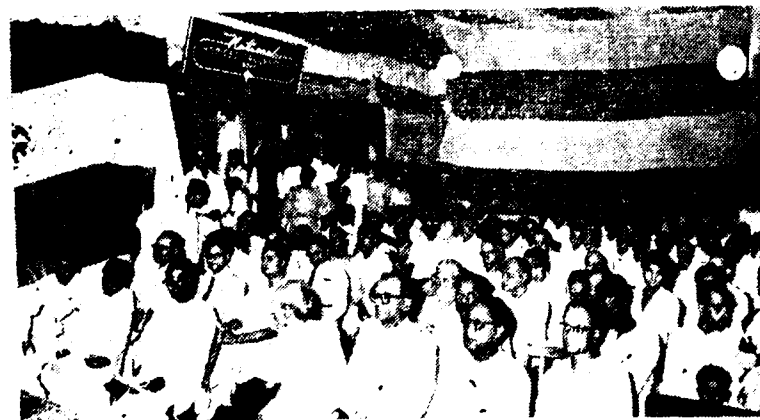
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The Hon'ble Sri Syama Prosad Burman, Minister of Excise, West Bengal Government, speaking at the Opening Ceremony of the National Homœo Laboratory's Bonded Laboratory in Calcutta.



Guests Attending the function.

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DISORDERS INCIDENTAL TO PREGNANCY

(BY DR. MRS. N. A. RADHA)

(Medical Officer in-charge of Women's and Children's Clinic, I. I. H.)

Disturbances in the Urinary System: The main disturbances are frequent micturition, obstruction of urine and albuminuria. During the early period of pregnancy, most pregnant women experience frequent calls for urination, dribbling of urine or retention of urine. It is due to the direct pressure on the bladder by the gravid uterus. As pregnancy advances and the uterus ascends into the pelvis these disturbances also disappear spontaneously. Uterine displacements viz: antiversion, or retroversion also occasion these disorders. Chronic uterine leucorrhoea, pruritus of the vulva, and gonorrhoeal infections cause sympathetic irritation of the urethra, and the pregnant woman is liable to have frequent micturition or a sensation to pass urine frequently. These symptoms, so long as they do not disturb the general health of the pregnant woman, need not alarm the physician.

When these symptoms become intense, so as to make the patient complain of general debility, intolerable itching of the external genitals, etc, it has to be seriously attended to without further delay, for it may lead to abortion or premature labour.

These abnormal conditions can be controlled by the following medicines.

Aconite 6x: Can be given in case of retention of urine with stitches in the region of the kidney.

Belladonna 6x, 30x: When the patient complains of constant involuntary dribbling of urine, one of these two potencies can be given either as globules or in doses, three times a day.

Causticum 6x, 30x, 200x: Better results were obtained with high potency when given for frequent desire to urinate, and paralysis of the bladder.

Cantharis 6x, 30x: Frequent urination, several times a day, with cutting and burning pains in and around the bladder.

Pulsatilla 6x, 30x: After urination, spasmodic pain in the neck of the bladder extending to the pelvis and thighs.

Albuminuria: The presence of albumin in the urine of a pregnant woman is a pathological condition. It may be due to the inflammation of the kidney or it may be only temporary abnormality resulting from various causes or toxæmias of pregnancy. It also results from exciting influences, viz. pressure of the gravid uterus on emulgent veins, or excessive nervous excitement during pregnancy. Generally it appears during the latter part of pregnancy, and disappears after confinement. Some women are constitutionally predisposed to albuminuria in successive pregnancies. The chief symptoms to suspect albumin in the urine of pregnant women are, oedema of the lower extremities and face, headache, and pale and anaemic appearance. The same symptoms are also present in diseases of the heart and liver. Here the physician has to be very cautious in making the correct diagnosis. The best method, of course, is to test the urine.

How to test for albumin: Take a clean test tube and fill $\frac{1}{4}$ of it with the specimen of fresh urine and heat the

top portion over a spirit lamp. If a white cloud is formed on boiling, either phosphate or albumin is present in the urine. By adding a few drops of dilute acetic acid, if the cloud disappears, it is phosphate: on the contrary, if it turns to a white solid, it is albumin.

Generally, in albuminuria, the quantity of urine passed by the pregnant woman will be diminished. The quantity of albumin in the urine also varies according to the severity of the disease. Therefore, these two factors give the physician an idea as to how far the disease has advanced. Loaded albumin in the urine, rise in blood pressure and head ache, must be taken as an indication of impending toxæmia.

Albuminuria in pregnancy, from whatever cause it may arise, and however intense in manifestation, is amenable to Homoeopathic treatment. *Ars. Alb.* I find, is the correct remedy for this condition. Being trained and experienced in the allopathic system of medicine, in the beginning, I was rather afraid to give Arsenic to my patient. To my mind it appeared that by giving Arsenic I may spoil the case. Now, I know better and I find potentised arsenic is not only harmless, but also very useful. A few other medicines are:

Apis 30x: Oedema of the lower extremities and face.

Cantharis 3x, 6x: When there is suppression of urine as a result of nephritis.

Apart from these medicines the patient has to be put on a salt free diet. She should be encouraged to take as much barley water as possible to promote urine.

Varicose Veins: As the gravid uterus presses on the iliac vessels and the inferior vena cava, the veins of the lower extremities and external genitals become enlarged

and knotty. In some women varicose veins already present, become worse during pregnancy, causing severe pain in the genitals and in the lower extremities on movement. If the enlargement has become already excessive, treatment must be given, at least to prevent its worsening; for during labour, the enlarged veins in the genitals get ruptured, occasioning severe bleeding.

Arnica 6x, 30x: for varicose veins of the vulva and vagina.

Ars 6x: If the varix burn like fire.

Graphites 6x, 30x: If it itches very much.

Hamamelis 6x: This given internally I found to be the best remedy for hard, knotty, swollen varix, and *Hamamelis Q lotion (1:8)* for external use.

Sulphur 6x: This remedy is of great value in women who suffer both from Haemorrhoids as well as varix of the lower extremities.

Abnormal vaginal discharges: Loss of blood is considered an abnormal condition during pregnancy, as also purulent discharges (leucorrhoeal or gonorrhoeal) for, they may cause abortion and pruritus of the vulva.

There is a certain type of women who menstruate for two or three subsequent months after pregnancy and it is considered a normal condition. In the same way some women continue menstruating (discharge lasting for three days) throughout the period of gestation, and deliver normally. These are exceptions. However, bleeding in pregnancy with pain is generally a sign of abortion, ectopic pregnancy, antepartum haemorrhage etc. An examination per vagina reveals the

cause for the bleeding. If there is no dilation of the cervix the patient has to be put in on liquid diet and complete rest. Medicine has to be given to arrest bleeding. If a pregnant woman with history of habitual abortions complains of slight blood discharge with pain in uterus, it is sure sign for abortion to occur.

As preventive, *Sabina 3x*: Can be given during the first 2 months. *Secale 6x, Phos 6x*, are a few other medicines which are found to be much effective.

A white or yellow purulent discharge with itching of the external genitals occurs in pregnant women due to gonorrhoeal infections. If it is not got rid of at an early stage, it may cause puerperal sepsis after confinement. Many women, however, have a slight leucorrhoeal discharge which can scarcely be called purulent, resulting from the increased vascularity of the pelvic organs. When this discharge becomes profuse, debility may follow. There will be a certain amount of itching and burning in the vulva.

Merc. Sol, 6x: for yellow gonorrhoeal discharge.

Puls. 6x, 30x: is very useful in all forms of purulent discharges.

Graphites 30x, 200x: profuse discharge and acrid urine, with pruritus of the vulva.

Hydrorrhoea: (false waters) occurs during the later period of pregnancy in some women, characterised by a kind of white fluid escaping through the vagina periodically. It causes no pain and does not disturb pregnancy. But the pregnant woman feels a certain amount of discomfort and

inconvenience by this periodic flow. However, this causes suspicion of a premature labour. Both the physician and the patient are liable to be deceived. By P. V. the cervix will be found closed and the membranes intact. This false water accumulates in between the inner surface of the uterus and the membranes, the latter being detached and forming a pouch by itself. The fluid makes its exit without causing any uterine or muscular pains or any noticeable provoking causes. As long as it flows out periodically without causing any trouble it can be considered normal. Treatment is needed only when there is any pathological condition, viz., symptoms indicating premature labour.

(To be continued)

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THE THREE MIASMS

(By Dr. C. VINCENT, MADRAS)

In Homœopathy the conception of the causes of diseases is based on Miasms. While etiology of the old school is being limited to the immediate causes Homœopathic etiology is extended to the remotest causes too, such as miasms

Miasm is a taint of poison in the system of a human being, either contracted or hereditary. The three fundamental miasms are Psora, Sycosis and Syphilis. In addition to these three there are other miasms also formed in the human being due to drug-poisoning, bad living and shocks. But the subject to be treated here is the three miasms on which other miasms are formed.

Without a thorough understanding of the miasms one cannot be a true Homœopath and cure a chronic patient. So, before handling a chronic case study up the miasms, latent or otherwise, to distinguish one from the other.

To cite the origins of each of the three miasms it may be mentioned here that Psora was the result of ill-thinking and Sycosis and Syphilis were the results of ill-doing. Sycosis is gonorrhœal poison and Sycosis and Syphilis are venereal poisons. If there was no ill-thinking there would never have been any ill-doing. Hence Psora was the foundation for Sycosis and Syphilis.

Tuberculosis is Scrofulosis and Scrofulosis is Psora. So Tuberculosis is only a development of Psora. Just like Sycosis and Syphilis, Tuberculosis can be contracted and built

as additionally excited and developed Psora. Beware of fallacious ideas such as 'Tuberculosis is a fourth miasm' spreading against realities. Many want to spread their misconceptions through the journals and otherwise.

Psora was the beginning of illness. Man was created good and to be good. He was also given freedom of will. He began to abuse that freedom of will by thinking ill. This was mental itching and this mental itching became gradually reflected on the body. Hence Psora is itching but not itches. Itches are only the effects of Psora. In Syphilis there is no itching.

Impairment of functions are of Psora and structural abnormalities are of Sycosis or Syphilis. The Sycotic is more sensitive than the Psoric and the Psoric is more than the Syphilitic.

Psora makes the mind overactive, Sycosis mal-active and Syphilis under-active. Psora is quick, Sycosis is bad, and Syphilis is slow. Psora is intelligent, Sycosis is mischievous and Syphilis is idiotic. It is interesting to note here what Thomas Carlyle says about human nature, even though unknowingly of the miasmatic theories. He says, "All that a man does is physiognomical of him."

Psora is restless in thought, feeling and will, and this leads to restlessness in action. There is an all round restlessness. He is never satisfied with the existing state of things. With Psora there is no calmness, no peacefulness of mind, no quietude. A restless mind gets a keenness of intelligence, because restlessness of mind means sensitivity and sensitivity is power of understanding. The power of understanding or keenness of intelligence of Psora is of no use to the world, because it is perverted or over-reaching.

Of all the miasms Psora is the most widespread, but Sycosis is the most insidious and dangerous. Sycosis has a tendency for making a secret of everything; suspicious, suspicious of others; a tendency for brooding over things; he cannot shake off the tenacious thought from his mind. He is ever bent upon mischiefs and misdeeds. The Sycotic mind is so grossly debased. Sycosis makes the victim devoid of all sense of righteousness. It makes him a liar and a vicious scoundrel; makes him destitute of all love and affection for others; makes him mean and selfish. All the vicious individuals on earth—thieves, robbers and murderers are the products of Sycosis. It makes a beast of a man.

The memory also does not escape the brunt of Sycosis. It makes the memory weaker and weaker, particularly in respect of names and dates. Out of the three functions of the mind—affection, intelligence and memory, the effect of Sycosis is more prominent on affection and memory. Irritability of temper which is worse on the approach of, or during a storm or rain. Frequent urination. The Sycotic is a "Living Barometer." A desire to move about during rain and storm, — as if he cannot keep still. Unable to collect his thoughts; slowness in speaking and writing. In the Sycotic there is a poverty of language and thought.

(To be continued)



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TISSUETONA is a valuable tonic in all rundown states where debility is marked, especially after serious illness. It can also be used in conjunction with other treatments.

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CURED OF ASTHMA

VIRGINIA PORTER, NEEDHAM, MASSACHUSETTS

There are many people who suffer from asthma. I was one who had this depressing and debilitating disease. Naturally, I went to a doctor for relief, one who was highly recommended by other asthma patients. I took numerous scratch tests, intracutaneous tests, and it was decided that I was allergic to molds, housedust, feathers and pollen. Because I reacted violently to these, I immediately tracked down all violators and removed them from the house. That is, with the help of my family. I was too ill to do it all by myself.

I liked my M. D. He answered my questions and seemed to take a personal interest in my case. He patiently explained how the shots he was about to prepare for me would gradually, over a period of time, immunize me against those things my body would not tolerate. I had become sensitized and the shots would cure me. Once a week I was to have a shot.

I went regularly. I was doing well, feeling better. Each time the shot was slightly strengthened, but as time went on I began feeling a little less well, but decided it was probably the weather, or the rainy day, or the dampness, or the pollen or possibly some food. However, I reasoned that after enough shots had been given I would be fine. Time passed and I was faithfully running to the doctor. Three months passed, and if anything, I was worse.

The doctor decided that a hospital would be the answer, to be observed and possibly treated with cortisone and ACTH. I was in an exhausted state and rest was imperative. Like many people, I had read endless articles concerning these miracle drugs, but I had also read that they are not a cure. Now I began to wonder. Three whole months of shots and I was a "hospital case." It didn't make sense.

Then came the day I panted into the doctor's office exhausted from lack of sleep, and breathing with great difficulty. He injected adrenalin in the vein. It wasn't pleasant, but, he said, it would alleviate the condition temporarily. I was to go home, take some pills and go to bed and the adrenalin would at least give me one good night's sleep. It did. That night the sleep was wonderful, but the next day my troubles were back. What could I do? Something was radically wrong.

A New Attempt

So I turned to my osteopath for an answer. He could immunize me by osteopathic treatments, he assured me. He felt I had been taking too many drugs and suggested a new line of treatment. My nerves were in a tragic state. I had had a major operation earlier in the year and figured the nerves were due to that. I would awaken mornings with the sensation of vibrating. I was weepy, depressed.

He recommended one of the new tranquilizers. They were nothing to fear, he used them for his own family when necessary. I liked this doctor. I had known him for years, but thought asthma was not in his line. Now I was reassured and was sure I was going to get well. I went twice a week, then once a week.. I was

improving although my nerves were still bad. The back of my head ached a lot but I definitely was better and gradually trying to break with the drugs. As he said, no one is completely well who relies on medicine. That made sense.

Six months went by and I found that I could give up the treatments entirely, but I was never quite able to give up the medicines completely. Nose drops, tranquilizer pills, nebulizer for spraying my throat, and drops to keep my chest loose. Every day I needed some one of the variety for relief.

A Further set-back

Summer came and I went to the beach for a month. My health was restored and I was elated. I came home and *suddenly* I was down again. I was as bad as ever. There were times when the disease had such a grip on me I couldn't get up from the chair to walk across the room without starting a spasm. Sometimes, while miserably sitting quietly in a chair afraid to move, it seemed that just a change of thought started up a spasm; certainly the slightest motion did. A spasm is when the chest constricts and breathing becomes difficult.

Gradually the back muscles between the shoulder blades tighten, neck muscles pulsate, one aches all over and the breathing turns to gasping. The mouth opens to facilitate inhalation. The chest feels like a weight, the back hurts until it seems that both chest and back will burst with the effort of getting air. The heart pounds, panic takes over.

No one dies in an attack, I am told, but that is small comfort. One would just as soon die and get

the anguish over with. One gasps for relief, and in my case, I would use the nebulizer and spray my throat with a strong drug. Almost instantly the horror is alleviated. The breathing slows down, the pounding eases, and blessed relaxation comes. But it doesn't last. More pills must be taken.

Finding the Trouble

In my bleakness I surveyed my drugs and my future. Only forty—four years old, supposedly in the prime of life. I had two lovely daughters, a loving and thoughtful husband, a nice home. I loved people, gardening, painting, sculpturing, sewing, and here I sat. Just walking across the room was unthinkable. Drugs, Osteopathy, seemed not to be the answer. They might alleviate temporarily, but in my case, they did not cure. Did I have another 30 or so years of uselessness ahead of me. Years of drugs and misery?

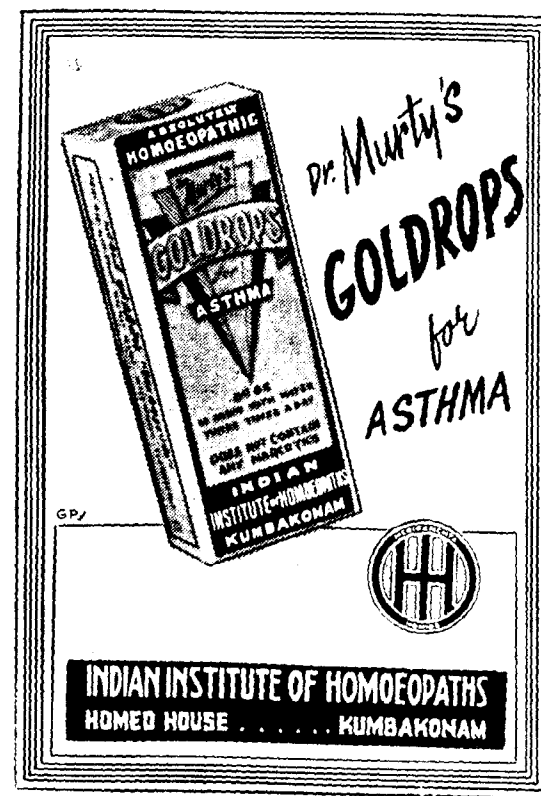
There had to be an answer. I wept, I prayed, I calmed myself down. I would go all over it again to see where I had failed. I must be logical. Allergic I was but to what? What, specifically? I had done everything the doctors ordered and I was no better. Could it be the month of October with its high pollen rate? Could it be the rainy weather? I mulled them over. Circumstances pointed to the fact that it possibly wasn't these things. I considered and rejected, in the light of possible offenders, every article in my home. Could it be something in the house...the wallpaper, the ceilings, something in the plaster, paint. How was I to find out? Who could tell me?

I Try Homoeopathy

My prayers were answered. A homœopathic doctor was called to my attention and I made an appointment to

visit him. He was retired but as a special favour to a friend was seeing me. I arrived at his home in a highly nervous state. Nervous and weepy, I became breathless walking up his driveway and paused to use my faithful nebulizer, which I was never without, to spray my throat before going in.

For two hours he talked to me, delving into my personality and my medical history. Then he began to explain homœopathy. How he used only his own remedies; I was no longer to use my old drugs; they were poisonous



to the body. I was panicky, a doctor and no drugs! Not even pencillin or sulfa, the miracle and wonder drugs: Good heavens, the man was eccentric. Was I jumping into the fire from the frying pan? Dare I trust my life with someone so radical!

Careful Explanation

He must have sensed my apprehension because he was kindly, and quietly and gently began explaining his theories which I admitted made a great deal of sense. He explained that no two asthma patients were treated alike, just as no two of any other diseased patients were treated by the same medicine unless the totality of the symptoms demanded it.

Just as there are no two personalities and no two people exactly alike, except perhaps twins, there are no diseases to be cured in the same manner. Man must be treated as a whole. His entire body is treated, not just the disease. And in the curing process not only the disabling disease, but all side annoyances are also cured. The man is well.

For three months, under his treatment, I had my ups and downs. But then my headaches, my stuffy nose, my depression, my various aches and pains—everything disappeared. No more worrying about allergies. No more considering or discounting the pollen rate, the weather, certain foods. Sensitivity was gone. Drugs were a thing of the past. *I was cured.* I have my doctor and the little anemone plant to thank for this miracle.

— From *The Layman Speaks*.

LUDICROUS

As we go to press, information is to hand about certain clauses in the draft Mysore Medical Practitioners Bill, 1957.

Under Chapter II Section 2, we are told that 15 years (!) practice for personal gain is deemed necessary for registration of Ayurvedic, Unani, Siddha and Homoeopathic Practitioners.

In these days when even eminent allopathic doctors frankly acknowledge the efficacy of Ayurvedic and Homoeopathic medicines in cases declared not curable in allopathy, it is a pity that a person so rabidly antagonistic towards indigenous and Homoeopathic systems should be Minister of Health in a nationalist State. The whole thing would be ludicrous, but for the tragic repercussions it may have on all those already successfully practising Ayurveda and Homoeopathy for several years.

If the intention was to kill, why not make it 25 years and be done with it! Then, probably, no one would be qualified enough to be registered!!

Mysore has a reputation for sanity and sobriety; but its Health Minister seems to bring the whole Ministry into disrepute by such unrealistic recommendations.

We have no doubt the Mysore Assembly will throw this clause out and substitute 5 or 7 years practice as enough for registration, as is the case in certain other States.

Again, in the schedule annexed to the draft bill, we find some of the Ayurvedic, Unani, Siddha and Tibbi institutions included for recognition: but not a single Homoeopathic College in India or abroad is included. The bill thus offers *niggardly* registration of practising Homoeopaths and practically *bans* fresh entrants.

While all the States in India are vying with each other in according recognition to Homoeopathy and offering further facilities for its expansion, here is a strange Minister of Health who, in his *phobia*, would stem the tides of the sea, and out-Herod Herod himself.

We look to the Mysore Assembly to save its reputation.

GP

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NEWS AND NOTES

FLU IN JAPAN: It is reported that influenza has again broken out in Japan in an epidemic form. More than 1,30,000 school children were absent from classes in one day. Reports from Japan's 46 prefectures said the disease had spread so rapidly that some public services were disrupted. It is said that the symptoms were exactly the same as those which infected thousands of Japanese earlier this year.

That is not necessarily to say that India may have a second visitation. All the same, it is wiser to check up one's stocks of H. P. P. 25, Eupatorium Perf., Ipecac, Gelsemium, Bryonia and other necessary remedies.

VEGETARIANS: The 15th World Vegetarian Congress assembled recently in Bombay and was presided over by Madam Clarence Gasque, President of the International Vegetarian Union.

At the medical group session, doctors from India, France and Great Britain said that non-vegetarians were more amenable to disease than those who took vegetarian foods. This might be because non-vegetarian food contained some property which was inimical to good health, they said.

It is only fair to add that vegetarians have always accepted the need for milk and milk products in order to balance their food requirements, although, of course, these are not *vegetarian*.

But, in the Surangama Sutra, the Lord Buddha whilst preaching about non-killing and the virtues of vegetarian diets, specifically adds: "Neither will they indulge in drinking milk or eating cheese because thereby they are depriving the young animals of that which rightly belongs to them."

DIABETES. The Central Drug Research Institute, Lucknow, has carried out a number of experiments which have revealed that the dried alcoholic extracts of *Jaman* seeds administered orally to diabetic patients reduced blood sugar and glycosuria. Mineral preparations containing calcined tin, zinc, iron and ashes of mica with traces of copper, and cobalts were found useful in curing clinical diabetes.

Extract of the Bija (*Pterocarpus marsupium*) given orally is effective in lowering blood sugars in rabbits as well as diabetic patients.

A number of herbal remedies and mineral combinations have been tried in India for curing diabetes since long. Oral administration of extracts of onion has been found to be effective in lowering blood sugar in experimental rabbits and dogs. Extract of the bulb when injected subcutaneously into rabbits showed action similar to that of insulin.

Pills prepared from watery extract of *Rattanjot* (*Eochnera rosea*) give remarkable improvement in all the secondary symptoms associated with diabetes without significant reduction in the urine glucose.

A comprehensive review of the subject has been published in the October, 1957 issue of the *Journal of Scientific and Industrial Research*.

HOMOEOPATHS IN ANDHRA: We understand that the Board of Homoeopathy constituted by the Government of Andhra Pradesh at a recent meeting resolved to register the existing practitioners of 5 years standing practice instead of 10 years as per the Act, with a condition that they should pass a Government examination.

On receipt of the syllabus from the Government the Rayalaseema Homoeopathic Association, Guntakal, intends to start classes to coach for this examination.

HOMOEOPATHIC HEALTH: We have received a copy of the July/August, 1957, issue of the Journal, "Homoeopathic Health", the organ of the Ceylon Homoeopathic Society, formerly known as The International Hahnemannian Association. Such a journal is quite welcome to the medical world in general and to Homoeopaths in particular. The article under the caption "A layman to a layman" is indeed a useful one and endeavours to impress on the mind of the layman how it is advantageous to know something about Homoeopathy and how Homoeopathy is useful to laymen. It is seen that the next article will be "How a layman can learn to treat simple ailments at home". Such articles are bound to popularise Homoeopathy. We hope that this journal will render itself interesting and useful to Homoeopathic practitioners as well.

ORAL CONTRACEPTIVES: At a symposium on indigenous medicinal plants, Dr. M. L. Gujral, of the Lucknow Mahatma Gandhi Memorial Medical College, made the disclosure that investigations in progress in the college on oral contraceptives had shown encouraging results.

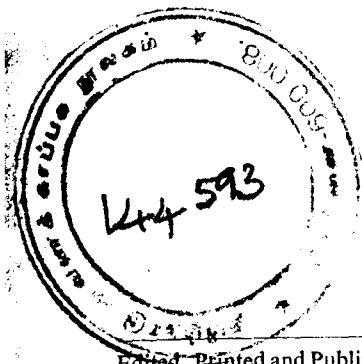
Dr. Gujral said the college had so far screened nine indigenous plants, ranging from *mallotus phillippinensis* to

dalmia extensa R. Br. Phalkantalla, for their anti-fertility effect on rats and guinea pigs.

Of the nine drugs, mallotus phillippinesis showed the greatest effect. It disturbs the oestrus cycle in such a way that the dioestrus becomes predominant and the rats fail to mate. As a result of administration of punica granatum, mating behaviour is not affected but a good number of pseudo-pregnancies are observed.

Mr. A. B. Kar and Mr. J. N. Karkun of The Central Drug Research Institute, revealed that alcoholic extract of the relevant parts of four Indian plants Ulatkambal, Till, Alsi and Methi, reputed to interfere with fertility, were tested on rats.

TO OUR STUDENTS: A haphazard reading of *Materia Medica* does no good. It is frankly impossible to remember all the symptoms of all the important drugs. It is very necessary to know thoroughly the symptomatology of the polycrests such as, Ars Alb, Graphites, Sulphur, Mercurius, Carbo Vegetabilis, Phosphorus, etc. Take one drug at a time and study it in detail for at least one week, making it a point to refer to as many *Materia Medica*s as you can possibly find. This way you will build up a strong foundation for Homoeopathic practice,



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