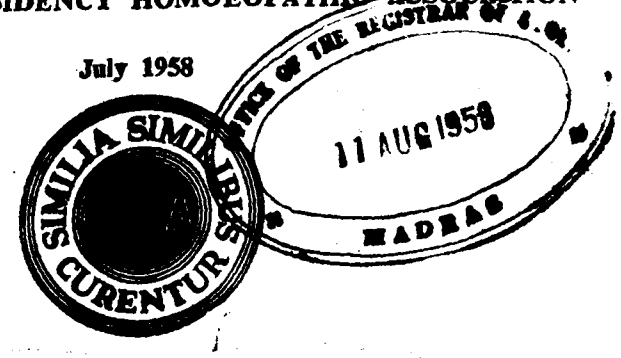
BY

THE MADRAS PRESIDENCY HOMOEOPATHIC ASSOCIATION



July 1958

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

Single Copy : 50 NAYA PAISE

Annual Subscription : Rs 6 for non-members
Free to members

THE

Madras Homoeopathic Journal

(*Published Monthly*)

BY

The Madras Presidency Homoeopathic Association
162, Royapettah High Road, Mylapore,
Madras-4.

Hony. Editor: Sri N. Venkatarama Ayyar.

Vol. V **July 1958** **No. 7**

Editorial Notes and Comments

THE MADRAS LEGISLATIVE COUNCIL

Mr. Patanjali Sastri's Nomination

We congratulate the Madras State Government on their wise decision to nominate Sri M. Patanjali Sastri, former Chief Justice of India, to the Madras Legislative Council in the place of the late Dr. M. R. Guruswami Mudaliar. No better choice could have been made. By his mature experience both as a lawyer and as a judge he should prove of invaluable use to the Council in its deliberations, especially on matters of legislation.

We are particularly happy that the President of our Association has been nominated and we offer our respectful felicitations to him.

THE LATE Dr. N. M. SHAH

The death of Dr. N. M. Shah on the 20th May 1958 removes from the field of Homoeopathy a leading personality and a sincere worker. He met his death under tragic circumstances in a railway accident which occurred to the Kirti Express at Surendranagar on the Western Railway. He was travelling with his wife and children and he and his eldest son died, while his wife and a daughter survived after serious injuries.

Born on the 26th May, 1909 in Ahmedabad, the late Dr. Shah had his early education in the local Tutorial High School and his University education in Bombay. Starting life as a teacher, Dr. Shah got interested in Homoeopathy and after extensive study of it, began to practise it and soon became the leading Homoeopath of Gujerat. In 1942, he formed the Gujerat Homoeopathic Association and was its President till his demise. He was also the life-member of the Bombay Homoeopathic Education Society, of which Dr. Mangaldas Pakwasa, Ex-Governor, is the Chairman.

He started the Gujerat Homoeopathic Journal in 1943 and wrote a number of books on Homoeopathy in Gujerati and was also a frequent contributor to the Gujerat Samachar, a daily newspaper.

Dr. Shah built the first Homoeopathic Hospital in Ahmedabad at a cost of Rs 30,000/- and it was opened by Sri M S. Kannamwar, Health Minister of Bombay State on 24th April 1954. His ambition was to start a Homoeopathic College with the aid of the munificent mill-owners of Ahmedabad City, but before he could realise that ambition, death snatched him away.

May His soul rest in peace !

MEDICINAL AGENTS ACCORDING TO HOMOEOPATHY AND AYURVEDA.

By

Sri. P. Srirama Rao, (Tanuku).

1. Hahnemann started his experiments with drugs from the vegetable, animal and mineral kingdoms for curing sick people. These are the drugs which we find around us and these are the drugs generally employed by practitioners of all systems of medicine. As an Allopathic doctor Hahnemann, was also familar with some of them. His taking of 'Cinchona', the production of symptoms of disease on his person, his intuitive perception of law of similars his subsequent experiments with drugs on the basis of that law and the founding of a system of therapeutics, are all familiar to Homoeopaths.

2. In the closing pages of his 'Organon', Hahnemann expresses certain views which show his broadening vision of medicinal agents. Hahnemann did not lay down his oars and rest after experimenting with the drugs strictly so called. He began to think of subtle physical forces like mineral magnets, electricity and galvanism. He says that 'they are not less Homoeopathic than the drugs strictly so-called. He felt that by his time the positive pure action of electricity and Galvanism was not tested. The powers of the magnet, according to him, can be employed with more certainty by modifying the doses by the length of time of contact with one or the other pole. As for baths of pure water, he says they are partly palliative, partly Homoeopathic. His inquiring mind did not stop with these subtle physical forces. He went still further and turned his search light inwards. Is not the human mind, with its thoughts and feelings, understanding and will the most powerful curative agent? He looked around with a discerning eye and found persons with 'Commanding good-will' sending out their thoughts to others and curing them of their maladies. Such persons cured patients who were in their presence as well as those at a distance. He called these powers 'animal magnetism or 'mesmerism' which according to him differs so much in nature from all other therapeutic agents. In page 309 of the sixth edition of the 'Organon' we find the following statement by Hahnemann:

"This curative force often so stupidly denied and disdained for a century acts in different ways'. It is a marvellous and priceless gift of God to mankind'.

How this force acts in different ways is explained later. 'It acts in part by replacing in the sick whose vital force within the organism is deficient here and there and in part also the other parts where the vital force has accumulated too much and keeps us irritating nervous disorders it turns it aside and distributes equally and in general extinguishes the morbid condition of the life principle of the patient and substitutes in its place the noral of the mesmerist acting powerfully upon him,' for instance old ulcers, anaurosis paralysis of single organs and so forth'. A 'mesmerist' may thus perform 'apparent miracles'—according to Hahnemann. He speaks of both positive and negative mesmerism.

(4) What is the source of the power by which a man can cure others by his will? Was Hahnemann speculating or did he see such persons actually? In page 310 of the 'Organon' he reports a case of resuscitation of a person who had lain apparently dead by a man in full vigour of vital energy. In the foot note to page 310 he says that he saw one such person and such people are not many. He remarks that 'such a person with great kindness of disposition and perfect bodily powers possesses but a very moderate desire for sexual intercourse'. The result is explained as follows:— "Consequently all the fine vital spirits that would otherwise be employed in the preparation of the semen are ready to be communicated to others by touching them and powerfully exerting the will'. He adds that 'such powerful mesmerists with whom he had become acquainted have all this peculiar character'. So, according to Hahnemann, conservation and sublimation of sexual energy is a source of power and if employed by a person of 'commanding good-will, acts as a medicinal agent.

4. Now let us turn to Ayurveda. In Charaka Samhita the five Bhoothas, Earth, Water, Air, Fire and Space and the Mind and directions of Space are said to be substances or Dravyas. If they are applied according to 'Vipareetha Guna' as understood and explained in Ayurveda with due regard to Desa, Kala and Maathra', Country, Time, Dose etc,. they become medicinal agents and cure all curable

diseases.—'Sadhya Sammata'. Not only physical substances, but mind also is said to be a curative agent. Indian Philosophy tells us that mind is the cause of bondage or salvation.

5. Persons who conserve their sexual energy and send it upwards 'Urdhwa Rethasca' have curative powers. We see in India several persons with Yogic powers healing others. Hahnemann thought that the mesmerist or magnetiser transfers his energy to the patient. Swami Vivekananda in his book on 'Rajayoga"—while dealing with Prana says "that in the case of one man trying to heal another, that the first idea is simply transferring one's health to the other".

In the 'Jwara-adhaya' Charka, says that fever is cured by 'Prayer to God etc., and by 'Sadhunam Darsanenacha' by seeing spiritually great persons. This is illustrative of other diseases also. Charaka says that such powers are required 'Brahmacharyena, Tapasa, Satyena, Niyamenacha, by continence, austerity, truth and discipline.

6. In Charaka Samhita diseases are divided into two classes Sareeric and Manasic for convenience. 'Sareeric' diseases are cured by two methods. 'Yogavyapasraya' Chikitcha' and 'Yukti Vyapasraya Chikitsa'. The former includes 'Swasthi Bali', 'Mangala', 'Homa', 'Prayaschitha', 'Upavasa', 'Manthra' etc. Blessings—charity, sacrifice, penance, fasting, repetition of sacred words etc. The latter deals with employment of medicines. As for 'Manasic' diseases, they are said to be cured by 'Jnana', 'Vignana',—'Dhairya', 'Smrithi' and 'Samadhi'. Spiritual and scientific knowledge cures ignorance. Courage cures fear and despondency, memory of the soul cures forgetfulness and concentration and absorption or superconsciousness cure all weaknesses of the mind and balance it. This method is called in Ayurveda as 'Sathwapajaya' or 'Manonigrana'. Those who conquer their minds are fit to be the best doctors. That is why along with other qualifications like knowledge of medicine, experience, ability, etc., 'Suchithwam' or purity of mind is prescribed. It helps the doctor to cure the patient by his will. So far as this subject is concerned, a reference to them is enough here. We need not go into detail. Hannemann speaks of 'psychic remedies' in certain mental cases in his Organon.

7. Hahnemann also refers to third persons curing patients by their will power. He does not deal at length with a patient curing himself by his will power i.e. self-healing His law of similars is also one method of self-healing but only through the agency of a medicinal drug. Without such a drug Hahnemann proclaims that a third person can heal a patient if certan conditions are fulfilled. A man can also heal himself if these requirements are met. This is the subject matter of Yoga and self-realisation. But medicine and spiritualist are not apart. They are inter-connected. At any rate Hahnemann did not think them to be so. What he warned against is speculation. He would bow to truths realised by experience. But all people cannot cure themselves. A large number of them have to be cured by others. The conditions to be fulfilled are hard and those who discipline themselves as well as others accordingly can cure by will power also. We find a comprehensive and analytical treatment of the subject in Ayurveda. The Organon shows that Hahnemann's mind was running in the same direction as regards medicinal agents.

CASE REPORTS

By

Sri R. Ramachandran (Madras)

Case 1: On 15—3—58 at about midnight I received an SOS to treat a child of about 6 months. The child was extremely cold to touch, unconscious, abdomen bloated, pulse very feeble, and obviously sinking. The child, it would appear, was habitually constipated and was running temperature for 3 or 4 days previously. It was treated by a physician (not homoeopathic) and the fever promptly subsided in a day, but the bowels did not move. Two more days passed by, and the child was running sub-normal temperature, and still there was no bowel movement. By about 10 P.M. on that day, it would seem, the anxious symptoms developed. The parents of the child could not give any further details.

Warning the parents of the gravity of the situation, I advised the child to be rushed to the hospital. But they were much distraught then and feared that the child might hot survive the journey to the hospital. With tearful eyes they entreated that I do the best I could.

Dissolving 4 pills of Carbo Vegetablis 1M in a glass of water. I started administering teaspoonful doses every 15 minutes. I stayed on for an hour watching the condition of the child. By 1 A.M. warmth was returning and the child became restless. All of a sudden, the child gave a loud yell which was followed by an unexpected bowel movement with two prominent black lumps in the stool. I was anxious to know what they were. The parents were looking sheepishly at each other, and on my insistence, came out with the true story. Under the impression that the continued costiveness of the child produced the sub-normal temperature, they had inserted into the rectum two glycerine suppositories that evening at 7 P.M. on their own responsibility. By about 10 P.M. the troubles developed.

So here was the probable clue. The glycerine supposi tory requires body temperature to melt and exert its action It evidently did not melt due to the sub-normal temperatur. and had aggravated the condition of the cdeh alarmingly.

The next evening the child was normal. I always attempt to draw a lesson from the case treated by me or by anybody else. The lesson here is: The danger of uninformed medical treatment.

Case 2: Here is a case which, though not presenting such alarming symptoms as the previous one, very nearly tripped me off. Here too the patient was a baby of about 10 months. It was plumpy and sprightly and looked a picture of health. But its fair skin was covered fairly extensively, especially on the trunk, with red looking spot beneath the skin, almost resembling measles. At first sights one thought it was a mild form of measles, but was informed it had persisted for four months. The ubiquitous pencillin had yielded no results. Beyond this, and beside the fact that the child was generally constipated, being fed on tinned food, no other facts, causative or otherwise, could be elicited. But observing two prominent vaccination marks on the arm, I enquired whether the skin trouble originated before or after vaccination. The reply was yes, it started a few days after vaccination.

On hearing such a practical piece of information, the homoepath's heart leaps with joy because the causative factor is spotted.

Prescription: 20—10—57: Thuja 30 one dose a day for three days and sac lac for 6 days.

1—11—57: No improvement. No further details could be had despite searching questions. Sac lac for 5 more days, in the belief that the case might clear up by that time.

6—11—57: Still no improvement. Being very much intrigued I questioned the mother at great length regarding the diet given to the child and any other articles given. She described with full particulars one complete day's feed. Lo and behold, the trick was out. The child was given, every night, one dose of gripe water regularly ! This gripe water was being given in addition to the homoepathic medicine administered.

I explained that even gripe water was a drug likely to interfere with homoeopathic medicines and forbade its use. On 8 - 11—57 one dose of Thuja 200 was administered. The next morning the red spots were perceptibly less and in four days, completely disappeared.

The lessons in this case:

(a) The popular belief that gripe waters, magnesia, etc, are not harmful drugs and that they promote digestion and health.

(b) The corroboration of Hahnemann's teaching (para 5 of the Organon) regarding the removal of obtacles to cure.

(c) The discriminating homoeopath should be able to guess that many of the illnesses arising in children after 6 or 7 months may be largelly due to vaccination.

Note: Why, from among so many remedies mentioned for the ill-effects of vaccination, Thuja alone was selected, was posed by a homoeopath from Pakistan in a recent Issue of this Journal. This is a matter that requires fuller elucidation for which there may be a further occasion.

DIABETES

By

Dr. D. P. Kerewgoda (Coimbatore)

The causes, effects, symptoms and complications of this dreaded disease are too well known to call for any preliminary explanation before going into therapeutics. The leading therapeutics too are so well known that we are apt to prescribe a remedy, a popular anti-diabetic in our hands quite right out, without taking into account the individual or even specific symptoms of the case before us.

Most of the cases of diabetes have some symptoms in common and there are symptoms common to all cases of diabetes. We also possess a number of remedies considered effective in all cases. These facts, however, do not justify our easy going through short cuts, leaving aside our law of similars and deviating from well adopted procedures for the sake of brevity. The real brevity in fact lies on the other side. A few minutes saved by the physician means to the patient, some months or even years of undue suffering. If we are to effect a true Homoeopathic cure in this regard, the patient's introduction should be made to serve us to a very limited extent when he presents his sugar measure.

Some of us resort to this sugar scale for determining the progress, blindly prescribing an anti-diabetic at high percentage of sugar content in urine, without paying due attention to the individual symptoms available in the particular case. When the scale registers a reduction, we take it that the case is improving while other symptoms remain unchanged and the patient is put on a long term treatment. On discontinuing of the treatment the scale works again. There are people continuing almost permanently our Sizygium and Uranium in their semi crude forms to have the sugar scale as well as the quantity of urine secreted at the lowest possible degree. These remedies are undoubtedly good and they should necessarily continue to enjoy our appreciation but not to the height of infallible specifics in all cases. The other school of thought would have us believe that material effects such as astringent of these remedies keep on checking sugar and excessive secretion. But their Homoeopathic effects are well demonstrated by their administration in highly attenuated forms under clear indications.

The assistance of the sugar scale is indispensible to the old school in reckoning the case for christening as well as in determining the 'improvment'. But in our case there is no necessity to give a name to an ailment for the purpose of restoring normal health, and there is nobody who will just get urine examined to find if diabetes is present unless the suspicion due the presence of some other symptoms induces to do so. Total collection of such symptoms can be removed without resorting to any christening.

Let us not thcrefore, depend upon sugar scale for our guidance, but upon the totality of symptoms in the individual case as true Homoeopaths. There are symptoms common in all cases termed diabetics but there are also some of them peculiar to individual cases, calling for particular attention.

Before proceeding further, it is at times found worth while to grant a hearing to Acetic Acid as it may clain the position or our more famous Phosphoric Acid.

Losing flesh when living well is a marked symptom in most of cases thus providing another pair in Iod and NM for consideration.

Much dragged and drugged cases often yield to Nux and Sulphur.

Biochemist's claim that NP and NS alteration acts almost as a specific deserves our attention.

Frequent urinating day and night, unable to retain is the most marked symptom, our Lactic Acid can top the list.

While the cases of nervous origin yield to Phosphoric Acid, cases originating in dyspepsia or assimilative derangement with emaciation and tendency to ascites find Urenium Nitrate beneficial, both in higher attenuations.

If we act on these lines, strictly adhering to symptomotology, the large number of remedies covering all symptoms affecting urinary organs and their functions and also those observed in cases termed diabetes, will enable us to claim a tremendous victory for Homoeopathy, as elsewhere, in this front too.

THE VALUE OF THE "INDIVIDUAL APPROACH" IN MEDICINE *

Emphasized and Exemplified by Experiences in Homoeopathic Prescribing

By

Dr. D. M. Gibson

[*Paper read at the Joint Homoeopathic Congress in London on July 27, 1950]

The physician is confronted by and concerned with two main problems. The first is that of *diagnosis*—what's going on here? The second is that of *treatment*—what's going to be done about it?

A vast amount of time and energy is expended in the pursuit of *diagnosis*, but too often all that can be offered in this respect is a non-committal descriptive appellation such as erythema nodosum, paralysis agitans, sciatica brachialgia, or, in veterinary practice, such terms as staggers or hard pad. Such a diagnosis is but a description of one outstanding symptom and, while it may serve the purpose of attaching a disease name label to the patient, it leaves one without a clue either as to the true pathology of the condition or the treatment required.

In other cases the diagnosis may suggest the aetiological factor concerned, for example thyrotoxicosis, hay fever, tuberculosis, avitominosis, or the fashionable, present-day psychosomiasis. Again the diagnostic appellation may seek to suggest the underlying pathological condition as in such terms as arthrosis, arthritis, pneumonia, hepatitis, nephrosis, nephritis and so on and on. But, even when the suggested diagnosis is based on pathological findings or inferences, it is seldom entirely adequate or entirely reliable, at any rate antemortem. The late Sir Bernard Spilsbury was renowned for the thoroughness of his investigations, including exhaustive histological examination of morbid material. He was asked on one occasion how often he had to alter his provisional diagnosis as to the cause of death as the result of these latter and he replied, "In approximately 60 per cent." This is a sufficiently striking commentary from so learned and expert a source on the probable inadequacy and possible inaccuracy of only too

many ante-mortem diagnosis, even when these are arrived at with the aid of the ever-increasing array of modern diagnostic gadgets and laboratory techniques.

The diagnostic term too often suggests the location of disease in, or the localization of disease to, one organ or system of the body when, in point of fact, it is *the whole body that is sick*. The local symptoms are but one, perhaps the most obvious, not necessarily the most significant, manifestation of the sick state, but it is the body as a whole that is affected. How important then to approach the problem from the individual aspect and to endeavour to assesss and treat the sick man in such a way that the cause of his morbidity will be removed. To merely seek to control the local symptons may leave the fundamental cause of the state of ill-health unaffected and still present, in other words, may come far short of cure. The widespread nature of so many sick states was very forcibly illustrated in a recent pronouncement on Grave's disease, exophthalmic goitre, which many of us were taught to consider as a disease of the thyroid gland. Speaking at University College Hospital in June of 1949, Professor J. H. Means of Harvard University said, "Though hyper-thyroidism is usually present at some stage of Graves's disease this is not to be regarded as a relatively simple endocrinopathy: it is a *widespread and complex constitutional disorder* involving, besides thyroid, other endocrine glands, the tissues of the orbit, the spleen, the thymus, and the lymphatic, reticulo-endothelial, haemopoietic, muscular, nervous and, very likely, other bodily systems."[1]

What is true of Graves's disease is most certainly also true of a great many other sick states the diagnostic label of which suggests a local or circumscribed pathology. The fragments of pathological information provided by microscopic examination of small portions of tissues after removal from the body, or by this and that laboratory technique, are often replete with interest, but too often the true nature of the morbid processess responsible for the sick state remains provokingly obscure and the real cause of the deviation from health eludes discovery. In other words, problem No. 1 still remains unsolved: one is still left guessing as to "what is actually going on here".

Thus, even when a so-called diagnosis has been reached by the expenditure of much time and labour, and, possibly at the cost of considerable discomfort and distress to the patient, the solution of problem No. 2 is not greatly elucidated. To attach a label of, say, infective hepatitis, pneumonic plague, toxic neuritis, disseminated sclerosis, aplastic anaemia, Hodgkin's disease, von Mikulicz's disease, periateritis nodosa, even asthma, may afford some slight solace to the diagnostician but the physician is still left more or less where he was as to the urgent problem of therapy and how to cure the patient.

The vitally iinportant factor that so often eludes detecton is to quote Professor Mean's phrase, "the complex constitutional disorder" underlying the symptom picture. This is liable to be a highly individual matter, and, if it is to be understood or, at any rate, assessed as a target for accurate therapeutic aim the individual approach is obviously called for.

It is, of course desirable that a diagnosis on pathological grounds should be attempted and no effort should be spared in reasonable measures to this end. Even if the whole truth cannot be laid bare it is well to know as much as one can about the morbid processes present in any particular case, provided that one does not allow one's self to be misled, and bears in mind the fact that there is probably much more hidden than has been revealed.

There is perhaps a danger in these days of elaborate laboratory procedures, and ingenious mechanical aids to diagnosis, of a certain *loss of balance*—a pre-occupation with problem No. 1, viz. diagnosis, to the possible derogation of problem No. 2, namely treatment. If the actual total of man-hours expended in the pursuit of diagnosis could be assessed and compared with the total amount of time spent in actually allevating suffering and curing disease the result might give one cause to pause and consider.

Is there not, perhaps, a tendency in these days of ever-increasing speeding-up to cut short history-taking and scurry through physical examination and " pass the buck " to the radiologist, the biochemist, the haematologist, the biopsist, the electro-encephalographist, the serologist, the allergist and so on, and on? Valuable as these ancillary sciences and auxillary aids to diagnosis undoubtedly are,

they are costly both in time and money, and not always of very great assistance in the all-important matter of the comfort and the cure of the patient.

The sick individual indeed may undergo the discomforts and distresses of multiple punctures—venepunctures, lumbar punctures, liver punctures, sternal punctures—ureteral catheterization, intubations various, endoscopies various instillations of opaque media into bronchi, of air into cerebal ventricles, and other procedures, *each with its attendant risks*, and at the end be very much " in *status quo* " as regards the relief of symptoms and the cure of his malady.

There does seem to be a case for caution and seeking to maintain a salutory balance between the time and enthusiasm expended in the quest of diagnosis by ancillary procedures and that devoted to direct clinical contact with the patient as an individual personal problem for investigation and thereapy.

These time-consuming ancillary procedures often deal with very small portions of the patient's tissues, usually after removal from their natural surroundings in the living body; or they are highly specialized techniques of investigation relating to one particular organ or system. Those undertaking them are, perforce of circumstances and training apt to be interested mainly in the particular sample submitted for investigation or the particular organ under survey. Little cognizance is, therefore, taken of the patient as an individual whole, an individual who is sick because of some deep-seated and widespread deviation from that perfect balance of vital functions that spells health.

The factors responsible for this disturbance of normal function may indeed be of a nature that cannot be portrayed on an X-ray film, or aspirated for chemical or microscopic investigation. Their assessment may call for clinical specialism, the quiet, unhurried, skilful interrogation and investigation of the patient and the evaluation of his symptoms as evidence of an underlying state of disordered metabolism.

It is interesting in this connection to note that such a point of view finds advocates among those whose opinion ranks high in the present day professional world.

Sir Cecil Wakeley: "Let us approach our patient determined to make our diagnosis before we submit him or her to endless biochemical, metabolic, radiological, and instrumental investigations. Though these investigations can certainly be helptul they are tedious and fatiguing to the patient; moreover they are sometimes misleading and may result in irreparable damage from delay. They should be used, as required, for confirming a diagnosis, but not for making one." "There is a great danger of a Machine Age in Diagnosis." "The various manifestations of disease can only be appreciated to the full by careful, and often repeated, clinical examinations. Do not rush to machines. Be doctors first and technicians last." "Let not the days of clinical acumen be numbered." "Human beings are not mass-produced and each one is different, and it is up to the clinician to discover the differences in his several patients so that hs may truly interpret the signs and symptoms correctly."[2]

Professor J. A. Ryle; "It would not.....be an exaggeration to say that many patients to-day are seriously over-investigated; that for lack of careful personal and social histories many unnecessary investigations are daily carried out; that insufficient thought is often given to the question of how far necessity and how far curiosity are the compelling motives in applying multiple and frequently uncomfortable tests.....We can no longer justify what is often, in the first place, an unscientific in the second (from the patient's point of view) a too exacting, and in the third a too costly sysetm of diagnosis."[3]

Dr. Alan Gregg, speaking to the Americian College of Physicians, ".....a sleight of hand artist can divert our attention from one move he makes by making at the same instant another move that is spectacular and pre-occupying ! Look at the dicky bird!' is in effect a blinding command... Science provides us with instruments of entrancing accuracy, with oil-immersion lenses and potentiometers and spectographs and X-rays, all of which are superbly efficient for seeing parts of the total picture. But even these remarkable instruments do not excuse us from the task of looking at the whole picture or of deciding what part of the total picture is worth looking at. Quite to the contrary, they make it seductively easy to look at something *merely because it can be seen.* Now even if an instrument of precision will automatically register, measure, and record a singularly active and colourful dicky bird, we may be giving all our attention to what is no better than a dicky bird for all its beautiful verifiability..... Rapt attention to the part is the best guarantee that the whole will be ignored."[4]

Professor Robert Platt: "It has seemed to me for a long time that good doctors differ from bad ones in two major respects. The time they devote to history-taking and the ability to interpret a history correctly is the first. The second is their ability to formulate a plan of treatment .....I know that I am not alone in thinking that history-taking is the greatest art in medicine.....There is a special reason why the value of history-taking needs to be emphasized to-day. We are embarking upon a National Health Service in which laboratory facilities will be freely available for the first time to ordinary patients in general practice. The practitioner is sometimes under the illusion that the consultant's work is relatively easy—he has the resources of the laboratory and the X-ray department at his disposal and has only to set the machine in operation for the correct diagnosis to be produced for him. The consultant of experience knows full well that it is not so. He knows how wasteful and misleading the ancillary services may prove if due care has not been given to the initial examination of the patient and above all to his history. If laboratory and X-ray services are to be intelligently used, history taking must become more, not less, important and it is a task which in difficult cases, can never be delegated."[5]

These are weighty pronouncements. They seem to bear out the contention that there is room for re-emphasis on the importance of the individual approach in medicine and of the absolute necessity for allowing ample time for leisured and meticulous case-taking and clinical investigation. They also accord a very high value to the art of "clinical specialization" and utter a warning lest this art should be lost or belittled by short-cut methods of routine mechanical examinations.

Surely it is *just here* that Homoeopathy has a most valuable contribution to make. From the very outset its founder laid emphasis not only on the desirability, but also on the absolute necessity for the individual approach and for the regarding of the problem of sickness and disease as

one involving the body as a whole. This was in relation both to problem No. 1, diagnosis as far as practicable, and also, and even more emphatically, to problem No. 2, the treatment of the sick person and the removal of the cause of his symptoms where metabolically possible.

In this insistence on individualization both in relation to diagnosis and for guidance in treatment, Homoeopathy is not out of date, and never will be for the sons of Adam, and indeed all living creatures, depend for health on vital functions and reactions that are not only complex but highly individual. It follows from this that treatment by rote and prescribing by dignostic label are procedures not only thoroughly unscientific but fraught with possibilities of dire harm. This is exemplified only too poignantly by the tragedies which occur from time to time as the result of individual sensitivity, anaphylactic shock, serum sickness, acute anuria, agranulocytosis, exfoliative dermatitis, transfusion incompatibility and other untoward forms of tissue reaction. For the comparatively few, who suffer such violence as the result of treatment with obviously toxic drugs, there must be a great many more, who suffer minor degrees of tissue damage and interference with vital function, with much sublethal ill health as the consequence.

We need, therefore, feel no shame in seeking to perpetuate the principles of Hahnemann both in insistence on the individual assesssment of the case and in the therapeutic method of prescribing on the individual personal and peculiar indications rather than in a routine manner. Not only does this provide greater accuracy of therapeutic aim but also a greatly minimized risk of untoward reactions.

A number of case histories are added here as being, it is hoped, illustrative of the foregoing contentions. For the sake of brevity they are presented in the form of brief summaries, recording only those symptoms adjudged to be of high value in making selection of the indicated remedy. Probably the cases could have been handled much more skilfully, but here they are:

Case Summaries

E.C., male, age 39. *Asthma*

This man had suffered from asthma for thirty-two years, in fact almost all his life; was having attacks almost nightly.

October 23rd, 1947. Even tempered, touchy, weepy as child. Pleasant placid, portly. Very averse stuffy room, craves air. Not thirsty; *Puls.* 200 (ii).

November 19th, 1947. Definitely better. S.L.

December 31st, 1947. No attacks; *Marmorek* 30 (ii).

September 30th, 1949. Improvement has been maintained to date with no further asthma but occasional wheeziness, on occasional doses of *Puls.* 200, 1*m*, or 10*m*, on one occasion *Ars. iod.* 6 b.d. for two weeks, and once *Phos.* 30 b.d. (vi) on account of tight feeling in chest. In April, 1948, stayed at Swindon and slept with impunity on feather bed, "which formerly always made him ill".

In September 1949, *reported* no cough, no sputum, "no sitting up in bed trying to breathe now".

A.C., male, age, 51. *Asthma*

This man had suffered from asthma for ten years with, recently, constantly recurring attacks.

September 17th, 1947. Hates fuss and sympathy; very averse reproof. Shiny skin. History of malaria for seven years; *Nat mur.* 200 (ii).

October 15th, 1947. Was better for three weeks then got bad cold; S.V.R. Given *Nat. mur.* 200 only S.O.S.

March 5th, 1948. No, further attack; *Nat. mur.* not needed.

October 10th, 1949. Writes, "Thanks to your teatment I only get attacks of asthma very seldom now. In fact I am nearly free of them. It is months now since I had one. What a relief!"

S.R., male, age 19. *Asthma*

Had suffered from asthma since age of five; gets attacks daily for a week or so, then has a free interval for three or four weeks.

February 27th, 1948. Quick temper; trifles annoy. Averse fuss and sympathy. Likes salt *Nat. mur.* 10*m* (i).

April 9th, 1948. Still getting attacks every six days, but less severe; S.V.R.

May 11th, 1948. Bad attack last week accompanied by a bilious headache; *Prot.* 30 o.m. (vi).

July 9th, 1948. Still a weekly attack, associated with gastric upset and relieved by vomiting; feels the cold; worse least draught; periodicity; *Ars. alb.* 30 (ii)

August 3rd, 1948. Much better, only two very mild attacks; S.V.R.

August 31st, 1948. Only one very mild attack; S.V.R.

September 28th, 1948. No attacks; feels better; S.V.R.

November 2nd, 1948. No attacks; feels much better; *Bac.* 30 (monthly).

Decembr 29th, 1948. No asthma; no "colds"; given *Ars. alb.* 30 p.r.n.

October 21st, 1949. Return of bout of indigestion, accompanied by not very severe asthma in September, and took *Ars. alb.* Now better but indigestion persists; better by eating; desires hot food; *Lyc.* 30 (iii).

November 11th, 1949. No asthma; still feeling as if "had eaten too much and were paying for it"; *Nux vom.* 6 b.d. (xxviii).

December 9th, 1949. Was much better while taking *Nus vom.*, but two slight attacks after changing to S.L.: *Nus. vom.* 12 b.d. (xiv).

January 13th, 1950. A bilious attack before Christmas but no asthma.

Thus has been almost entirely free from severe asthmatic attacks since first dose of *Ars. alb.* in July, 1948. The close relation between asthma and gastric disorder is a marked feature in this case.

G.M., male age 14. *Asthma*

Had suffered from asthma for seven years, after an attack of measles complicated by pneumonia and pertussis. Asthmatic attacks were occuring every fortnight

November 8th, 1948. Attacks occur about midnight. Must sit bolt upright. Accompanied by great exhaustion and profuse sweats Active: tidy; apt to worry. Spare, fair, delicate skin; *Ars. alb* 12 b d (vi).

December 6th, 1948. No attack; *Ars. ab.* 30 s.o s.; S.V.R.

January 3rd, 1949. Had to take *Ars.* three times; *Morb.* 30 n.m. (iii).

January 31st, 1949. One attack in first week, none since; S.V.R.

February 28th, 1949. Much better; no attacks; S.V.R.

March 30th, 1949. Very slight attack in mid-march with a cold; took *Ars.* : feels much better now; *Marmorek* 30 (ii).

April 25th, 1949. No attacks; no cold; *Marmorek* 30 (ii).

May 23rd, 1949. Got overheated playing cricket and felt tightness in chest this a.m. at 4 o'clock. Took *Ars. alb.* (ii).

August 3rd, 1949. Feels better; two very slight attacks: S.V.R.

August 31st, 1949. Only one very slight attack; S.V.R.

September 28th, 1949. No attacks; S.V.R.

November 2nd, 1949. No attacks; feels very fit; *Bac.* 30 (monthly).

December 29th, 1949. No attacks; no colds; stop S.L.

In this case it would appear that the employment of the indicated nosode was of very definite value.

E.D., male, age 41. *Asthma.*

Had suffered from asthma for the last ten years and also as a child. Attacks very frequent and very severe—crawling around on the floor on all fours gasping for breath.

August 8th, 1947. Wakes in attack at 1 to 2 a.m. Extremely tidy. Very restless; over-anxious re trifles. Attacks aggravated by emotional stress. Craves air; *Ars. alb.* 30 (ii).

September 1st. 1947. Feels much better; repeat *Ars.* s.o.s.

September 22nd, 1947. On September 8th took *Ars.* for a slight relapse, then better again till a few days ago; S.V.R.

October 20th, 1947. Much better; no attacks; S.V.R.

January 20th, 1948. Reported attack of haematemesis and melaena on December 24th. No further asthma; *Ars. alb.* 30 (ii).

January 26th, 1948. No asthma; pruritic eruption in perineum; *Kreos.* 30 (ii).

April, 20th 1948. Asthma under control, but slight dyspnoea at night; *Ars. alb.* 30 (ii). No further asthmatic attacks till August 6th, when received bad news of sudden death in family, and asthma returned and proved rather obstinate; *Ars. alb.* 30 t.i.d. (for a few days).

August 20th, 1948. Asthma still troublesome and worse least agitation; *Ign.* 200 (ii).

September 3rd, 1948. Still not better; severe suffocating attack after midnight; *Spong.* 12 t.i.d. (xviii).

September 7th, 1948. Attacks continue; *Ars. alb.* 1*m* q.8.h. (vi) and *Samb.* 12 t.i.d., later p.r.n.

September 14th, 1948. No better; *Sulph* 1*m.* (i).

September 28th, 1948, Was better after *Sulph.* till yesterday, when fresh attack at 1 a.m. ; *Ars. alb.* 10*m* (ii).

October 5th, 1948. Asthma better, but coughing a good deal, with frothy sputum; *Ipec.* 6 b.d. (xiv).

October 19th, 1948. No attacks; cough better; S.L. From this date till January 27th, 1950, has remained free from asthmatic attacks; has been given *Ars. alb.* about five times during the period of fourteen months for slight wheeziness and occasional cough with white frothy sputum. Stated in August, 1949, " The best summer I've had for fifteen years."

K.P., male, age 62. *Asthma.*

The asthma in this case was complicating a chronic bronchitic chest condition and had been present for three years. Attacks were very frequent and aggravated by the slightest exertion, such as getting out of bed.

December 8th, 1948. Great severity of attack, gasps for breath and must hold on to chest. Relief from belching and from bending backwards. Flags in heat. Often worse 4 to 5 p.m. Easy satiety; prefers hot food; tidy; touchy. Tears when thanked; trifles annoy. *Lyc.* suggested, but on account of type of attack; *Spong.* 6 t.i.d. (xxi).

December 22nd, 1948. Feels better; a few attacks, but less severe; S.V.R.

February 25th, 1949. Has had influenza with pneumonia and slight return of asthma; worse on damp days; *Nat. sul.* 30 b.d. (vi).

March 11th, 1949. Very much better; no more attacks; some bronchitic cough: *Ant. t.* 6 b.d.

April 8th, 1949. Much better; cough is worse from damp; *Nat. sul.* 30 b.d. (vi).

May 6th, 1949. Better; can do quite a lot of jobs " he has not been able to tackle before "; no further asthma when seen on July 1st, but was feeling the heat and complained of indigestion about 7 p.m. *Puls* 30 b.d. (xiv).

A very asthenic, chesty individual, but the acute asthmatic attacks were relieved by selective prescribing.

R.M., male, age 36. *Asthma.*

This man gave a history of very, severe asthmatic attacks which he attributed. probably correctly, to contact with dust at work which he said contained " 90 per cent." copper. The attacks had occurred once or twice a week during the past six weeks.

February 9th, 1940. Frightful suffocation with wheezing about 4 p.m. or 3.30 a.m.; dyspnoeic on effort; *Cup. met.* 6 b.d. (xiv).

March 8th, 1949. No further severe asthma: not dyspnoeic now, but has cough worse contact cold air; *Rumex* 30 b.d. (xii).

March 22nd, 1949. Some recurrence of asthma since March 10th; advised change of occupation; *Cup. met.* 6 b.d., p.r.n.

April 12th, 1949. Took *Cup.* for one week; symptoms continued for two days then attacks ceased; and has remained well to date. This man reported in October, 1949, by letter, " I am glad to say that I am in perfect health and have had no difficulty with my breathing since I changed my job. "

XXII INTERNATIONAL CONGRESS OF HOMOEOPATHIC MEDICINE

Dr. Robert Seitschek has issued the following appeal to Homoeopaths:

"To-day I take the liberty of directing your kind attention to the XXII Intenational Congress of Homoeopathic Medicine, which will take place at Salzburg, from the 8th to the 12th of September 1958. I think that the subject, "Homoeopathy and Science," represents a most important problem for every physician.

Once this question ought to be and must be discussed before an international forum. This congress, made by the Liga Homoeopathica Internationalis Medicorum, together with the Austrian Society of Homoeopathy, however, will not be successful, unless a large number of physicians will take actively part in it.

By this Congress we not only expect a closer international scientific co-operation of homoeopaths, but we will try to convince and win all those who hitherto have kept from homoeopathy in hesitation.

I would invite most instantly all colleagues, kindly to take a very active part in the Congress by personal scientific papers and discussion. We have succeeded in engaging one of the best simultaneous translation services that will be able to create the spontaneous impression of the living word. However, considering the very important expenses that such a service involves, a certain minimum of congressists is required. English, Frensh and German will be the official languages of the congress. A principal report must not exceed 15—20 minutes. The general term for sending the papers to me has been extended to the 15th of April, but in special questions and after advice, a further prolongation can be given. As we intend to place the papers at the disposal of the translators, kindly let me have two copies of the reports.

May I be permitted to give another important advice: It is not without intention that we have chosen one of the most beautiful towns of our country for the scene of our meetings. We endeavour to offer you, as a compensation

for the hard work during the Congress, an adequate relaxation, by combining the scientific programme with a series of well selected arrangements of recreations characteristical for Austria, and above all for Salzburg. So it is my firm conviction that the days which you are going to spend in Salzburg, will in every way remain an unforgettable event of your life, for the name of Salzburg evokes a very precise idea everywhere in the civilised world.

Should you, as I presume, combine this congress with a plan for your vacations, you will find the fulfilment of all your holiday wishes as well in the town and province of Salzburg as in the other parts of Austria, be it that you prefer the mountains or the lakes as the place for your recreation.

In order to facilitate to all the colleagues, from the financial point of view, their taking part in the Congress, there will be boarding available from 60 Austrian Shillings daily for one person. (Of course, by going up in the prices, every kind of comfort is attainable at Salzburg.)

Many renowned physicians (from France, Germany and other countries) have already interesting subiects for discussion at the Congress. Moreover, a varied and attractive programme of recreation will be offered to you, from which you will have no difficulty to select that which you will find most agreeable.

NEWS AND NOTES

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

Deputation to the Union Health Minister

A deputation of the All India Homoeopathic Medical Association waited on Sri D. P. Karmarkar, Minister of Health, Government of India, on the 5th June 1958 and made representations amongst other things on (1) the adverse effect of the Medical and Toilet Preparations (Excise Duties) Act, 1955 on Homoeopathic practitioners and (2) the recognition of Homoeopathy in all states on a uniform basis.

On the first question, they requested the Government to declare all homoeopathic medicines as unrestricted and charge a duty of Rs. 5/- per L. P. gallon.

On the second question, they pointed out that Homoeopathy remained yet to be recognised in the States of Assam, Madras, Mysore, Rajasthan and Punjab and pleaded for the Central Government advising the State Government to recognise it and enact Homoeopathic legislation as early as possible and constitute Boards of Homoeopathic system for the registration and training of practitioners.

The Health Minister promised to consider the matters sympathetically.

The deputationists were Drs. V. D. Kashyap, D.L.B. Nigam, P. N. Bhatnagar and Seh Dev.

A New Homoeopathic Charitable Dispensary for Calcutta

The 46th Ward Mandal Congress Committee has opened a free Homoeopathic Dispensary at 1/E, Ramnarayan Motilal Lane (South of Santosh Mitra Square) to provide free treatment to the distressed people of the locality. Dr. Das is incharge of the Dispensary, which remains open between 7-30 and 8-30 A.M.

The Ludhina Homoeopathic Association

At the annual meeting of the Association held on the 15th June 1958 under the presidentship of Dr. Ashvini Kumar, the latter was elected President and Dr. V. R. Tewari Secretary. A Committee was also constituted. The resolutions passed regarding the Punjab Homoeopathic Act pleaded for the period of practice for registration being fixed at 5 years instead of 10 years and for all the registered practitioners to be given full rights to issue medical certificates to the patients.

The Ambala Homoeopathic Association

The Annual meeting of the Association held on 10th April, 1958 elected Dr. G. S. Bhatnagar as President, Dr. C. M. Paul as Secretary and also elected an Executive Committee.

At a meeting held on 3rd on June '58 Dr. L.C. Khanna addressed the members, elucidating the provisions of the Punjab Homoeopathic Practitioners' Act of 1958 and pointed out the objectionable features which required removal.

The Nimar Homoeopathic Association

The Executive Committee of the Association has requested the Government of Madhya Pradesh to start a Homoeopathic section in the Government Main Hospital, Khandwa, for the benefit of the poor section of the population.

The Rajasthan Homoeopathic Association

The Executive Committee of the Association, at its meeting held at Jaipur on the 8th June 58, under the presidentship of Dr. Chandra Prakash Jhunjhnuwala, appealed to the Central Government to establish a separate Central Directorate for Homoeopathy as it would be conducive for the better development of the system. It pointed out the desirability of impressing upon the various State Governments the necessity of similar State Directorates and establish hospitals and dispensaries, providing homoeopathic treatment in the states.

The Rajasthan Government was also requested to introduce suitable legislation early for the registration of Homoeopathic practitioners and for their training.

Homoeopathic College for Kerala Inaugurated

Inaugurating the Homoeopathic College at Athurasramam near Kottayam on the 14th July 1958, Dr. K. G. Saxeha, Homoeopathic physician to the President of India

and Member of the Homoeopathic Advisory Committee, pleaded for the same encouragement being given to Homoeopathy which was a scientific system and dealt with diseases more efficiently and quickly than any other.

The first of its kind in Kerala, the College will have provision for 60 students to begin with. The estimated initial expense is Rs. 4,00,000/- and the recurring annual expenditure over Rs. 1,0.,000/-.

Dr. Saxena welcomed the State Government's decision in agreeing to start a hospital at its own expense to enable this college to function, but at the same time, requested it to help the organisers in running the College also. He said there was provision in the Second Five Year Plan for such encouragement. If the State Government contributed one-third of the expenses, then the Centre would contribute the remaining two thirds. He felt sure the State Government here would give this matter sympathetic consideration.

Dr. Saxena emphasized the need to establish a Homoeo Directorate to co-ordinate the various branches of study.

REVIEW

ELEMENTS OF HOMOEPATHIC PHARMACY

By

Dr. P. Sankaran (Bombay)

This valuable booklet dealing with that department of medical science consisting of the collection of drugs and preparation, preservation and dispensation of medicines called 'Pharmacy' is a welcome addition to Homoeopathic literature. It contains in a brief compass the fundamental principles relating to the art of preparing potencies in the two well-known scales, viz. the Centisimal evolved by Dr. Hahnemann and the Decimal evolved by Dr. Hering and also ointments for external use. It also outlines the mode of preservation of the medicines and dispensing the drugs. The author also lays down the different methods of administration of the drugs, namely, by the mouth and by inhalation. Dealing with injections in Homoeopathy, the author rightly points out that the value of it is not clear and is yet to be assessed.

The booklet can be had of the Homoeopathic Medical Publishers, 13-A, Station Road, Santa Cruz (West) Bombay 23.

Health and Longevity

We have received the first issue of this quarlterly Journal styled 'the Official Organ and Gazette of the Naturopathic Forest University and Constituent Institutions'. The Journal proposes to bring together the ideas and the knowledge of the world's leading authorities on the original and oldest science of the healing arts, viz. Naturopathy. This issue contains interesting articles on Nature Cure, The Nature of Diseases and the Therapeutics of Fasting.

The issue containing 18 pages of octovo size is priced Rs. 1·25 and is available at the Natural Health Publications, Diyatalawa, Ceylon.

CORRESPONDENCE

ORAL CONTRACEPTIVE

Dr. Bankim Ch. Chatterjee (Bhatpara) writes

It is known to us that Chloride of Sodium, Common Salt or Homoeopathically Natrum Mur is a constituent of every liquid and Solid of the body. It regulates the degree of *Moisture* within the cells. Wherever we find a hypersecretion (too copious Secretion) of the watery elements of the body, with simultaneous want of activity in some other portion of the mucous membranes, you will find that Natrum Mur of lower Potency as best Homoeopathic (Centecimal Potency) or Bio-Chemic (Decimal Potency) remedy for fertility control measure. It is also interesting to write here that the ovum begins to ripen in a *little blister inside the ovary* and before the ovulation.

If we homoeopaths and bio-Chemists employ Sodium Chloride as fertility control measure may we not expect that it helps to create Pre-Menstrual tension by the help of watery accumulation which press on the nerves as well as of the body and discharge of the ovum from the ovary or it helps to arrest maturity or activity of the ovum as fertility control measure? Also it acts upon the lympathic system, the blood, liver, spleen, and upon the mucous lining of the alimentary canal.

This makes at least half the women tense, nervous and irritable. They become difficult to live with, pick up quarrels, easily, suffer from insomnia, headache and other symptoms. Hormonal changes are the cause of this tension, *usually causing watery accumulation in the body*, that may press on nerve centres. Once menstruation starts the tension disappears.

It is to be clear here that in *sun-stroke*, a deficiency of sodium chloride *allows the moisture* to be drawn from other

parts, especially the uape of the neck and causing pressure against the base of the brain producing dangerous and some-times fatal results. Natrum Mur given in 3x or 6x relieves the unpleasant condition, called *sun-stroke*, surely and quickly. There sometimes occurs an excessive dryness of some mucous membrane, while another may be discharge of a watery fluid. This is due to an unequalisation of water in the system, and Natrum Mur is the Proper Cell-Salt to restore equillibrium.

Thus the question of finding a remedy and to establish its sterility effect for the successful way of 'Family Planning' needs further study in Bio-Chemic remedy and careful examination. I shall feel grateful if my learned friends like Dr. S. N. Sanyal, of Calcutta Bacteriological Institute, Calcutta, Dr. Abraham Stone, Margaret Sanger Research Bureau, New York, Dr. Henry D. Laszlo, controlled Fertility Research Centre, England and Professor P. S. Kupalov Institute of Experimental Medicine, Academy of Medical Science of the U S.S.R., Moscow, comment on this topic and enlighten their brethren with their esteemed findings in this direction, through the columns of this journal.

———

THE MADRAS HOMOEOPATHIC COLLEGE AND HOSPITAL FUND

An Appeal

The Madras Presidency Homoeopathic Association has decided to restart the Madras Homoeopathic College with a hospital attached to it as early as possible.

The need for a College to provide facilities for institutional training in Homoeopathy in both the Degree and Diploma Courses is obvious. That is the only means of building up a body of well-trained and efficient Homoeopathic practitioners and eliminating bogus methods of treatment in the name of Homoeopathy.

A College without a well-equipped hospital will be of no use. The hospital, besides serving the sick and the suffering by Homoeopathic treatment and establishing the efficacy of Homoeopathy by a practical demonstration of it, will serve as an adjunct to the College affording a practical training centre for its students.

This is the most opportune time for starting the College and the hospital. The value of Homoeopathy as an effective means of treating all diseases is being increasingly recognised and most of the State Governments in India have recognised the system; and the institution, when started, may reasonably expect help from the Government of India and State Government out of the funds allotted to Homoeopathy in the Second Five Year Plan.

The venture requires a good deal of finance and will not be a success without the hearty co-operation of all those interested in Homoeopathy. The Association looks forward to the generous support of all those who have benfited by Homoeopathy and are interested in the development of the system on right lines.

May we appeal to the public to support the move by their munificent donations which will be gratefully acknowledged.

Contributions may be sent to Sri. N. Venkatarama Ayyar, Honorary Secretary of the Madras Presidency Homoeopathic Association, 28/1-C, Judge Jambulinga Mudaliar Road, Mylapore, Madras-4.

Madras }
15-7-58 }

N. VENKATARAMA AYYAR,
Hony. General Secretary

THE MADRAS HOMOEOPATHIC JOURNAL

(The official organ of the Madras Presidency Homoeopathic Association)

Members of the Association who are in arrears of their subscription are requested to remit the arrears together with the annual subscription for the Association year (1st April 1958 to 31st March 1959) viz., Rs. 10/- at once.

Back copies of the journal for 1956 and 1957 will be sent on remittance of Rs. 5/- for each year's set and Rs. 10/- for both years' sets. Postage free.

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

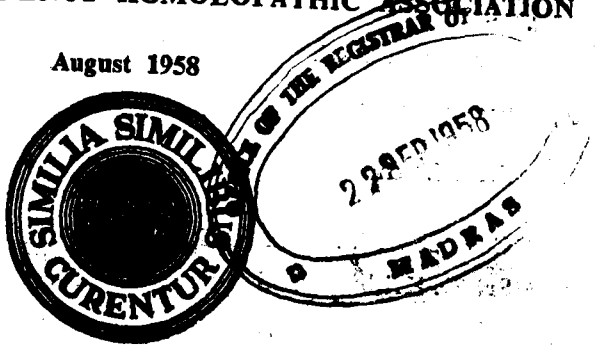
Membership is open to lay men and women and also medical practitioners. The annual subscription is only Rs. 10/- and the entrance fee is Re. 1/-. The affiliation fee for associations is Rs 10/- per annum. Every member will get the journal free.

Application for membership should be made to Sri N. Venkatarama Ayyar, the Hony. General Secretary, 28/1-C, Judge Jambulinga Mudaliar Road, Mylapore, Madras-4.

Printed by M. Swaminathan at the Amra Press (Private) Ltd. Madras 6.
and Published by K. Krishnaswami Iyengar
at 162, Royapettah High Road, Mylapore, Madras 4.

BY
THE MADRAS PRESIDENCY HOMOEOPATHIC ASSOCIATION

August 1958



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

Page

Editorial

Single Copy : 50 NAYA PAISE
Annual Subscription : Rs 6 for non-members
Free to members

THE

Madras Homoeopathic Journal

(Published Monthly)

BY

The Madras Presidency Homoeopathic Association

162, Royapettah High Road, Mylapore, Madras-4.

Hony. Editor: **Sri N. Venkatarama Ayyar.**

Vol. V | **August 1958** | **No. 8**

Editorial Notes and Comments

HOMOEOPATHIC TRAINING

The views of Dr. S. Sen, Chairman of the Mahakosal Board of Homoeopathic and Biochemic medicines on the subject of Homoeopathic training published elsewhere in this issue are bound to create interest in the minds of everyone interested in Homoeopathy.

Dr. S. Sen is positively of the view that there should be only a uniform degree course for five years in all Homoeopathic institutions and there is no place for the two year diploma course so far favoured by him and his Board. The argument advanced for this view is that the two year course produces only "sappers and miners" to run the rural dispensaries and Homoeopathy now needs only "generals" in its field.

Nobody will question the need for Homoeopathic practitioners being as highly qualified as possible so that they might in no sense be less in point of view of efficiency and status to their allopathic compeers and Homoeopathy might have no less a place than the other systems of medicine. In that sense, the anxiety of Dr. Sen to have Homoeopathy put in a high pedestal is easily understood.

A degree course with as rigorous and high standards as the allopathic M. B. B. S. course is essential for Homoeopaths. But on that score, is there no need for the two-year diploma course and will it retard the progress of Homoeopathy? Our answer to this question is that the two year course is necessary and it will in no way affect the development of Homoeopathy on right lines. It is admitted on all hands that our rural areas badly lack medical aid of any kind. There are hundreds of villages which cannot get medical aid for miles around. It is due entirely to lack of trained personnel. The insistence on a five year course will naturally result in this that for years we will not be able to produce practitioners anywhere near the required quota. Further, the degree-practitioners will never think of settling in villages. On the other hand, the two year course will enable the production of a large number of practitioners sufficiently trained in a shorter duration. If it were merely for numbers, we would discount it with Dr. Sen; but it seems to us that a well planned two-year course is ample for enabling a person to practise Homoeopathy truly and well. A good knowledge of Homoeopathic principles and philosophy can be acquired in two years, though a study of the vast Materia Medica with all the intricate and minute symptoms of the drugs will take years and ultimately it is only the assuidity of the student that contributes to his efficiency.

The argument that only "generals" are wanted clearly contains a fallacy. There can be no use of mere generals alone without an army to be led. The ordinary soldier, as well as the sapper and miner are necessary for the army, though the generals play the dominant part. In the same way while the degree course has its great part to play producing high class practitioners, the diploma-course has its own value. It seems to us too much to say that the retention of the diploma course will in any way retard the progress of Homoeopathy.

It seems to us, therefore, that both the degree and diploma courses may usefully be retained, the degree course for those wishing to specialise and the diploma course for those who are content with a fair knowledge of the system for practising it for all purposes except complicated matters which they can send to the degreed people and the experts.

THE VALUE OF THE "INDIVIDUAL APPROACH" IN MEDICINE

(*Continued*)

D.W., woman, age 25. *Asthma*

This woman had been having attacks of asthma every two weeks for four years, and bronchitis every winter.

May 5th, 1947. Worse about 2 a.m. Irritable over trifles; tidy. Thirsty for sips; *Ars. alb.* 30 (ii).

June 9th, 1947. Two attacks; nervous; *Ign.* 30 weekly (iv).

July 7th, 1947. No attacks; S.L.

August 18th, 1947. One attack; feels stifled in warm room; easy tears; moods variable; *Puls.* 200 (ii).

November 10th, 1947. One attack in late August, none in September, one on October 20th; feels much better in health; *Tub.* 30 (ii).

February 2nd, 1948. No further attacks to date; leaving shortly for Canada.

B.M., woman, age 52. *Asthma*

This woman had suffered for twelve years from asthma associated with chronic bronchitis. Attacks were very frequent, requiring the use of an anti-spasm spray many times a day and also at night.

April 2nd, 1948. Feels the cold; hugs the fire; wants air; restless; tidy; fussy; is always much better at the seaside; *Med.* 30 b.d. (viii).

April 30th, 1948. Much better; S.V.R.

May 28th, 1948. Asthma better; S.V.R.

July 23rd, 1948. Asthma continues better, but wheezy; *Ars. alb.* 30 *b.d.* (vi).

August 20th, 1948. Asthma better; feels well, but still a bit wheezy; *Ant. t.* 6 b.d. (xxi).

October 1st, 1948. Asthma continues better; still wheezy, loses voice in wind. *Hep. sul.* 30 b.d. (iv).

October 29th, 1948. Slight threat of asthma and still has to use spray at times. Old history of double pneumonia as infant; *Morgan* 30 (ii).

November 26th, 1948. Feels better; sleeping better; occasional asthma but less frequent and less severe than formerly; S.V.R.

January 7th, 1949 A lot better; still some cough at night, and scanty, sticky sputum; *Ars. iod.* 6 b.d. (xiv).

February 4th, 1949. Was worse in fog; *Med.* 30 (iii).

March 18th, 1949. Feels well; less wheezy; cough is worse cold air; gets hot in bed; *Sulph.* 1*m* (iii) and in a week *Rumex* 6 b d. (xiv).

April 29th, 1949. Less wheezy; still has to use spray occasionally; *Ant. t.* 6 b.d. (vi).

May 27th, 1949. Considerably better this month; asthma better, and spray used less often; *Ant. t.* 6 repeat.

June 24th 1949. Much the same; better than formerly; *Lyc.* 30 b.d. (vi).

July 22nd, 1949. Is better; spray formerly in use day and night, now only needed about twice a day; oppressed by hot weather; *Sul.* 1*m* (iii) and in two weeks *Ars. iod.* 6 b.d. (xvii).

August 19th, 1949. Still improving; *Med.* 200 (ii) and in a week *Ars. iod.* 6 b.d. (xiii).

Sept. 16th, 1949. Spray not used for three days; *Ars. iod.* 6 b.d. (xxviii).

October 14th, 1949. "The best time I've had for some years"; prefers damp to dry weather; Wants to clear throat; *Caust.* 6 b.d. (xxviii).

November 11th, 1949. Not quite so well; *Sul.* 30 b.d. (vi).

December 9th, 1949. Asthma is "ever so much better"; indigestion with sharp pain deep to right scapula; *Chel.* 6 t.i.d. (xxviii).

It may still be possible to obtain further improvement in this case, but the asthmatic element is much less disabling than formerly.

V.H., woman, age 18. *Asthma*

Attacks of asthma during the last three years, associated with hay-fever; present attack came on during honeymoon.

April 2nd, 1948. Worse emotional excitement. Chilly; feels the cold; wants air. Aversion meat. Fear of dark; artistic. Attacks aggravated by dust; *Brom.* 30 n.n. (ii).

April 30th, 1948. No asthma; feels better; *Tub. bov.* 20 (i).

July 9th, 1948. Slight recurrence asthma last week; tight feeling in chest; *Phos.* 1*m* (iii).

August 27th, 1948. Some hay-fever when over in Holland; *Tub.* 200 (ii).

October 12th, 1948. No asthma; no hay fever; recent headaches, better lying quiet; *Bry.* 30 p.r.n., *Bac.* 30 (ii).

December 17th, 1948. One slight recurrence of asthma two weeks ago from excitement plus stuffy room, plus fog; headaches are better; *Phos.* 1*m* (iii).

February 11th, 1949. No asthma; no hay-fever; recurrence of headache, this time of throbbing type with flushed face, and worse from jar of walking; *Bell.* 30 b.d., p.r.n.

March 11th, 1949. No asthma; no headaches; *Tub.* 200 (i).

These ten cases of asthma provide a small but fairly typical example of that inveterate, implacable, distressing and disabling affliction. The ages of the patients vary from 14 to 62. Males predominate but in such a small group this has no significance. The cases include asthma associated with hay-fever, asthma deriving from occupational respiratory irritation, and asthma superadded to chronic bronchial catarrh. The latter type presents a specially difficult problem.

Although the number of cases is so few the most effective remedy was found to vary considerably, being *Ars. alb.* in three cases, and different in each of the other seven, namely, *Puls.*, *Nat. mur.*, *Morb.*, *Nat. sul.*, *Cup. met.*, *Brom*, and *Med.* The type of indications guiding to the choice of remedy also varied, being in three cases constitutional characteristics, in three cases previous history, namely, malaria, measles and contact at work with metallic dust, in two cases general

modalities, in one case local modality, and in one case associated symptoms. The inference as to the value of the individual approach is clear; as to relief, and as far as it goes, the experience of each of these ten asthmatics compares favourably with that of an asthmatic member of the medical profession who recorded, in *The Lancet*, his experience with a number of treatments thus, "Among my experiences with therapy I can list an operation on my turbinates, extensive trials with every remedy taken by mouth (including all the new anti-*histamine* preparations), protein desensitization, special diets, psycho-analysis, and treatment by an eclectic psychiatrist. All these were quite fruitless."[6]

D.D., woman, age 32. *Migraine*

Subject to migraine headaches since childhood, "as far back as I can remember"; attacks now almost constant despite free use of several popular drugs.

April 4th, 1949. Nerves very bad; indifferent to nears and dears. Shocking temper; wants to scream; can't cope. Averse complete solitude. Headache, worse tick of clock, sitting up, and before M.P. *Sep.* 200 (ii).

May 13th, 1949. Bad headache the last two days as if "left eye torn out of socket"; *Spig.* 30 t.i.d. (ix).

May 16th, 1949. Head throbs; face red and hot. *Bell.* 30 b.d. (xii).

May 26th, 1949. Bilious headaches as child; very apprehensive before ordeal; chilly but likes fresh air; very fond of sweets and hot food; wakes in a.m. "like wet rag"; often finds one foot hot, the other cold; *Lyc.* 30 (iii).

June 1st, 1949. Definitely better; more energy; has had several teeth out and much pain; *Arn.* 6 b.d.

June 13th, 1949. Frontal and occipital headache with sore throat and wants to drink all the time; *Bry.* 30 t.i.d. (vi).

June 20th, 1949. Feels much better; still some occipital headache with pains in eyes; *Gels.* 6 b.d. (xiv).

July 4th, 1949. No headaches; feels "a different person"; very restless at night; gets up and walks about; mouth dry; *Ars. alb.* 12 b.d. (xii).

July 18th, 1949. Worried over only child and fresh headache; face pale, pupils small, eyes feel "pulled by strings"; worse before M.P.; *Nat. mur.* 200 (ii).

September 5th, 1949. Life on holiday far too hectic; domestic worries; nightmares; apt to wake up with headache very averse; tight collar; *Lach.* 30 (iii).

September 19th, 1949. Feels "a whole-lot better" but anxiety over child causes bad nights and talks in sleep; *Phos.* 30 (iii).

October 3rd, 1949. Tense, tired, all "keyed up"; Headache worse before M. P. and better when flow starts; *Dys. co.* 30 (vi) and p.r.n., *Lach.* 200.

October 16th, 1949. Still some occipital headache and eyes very heavy; *Gels.* 30 b.d.

October 31st, 1949 Occasional headache; sudden onset and worse at noon; *Arg. met.* 12 b.d. (xiv).

November 21st, 1949. Fresh worry; mouth dry; wants sips; *Ars. alb.* 6 b.d.

November 29th, 1949, Headaches much better; throbbing pain behind sternum, worse lying down; *Bell.* 30 t.i.d. (vi).

December 12th, 1949. Headaches much better, especially compared to formerly when used to "have them every day"; pain behind sternum rises to throat; *Lyc.* 30 b.d. (vi).

The general health in this case is vastly improved and whole outlook on life different, though headaches not entirely under control.

A. R., woman, aged 51. *Migraine.*

Weekly or fortnightly headaches since age of 20, or earlier; hemicrania on right side; wakes with headache, worse from smell of tea (*Aesc.*), or smell of food; may vomit everything for twelve hours and nausea persists in spite of vomiting; better lying flat in dark; no marked exhaustion.

January 26th, 1949. Likes solitude; averse fuss and sympathy; sensitive to small noises. Likes fat and salt; *Nat. mur.* 200 (xii).

February 23rd, 1949. Two headaches but second one less severe; S.V.R. and *Colch.* 12 p.r.n.

March 23rd, 1949. Three headaches; the first two relieved by *Colch.*; occur now weekly; *Sang.* 30, twice a week (vi) and *Cocc.* 12 p.r.n.

April 20th, 1949. Much better; only one or two headaches, relieved by *Cocc.*; S.V.R. and *Cocc.* 30 p.r.n.

May 18th, 1949. Two headaches and second not severe; acute pain left hallux; *Colch.* 30 b.d. (vi).

June 15th, 1949. Two headaches, worse direct sun; *Nat. carb.* 200 (iii).

July 13th, 1949. Three headaches with spread of pain to dorsum; *Aesc.* 6 b.d. (xviii).

September 7th, 1949. Only one bad headache in last two months and feels very much better; *Aesc.* 12, twice a week (vii).

October 5th, 1949. No further headache till four days ago; *Nat. mur.* 200 (ii).

January 6th, 1950. Free from severe headache till about a week ago when had a bad one again accompanied by nausea and worse turning in bed; better lying absolutely still and in dark; *Nat. mur.* 200 (ii) and *Bry.* 6 b.d. (xiv) a week later.

February 3rd, 1950. No headache since last visit; full feeling in vertex for two days relieved by bleeding from right nostril; S.V.R. and *Bry.* 12 p.r.n.

L. H., woman, age 24. *Migraine*

Attacks of migraine since age of 7 or 8; occurring now every fortnight, accompanied by nausea but does not vomit; better lying in dark with low pillow; peak at noon; worse before and during M.P.

October 24th, 1949. Full of enthusiasm; likes sympathy and attention. Had nervous breakdown at 20. Headache better by stroking. Headache relieved by cool air; *Phos.* 30 (iii).

November 2nd, 1949. Giddy, queasy, constipated, shuddery, feels cold, even in bed; *Nux. vom.* 12 b.d. (xiv).

November 21st, 1949. Headache better; giddiness better; not so constipated. Is always on the go; cannot sit still and do nothing; does things in a hurry; feels better at seaside; *Med.* 200 (ii).

December 19th, 1949. Has been better but headache again this last week; has dry cough, worse on lying down at night; *Phos.* 30 b.d. (vi).

January 16th, 1950. A few headaches but less severe than formerly; cough is better; headache is relieved after sleep; *Phos. ac.* 6 b.d. (xiii).

Improvement is definite though not complete.

A. A., woman, age 32. Migraine

Very severe headaches since February, 1948, i.e. for past nine months; throbbing over right eye with spread to vertex and dorsum between scapulae; headaches almost constant.

November 1st, 1948. Pain so severe "wants to bang head against a brick wall"; *Sang.* 30 b.d. (vi).

November 15th, 1948. Headaches continue; quick temper; resents interference; conscientious. Fear of dark; averse complete solitude; averse strangers; wants to be occupied. Feels the cold; flags in heat; desires fresh air. Craves chocolate; prefers hot food. Headache better pressure of hands and in open air; *Lyc.* 30 (ii).

November 29th, 1948. Five headaches to report. Very averse fuss and sympathy; *Nat. mur.* 200 (ii).

December 13th, 1948. No headache till yesterday and less severe; S.V.R. and *Bry.* 30 p.r.n.

January 3rd, 1949. Some headaches but less severe; *Bry.* did not relieve; S.V.R.

January 31st, 1949. Headaches still occur, but milder; *Luet Im* (ii).

February 28th, 1949. Occasional mild headache; feels much better in health; ulcer roof of mouth; *Chel.* 6 b.d. (xxviii).

March 7th, 1949. Headaches much better; ulcers in mouth painful; *Nit. ac.* 12 b.d. (xiv).

March 18th, 1949. Headaches continue better; mouth not well yet; *Merc.* 30 b.d. (viii).

April 30th, 1949. Only three headaches since February 25th and of mild type; mouth quite well; but former "colitis" has recurred; *Podo.* 30 b.d. (vi).

May 14th, 1949. Stools almost back to normal; no headaches; feels well; *Bell.* 30 p.r.n.

June 24th, 1949. One headache, on Whitmonday; *Nat. mur.* 200 (ii).

September 19th, 1949. A bad headache while on holiday; *Luet.* 200 (ii).

December 23rd, 1949. Has been free from headaches till one last week, like "heel of nailed boot being pressed into vertex"; emotional upset; *Ign.* 30, twice a week (vi).

January 7th, 1950. Per letter reported bad cold; *Phos* 30 b.d. (vi).

January 27th, 1950. Feeling better and cold better; woke up with headache on January 22nd; throbbing and over right eye. Very definite improvement. *Nat. mur.* 200 (ii).

B.W., woman, age 36. Migraine

Had suffered from migraine type of headache since early twenties, if not in 'teens. Headache is accompanied by terrible nausea and waterbrash; must lie down in dark with one pillow. Attacks occurring twice or thrice a month.

August 31st, 1949. Fear of dark and of solitude; likes affection; artistic. Answer slowly for sake of accuracy. Averse noise of any kind. Feels exhausted in great heat. Thunder causes headache; feels better in open air. Spare, dark; nervous manner. Headache worse emotional stress and extra effort; *Phos.* 30 (iii).

September 14th, 1949. No headache to date; feels very tired, is dyspnoeic on effort with palpitation; is "fussily tidy"; *Ars. alb.* 6 b.d. (xviii).

October 12th, 1949. One threatened attack which did not develop. Is very averse heights and closed space; averse hot weather; apprehensive before ordeal; *Arg. nit.* 200 (ii).

November 16th, 1949. No bad headache and less tired, and this despite extra stress with illness at home; "Can now run upstairs quite happily, whereas before used to have to crawl up on hands and knees." S.V.R.

December 12th, 1949. Is still free from recurrence of headaches; given *Phos.* 30 p.r.n.

M.W., woman, age 31. Migraine.

Had suffered from headaches since 'teens; was having them fortnightly, hemicrania affecting right side, often accompanied by nausea and vomiting, and better when lying in dark with one pillow.

October 26th, 1948. Tall, slender, nervous, enthusiastic, inclined to over-do things; tears when tried. Likes company and attention; averse thunder. With headache desires head cool; *Phos.* 30 (ii) and 12 p.r.n.

February 15th, 1949. Headaches only occasional and mild; *Tub.* 200 (ii).

August 22nd, 1949. Recently getting a headache about once a week—under severe emotional strain—*Ign.* 200 (ii).

September 2nd, 1949. Headaches much better again and feels very well.

The response in this case was prompt and prolonged.

M.S., woman, age 51. Migraine

Had been having very frequent attacks for about two months; a previous series of attacks in 1937 lasted for one year. Very severe headache as if "head on fire" or "in a box", accompanied by pains in nape of neck and shoulders, also by nausea with repugnance for food and relief by vomiting.

July 21st, 1948. Very marked fear of heights; desire for sweets. Aversion heat in any form; *Arg. nit.* 30 b.d. (iv).

July 30th, 1948. Nausea better; feels better; neck pains better; two headaches S.V.R.

August 27th, 1948. Much better—"like heaven to be without the headaches"; fells tired, exhausted; "Sleeping better than for years"; less tired; occasional headache; *Arg. nit.* 200 (i).

November 2nd, 1948. Headache again during the last three days; Dreams "she is falling"; *Arg. nit.* 30 b.d. (vi) and *Thuja* 1*m* (i) in two weeks.

September 20th, 1949. Has been well for nearly a year, but of late an occasional headache when tired; *Arg. nit.* 30 b.d. (vi).

October 18th, 1949. Headaches better again.

L.A., woman, age 32. Migrane

This woman had been having a severe headache every two or three weeks for a period of two years. She had been twice "bombed" during the more recent war and "knocked silly". The pain was a "terrific throbbing in the temples", sudden in onset and lasting for two or three days.

April 6th, 1949. Pale, dark hair, languid appearance. Restless; must be occupied; very tidy; *Ars. alb.* 1*m* n.m. (iii).

April 27th, 1949. Reports two headaches; previous head injury; *Nat. sul.* 30 b.d. (ix).

May 18th, 1949. One bad headache; very fond of salt; *Nat. mur.* 200 (ii).

June 15th, 1949. Two headaches; has fainted twice; feels tired and apathetic; *Sep.* 30 n.m. (iii).

July 13th, 1949. Has fainted once; headaches better; S.V.R.

August 16th, 1949. Headaches much better; feels much better; has fainted once; *Nat. sul.* 1*m* (i).

September 21st, 1949. Two or three headaches but not severe; no faints; S.V.R.

October 5th, 1949. A dull headache five days ago; no faints; *Phos.* 30 n.m. (iii).

October 21st, 1949. Has been much better; slight headache yesterday; S.V.R. and *Phos.* 30 p.r.n.

November 9th, 1949. "Sleeps better"; *Phos.* taken a few times; S.L.

December 19th, 1949. No bad headaches; *Tub.* 200 (ii).

January 16th, 1950. Only one headache and that not severe. S.L.

M .T., woman, age 27. Migraine

This woman had suffered from attacks of bilious headache ever since childhood and was having attacks

almost every day or at least three or four bad headaches a week. Pain accompanied by nausea and relieved by vomiting; better lying still on back.

March 11th, 1948. Pale, with rather waxy skin and tendency to pimples. Averse fuss and sympathy; tears from reproof. Enjoys solitude; harbours at resentment. Headache worse at M.P. Numbness and tingling in hands and feet; *Nat. mur.* 1*m* (ii) and *Sang.* 30 s.o.s.

April 1st, 1948. Much better; headaches less severe and less frequent. S.L.

April 29th, 1948. Two headaches; indigestion 1 hour p.c. *Nux. vom. 3x* o.n. (xiv).

May 27th, 1948. No headaches.

December 22nd, 1948. Very free from headaches till last three or four weeks; *Nat. mur.* 200 (ii).

February 8th, 1949. Feeling well; has had headache four times since January 20th (has had an alveolar abscess); *Nat. mur.* 10*m* (ii).

May 18th, 1949. Some spots on trunk; otherwise feeling all right.

E.P., woman, age 43. Migraine

Attacks occurring weekly or fortnightly, over a period of four years. Throbbing pain, which starts in left shoulder and spreads to left side of head and left eye; accompanied by flashes of light before left eye.

April 9th, 1948. Also complains of shifting rheumatic pains worse before rain. *Nat. sul.* 1*m* n.m. (iii).

May 7th, 1948. Three headaches in one week; likes solitude; easy tears from sadness; sensitive to small noises. Headache worse before and at M.P.; *Nat. mur.* 200 (ii).

May 25th, 1948. No headache; S.V.R.

August 17th, 1948. Headache again at M.P.; *Nat mur.* 200 (ii).

October 12th, 1948. Just one headache. Tidy and feels the cold; *Ars. alb.* 1*m* n.m. (iii).

December 7th, 1948. No headache for five weeks, then two; recent recurrence of rheumatism, which had been better; *Nat. sul.* 30 bi-weekly (vi).

February 1st, 1949. Much better, only one mild headache; repeat *Nat. sul.*

March 29th, 1949. Two sudden headaches, left sided, throb; very averse anything tight; *Lach.* 200 weekly (vi).

May 18th, 1949. Two headaches, both mild; *Lach.* 30 weekly (viii).

July 13th, 1949. One headache in two months; *Nat. mur.* 1*m* n.m. (iii) and in a week *Lach.* 30, twice weekly.

September 7th, 1949. A mild headache with each of two M.P.s; *Prot.* 30 o.n. (vi).

October 5th, 1949. No headache till four days ago when had one with M.P.; *Ars. alb.* 1*m* n.m. (iii).

The general picture in this patient was greatly improved but there remained a tendency for headache to recur with the M.P.

These ten cases of migraine, another complaint of somewhat intractable nature, were all women, ages varying from 24 to 51. They all gave a history of periodic headaches; in three cases the history dated back to childhood, in three to adolescence, and in the other four the duration was four years, two years, nine months and two months respectively, though in the last case there had been a previous spell of similar attacks some years before.

In almost every case the picture was one of very severe distress, in some amounting almost to desperation and impending psychoneurotic collapse. The response to individual treatment was prompt in some cases; in others more persistent and the exhibition of several remedies were required to obtain results. In every case, however, the overall picture was very definitely changed for the better, and the headaches, if not entirely abolished, were rendered much less severe and reduced in frequency.

In five cases a single remedy appeared to prove effective namely *Nat. mur* in two, *phos.* in two, and *Arg. nit.* in one; in the others although several remedies were given it is probable that among these one was the most pivotal and the others complementary.

In nearly every case the chief indication for choice of remedy was constitutional, as evidenced by Mental Factors and General Reactions, though type of pain, previous

history and associated symptoms provided additional indications in three cases. The number is, of course, very small but sufficient to be at least suggestive of the value of the individual approach in patients most, if not all, of whom had received a great deal of routine treatment with various "headache remedies".

M. P. woman, age 28. *Paroxysmal Tachycardia*

This woman had suffered since the age of 14 from sudden attacks of palpitation accompanied by trembling all over, chattering of teeth, icy coldness from waist up, and fear. The first attack had occurred when as a child she found herself all alone in the house. Attacks were recurring two or three times a month. She had been thoroughly examined at St. Bart's and told there was nothing wrong with her heart, and also that nothing could be done about it.

February 25th, 1949. Easy tears, touchy, likes fuss and attention. Feels better in company; fear of solitude. Plump, plethoric, craves air; *Puls.* 1*m* n. m. (iii).

March 11th, 1949. No attack to date. Is shy, timid and of rather backward mentality; *Bar. c.* 6 b. d. (lx).

April 8th, 1949. Feels much better—"delighted with herself", "seems to get more courage"; S.L.

May 6th, 1949. One mild attack. Is always better at seaside, very active, does things in a hurry; intolerance to onions; *Med.* 1*m* (ii).

August 8th, 1949, Very well till a week ago; *Puls.* 1*m* (i)

September, 1949. Three "turns" this last month accompanied by exhaustion and sudden fear. Likes salt and sweets; worse at M. P.; *Acon.* 12 b.d. (xii) and in two weeks *Nat. mur.* 200 (ii).

October 11th, 1949. Exhaustion better, slight palpitation occasionally. Very averse heights; hurried feeling; *Arg. nit.* 30 (iii).

November 8th, 1949. Feeling very much better, "No fear now in the house as formerly": still shy in company of strangers; *Bar. c.* 6 b. d. (xxviii).

December 6th, 1949. No bad attacks; *Med.* 200 (ii).

January 6th, 1950. Keeping well; heart behaving well; S. L.

B. L., woman, age. 36 *Paroxysmal Tachycardia*

Attacks of palpitation, accompanied by pain through left side of chest and by nausea, for three years, the attacks were occurring about twice a month and were aggravated by effort. Routine examination revealed only hyperaesthesia of the chest wall on the left side.

September, 1949. Very tidy, hates muddle. Wants to be constantly occupied, restless. Feels the cold terribly, but wants air. Always thirsty, water at bedside. Attacks followed by extreme exhaustion; *Ars. alb.* 1*m* (iii).

October 18th, 1949. Just one attack, less severe, and nausea is better; feels very tired; *Arn.* 6 b. d. (xiii).

November 15th, 1949. Heart much quieter; slight pain in left chest the last few days; *Ars. alb.* 200 f (ii).

February 7th, 1950. Only one attack, on December 24th and was better by 26; *Acon.* 12 p.r.n.

N. K., women, age 43. *Paroxysmal Tachycardia*

This woman had suffered for a great many years from attacks of sudden palpitation accompanied by cramp-like pains, stitching and stabbing in left chest, and when first seen the attacks were occurring almost constantly. They were brought on by hurrying or going upstairs and thus could be described as effort angina. Routine examination revealed no abnormal findings except a bilateral fullness above the clavicles, which was said to vary in degree from time to time.

August 25th, 1947. Cries atleast thing. Wants to get away from people. Weeps from sympathy received. Sad and indifferent. Wants to sit down all the time. Bearing down sensation in pelvis; *Sep.* 200 n.m. (ii).

November 10th, 1947. Was much better till a week ago when symptoms recurred; *Sep.* 200 (ii).

January 26th, 1948. Was again better till end of December. Swellings above the clavicles come and go; is chilly but can't stand being close to fire; craves air; feels her legs may "let her down"; *Puls.* 10 *m* (i).

March 28th, 1948. Slight return of pain a week ago; *Puls.* 10*m* (i).

August 27th, 1948. Again slight return of symptoms and gets very tired in the evening: *Puls* 10 *m* (i) and in a week *Arn.* 6 b.d. (xlii).

November 12th, 1948. Again slight return of pain, which comes and goes; *Puls.* 10 *m* (i).

January 21st, 1949. Keeps well on the whole; no severe pain; swellings come up above the clavicles if hurried or "worked up"; *Puls.* 10*m* (i) and in two weeks *Arn.* 6 b.d. (xxviii).

May 13th, 1949. Was again much better till recently; *Puls.* 1*m* (iii).

October 21st, 1949. Some shifting pains recently in arms and back; *Puls.* 1*m* (iii).

In each of these three cases of apparently cardiac disability the chief guide to choice of remedy was in the mental sphere, corroborated by general modalities or physical features. In no case was medication aimed directly at the heart. All three seem to have benefited very definitely by such individual treatment.

To sum up: A claim is made for the value of the Individual Approach in medicine.

A plea is put forward for the maintenance of a just and wise balance between clinical assessment of the case as a whole and ancillary departmental investigations.

HOMOEOPATHIC TRAINING

Degree and Diploma Courses

The following views of Dr. S. Sen, President of the Mahakosal Pradesh Board of Homoeopathic and Biochemic Systems of Medicine, extracted below, will be read with interest by our readers:—

Diploma course:

Madhya Pradesh Board does not desire to keep this two year diploma course any more and have advised the Government of Madhya Pradesh and Central Government to open colleges of five year degree course in the state and all over India.

In the opinion of the Board, this course only produces sappers and miners, to run the rural dispensaries. But looking towards the modern progress, it is a vital question, a question of survival or death for Homoeopathy, to produce generals in the field of Homoeopathic medicine.

In this connection the Board has passed several resolutions and made several correspondence for establishing five year degree course in the State and all over India on a uniform basis."

Degree Course and College Training:

"What we have seen in Calcutta in our recent visit to the Calcutta Homoeopathic Medical College and Hospital prompts me to formulate my considered views as to how the Homoeopathic college ought to be organised and on what lines we should approach the problem of producing well educated true Homoeopaths in future in our country.

We understand that the Central Government gave a grant of a good sum but that was divided among a few colleges at Calcutta. Instead of dividing the amount, the colleges ought to be one or the persons concerned should have handed over their colleges to the Government so that the Government should run the college on proper lines and the staff will be directly under the control of the Government.

In my opinion, it is better that there should be only one good college in Calcutta under the Government and not

so many separate colleges. The promoters of the different colleges should all combine and conserve their energies and resources to be centred in one college, which should be organised on first grade standard and the management should be controlled by the State Government, the Calcutta University and the Central Homoeopathic Council of India. There should be control over all private colleges of Homoeopathy and Government must not allow any Diploma other than Government Degrees.

The training should be full five year course with full and adequate teaching of surgery also. The Degree should be the University Degree of M. B., B. S. and M. D. etc. There should not be the slightest difference in the status of Allopaths and Homoeopaths. The education and training must be equally scientific and thorough-going. All subjects must be learnt at the college and sufficient hospital experience of bedside clinics must be given to the students before they pass the final examination for the Degree. The syllabus of studies of the Homoeopathic Degree must be prepared by the Homoeopathic Council and should be approved by the University Faculties in all the states. There should be a uniform status all throughout in India. Every state may have its own colleges, but the Degree course must be the same all over the country. Homoeopaths must be appointed by the states and the Central Government in medical services to work at the homoeopathic hospitals and dispensaries all over the country in towns and villages. Their pay should be equal to the pay of allopathic graduates, and they should be registered medical practitioners with equal status and capacity and who must be capable of taking over responsible posts in civil and military services, insurance and medico-legal works, school-college medical inspection and national public health works in municipalities and development blocks in rural areas. The Homoeopathic graduates of these colleges must be qualified to take up post-graduate and research work and should develop further the science and practice of Homoeopathy, should write books and thesis on Homoeopathic science and should be qualified to be appointed University Professors to teach in Homoeopathic colleges. Some of them may take up as specialist in various branches of medicine and fully complete (including operative) surgery as taught in Allopathic colleges. Surgery is neither for Allopathy nor for Homoeopathy. There may be

Homoeopathic surgeons who will operate, but before and after operation, he will use only homoeopathic medicine such as Calendula, Arnica etc. and Ether for anaesthesia if necessary as Germany did in world war II. By all means he can use physiotherapy, but he should not use allopathic drug and injections."

——o——

"The individualising examination of a case of disease demands of the physician nothing but freedom from prejudice and sound senses etc."

H. E. Tyrewhitt.

———

AILMENTS OF INFANTS

By

Dr. D. P. Kerewgoda, (Coimbatore.)

It is now fairly well known among all classes of general public that the Homoeopathic treatment best suits infants and young children and the common man with no attachment with any particular system of medicine freely shares this view on account of our pleasant presentation of the remedy to replace hitherto practised forcible and tortuous drugging.

As we are well aware of, the aforesaid is but the last reason why the Homoeopathic medication should be preferred particularly in the treatment of infants and young children, thus making it to appear a very poor appreciation. But it gives us a good start in order to make all aspects of the superiority of our medication more generally known to and recognised by the public.

In our endeavours to offer an attractive performance in this sphere, efforts should not be spared to utilise the preventive aspects of our remedies whereby a deep impression towards the superiority of Homoeopathic treatment can be created in public mind.

When every child born in a family contracts skin diseases of distressing nature in early infancy, as we observe not very infrequently, we shall have an opportunity to demonstrate our art by preventing its occurrance in new issues. Administration of an appropriate antipsoric on the expectant mother or on the new born baby who usually finds its friend in need in a tiny dose of Sulphur 200 will serve this purpose. This king of antipsorics is competent to prevent infantile skin diseases occurring even otherwise.

Everywhere scattered are the innocent children paying penalty for misdeeds of their parents, while the further additions to this lot can be checked by the administration of either Medorrhinum or Syphilinum as per individual demands on the expectant mothers concerned. The effect of VD already passed on to infants can also be removed by appropriate nosodes while the first dose of Sulp itself is often found serviceable here also. When those effects result in ophthalmia Argent will afford relief.

Children born of asthmatic and consumptive parentage are apt to inherit obvious tendencies demanding Bacillinum. Should mother be the parent affected, certain amount of care and attention will have to be extended during lactation.

There are parents with various other infectious diseases, communicable to offsprings and in most of such instances, we shall find ourselves well provided to afford relief to the victimised innocents.

It is to be admitted, however, that our chances for setting our preventive machinary in motion are rather remote as those Homoeopathically minded and closely in contact with us will directly seek such aid. Possibilities of exercising our abilities in this direction can be explored when treating ladies under pregnancy and cases of VD and other diseases communicable to offsprings, of reproductive age.

Popularisation of these preventive aspects of our medication which is bound to exert a favourable influence on child welfare, will not render us idle as the one who wants to have the society sick to have himself going would argue. An infinitisemal minority of the cases coming under medical treatment turn up today to render us all busy and when our system is made popular enough, most certainly an overwhelming majority of cases will turn to Homoeopathy, thus requiring the services of thousands of practitioners yet to be added to our lists.

The curative side of the treatment of the ailments of infants and young children has a particular importance attached thereto, for the advancement of our healing art. Parents always wish to maintain good health of their children and the worry and inconvenience caused to them at a child's illness is often greater than the sufferings of the little patient and therefore, the radical cures effected by us while affording them immense relief, will go a long way in drawing the community closer to Homoeopathy.

A store of extensive stock is provided in this connection in our Calc Carb, the remedy in general for leucophlegmatic constitution (fair, fat and flabby, large head, chalky look) possessing ability to effect a transformation in the constitution itself, deserves to be consulted in all ailments of the

constitution concerned. Delayed dentition, when teeth cutting slowly, delay in learning to walk, rickety pale dwarfish children, intolerance of milk, debilitating head sweats, constipation and diarrhoea are among its principle therapeutics. In many other ailments, it follows other remedies (as Cina in worms) or even replaces them when constitution permits.

Sulphur seems to be our next alternative deserving particular attention. It will easily reform a very dirty little fellow inclined to lick secreted mucus etc. It follows Aconite, often indicated in acute inflammatory diseases to complete the cure, while providing in itself an effective prophylatcic against most of them.

Widespread and habit-forming gripe water can be replaced with credit by an alternation of MP and NP without obligation.

Chamomilla, the chum of suckling babies will be at their service during dentition when they happen to suffer from gastric derangements, diarrhoea, excessive peevishness and colic while Acon and Bell stand by. When teeth begin to decay soon after appearance and when they turn black Kreosote and Staphysagria are called for respectively.

Variolin will set matters right when ill-effects of vaccination renders patients dull; Mezereum when result in eczema, Thuja in diarrhoea and Silicea in abscess and otorrhoea.

Selection between Kreo and Sepia is due in enuresis, between Baryta C and medorrin in mentally dull, backward children while a single dose of Tuberculinum 1 M will reform a child who is too troublesome, mischievous and always out to do something objectionable and Alumina the one who craves to eat odd things. Psorinum renders the child normal during the day and troublesome at night and Lycop does the reverse.

While Chamom exhibits irritable, spiteful mood in general, hesitation to allow physician to feel pulse indicates Antim Tart.

Aloe, Argent N, Arsen and Croton are of service to children who cannot retain food, hurrying for stool soon after feeding. Aethusa is the chief remedy for vomitting and purging of curdled milk.

A dose of Drosera 30 (not to be repeated) is the most efficacious remedy for whooping cough (Hahnemann). Dry cough with scanty expectoration call for Acon, Ant T, Bryon, Ferrum P; cough with nausea and vomiting Ipecac and with ropy expectoration Kali Bich.

Mercur Cyn and other derivations of Mercury lead in diphtheric sore throat as Baryta Carb in tonsilitis.

While Calc Ars relieves enlarged liver and spleen (Dr. Mazumdar), Cina suits when urine leaves white deposit when dry. These complaints are acquired with artificial baby foods owing to lack of milk supply in nursing mothers who will be grateful to our galactagogues Lac Def, Ricinus and Urtica U, ensuring normal supply of milk thus warding off both baby-food and ensuring liver-cure.

(To be continued)

CASE REPORTS

By

R. Ramachandran, (Madras)

1. Chronic otorrhoea cured by Sulphur

A friend who is a widely travelled man was suffering from chronic offensive otorrhoea from both ears for over five years, in 1948. An army man, he had been treated in military hospitals and by specialists without benefit. He was a burly man, and despite sincere attempts at personal cleanliness, there appeared to be something of the Sulphur personality sticking to him, and one even hesitated to shake his hands. Enquiry into the origin of his trouble disclosed that during his travels abroad, he used to bathe regularly in sulphur springs to brighten his complexion and improve his general health. Result: the offensive otorrhoea described above.

One dose of sulphur 200 produced a smart aggravation and a rapid subsidence of his entire trouble in about 10 days. Four years later, I ascertained there had not been a recurrence.

2. Rat bite cured by Ledum pal 6:

Sometime in 1949, a compositor aged 40 years consulted me for treatment of ratbite. The whole of his left fore-arm had swollen tremendously. It would appear he was bitten by a rat a month earlier and about 10 days later, the swelling started. Treatment at the public hospital had not helped him.

The hand was perspiring continuously and profusely, and what was remarkable, it was cold to touch, as cold as ice.

Even a tyro in homoeopathy would know the prescription for the above set of symptoms. Ledum pal. 6, thrice daily, for 3 days was given. On the fourth day there was not the slightest vestige of his trouble.

3. Spider poison cured by Tarantula Cubensis:

A girl aged about 18 years was brought to the clinic one day in March 1956 in a rikshaw late at night. There was a crowd of anxious relatives round the vehicle which meant there was an emergency on hand.

The girl's right leg was enormously swollen from the thigh downward upto the toes. It was covered all over with innumerable large-size blister-like boils, more than about a hundred of them, and several more of various sizes in the process of developing. It would appear that the trouble had commenced a week earlier. Considering the severity and extent of the inflammation, one was struck by the fact that the temperature was only 101°. It is needless to add the girl was in agony and filled with mortal fear. Further symptoms were extremely meagre. The mother of the girl told me that the blisters were appearing with remarkable rapidity. One noticed a small spot of inflammation and in about 3 hours it had definitely taken shape. Next morning it had become quite sizeable. No causative factors could be known.

One's only conjecture was.....this might be an insect sting, but what exactly it was, and how and when the patient was affected, were beyond one's ken.

The first prescription was only a "shot" in the dark..... Natrun mur lm one dose, for poisonous effects. The next day, the fover and inflammation were a bit less, but the general condition was practically the same. A few S. L. packets were given. I became anxious and consulted an allopathic physician, a friend and a man grown grey in wisdom and wide experience. He had just a look and said, "My dear friend, this is clearly a case of very severe spider poison. In my experience I treated three cases of this type and lost two. The one feature you notice is that the fever is not so high as the severity of the case would warrant. Send the girl to the hospital; it is risky to keep her at home". My heart leapt with joy and I thanked the wise doctor from the bottom of my heart. My mind was made up.

The next day three doses of Tarentula cub. 30 were given. The next morning the result was extremely encouraging. There was no further appearance of the blisters and the older ones were perceptibly shrinking and subsiding. The oedematous condition of the leg was also much better. Liberal quantity of placebo was given. Three days after the administration of Tar cub 30, the case had improved to more than fifty per cent. On this day the girl mentioned to me, unasked, that the blisters were disappearing, one after another, precisely in the reverse order of their original

appearance. This was something which was amusing to her. To me, at any rate, this was a reiteration of the Laws of Cure.

The girl needed a dose each of Tarantula cub 200 and 1000 during the course of the next fortnight before she became completely alright. This was one of the most frightful cases that I treated. A cleverer homoeopath could have prescribed Tarantula cub. at the outset but the good old physician's advice was invaluable at the time I asked for it. Dear reader, please make a comparative study of the spiders in the homoeopathic materia medica. They will often do the curative work for you in dangerous and difficult situations.

NEWS AND NOTES

In this section will be published reports of activities of Homoeopathic Associations and institutions

Diploma Course in Homoeopathy

The Board of Homoeopathic Medicine, Kerala State, has permitted the Grace Mission Homoeopathic Medical College, Mavelikara, to start a Four-Year Diploma Course in Homoeopathy.

The College Committee at its meeting on Thursday, decided to start admission of students forthwith.

The Salem Homoeopathic Association First Anniversary celebration

The First Anniversary of the Salem Homoeopathic Association was celebrated at 4 p. m. on Sunday, the 27th July 1958 at Sri Vijayaraghavachariar Hall, Salem. Dr. V. R. Murty of the Indian Institute of Homoeopaths and Municipal Chairman, Kumbakonam inaugurated the function and Sri N. Venkatarama Ayyar, Hon. General Secretary of the Madras Presidency Homoeopathic Association presided.

Dr. A. V. Subramaniam, President of the Association, welcoming the distinguished guests, paid tributes to their long and continuous service for the cause of Homoeopathy in their own way. He pleaded for the co-operation of all Homoeopaths at this juncture and appealed to the public to contribute liberally for the establishment at Madras of the Homoeopathic College and Hospital by the Madras Presidency Association.

Dr. V. R. Murty, in his inaugural address, dealt with the different problems facing Homoeopathy at present. He emphasised the need for medical attention in rural areas and appealed to all Homoeopaths to remain true to Homoeopathy. He said that it was possible to produce good field workers in homoeopathy with a short course of practical training to those who were already engaged in the profession.

In his presidential address, Sri N. Venkatarama Ayyar said that Homoeopathy was as effective as any other system

of medicine. He emphasised the need for properly evaluating individual symptoms in correct diagnosis. He stressed the need for the observance of the Hahnemannian maxims of single remedy, minimum dose and no repetition. Homoeopathy can assume its rightful place in the medical world of to-day only by efficient practitioners who have received suitable training in proper institutions. He appealed to all Homoeopaths as well as to the philanthrophists to help the Madras Association in the establishment of a College with a hospital attached at Madras.

Dr. R. Narasingam, Joint Secretary of the Association, presenting the annual report of this Association detailed the activities of the Association, viz., regular meetings, at which discussions were held in regard to cases of interest and professional standards and appealed for support to the Association. He announced that the purse for the College Fund, which the Association had wanted to present that day, would be presented at the Annual Meeting of the Madras Presidency Homoeopathic Association at Madras.

Sweets were distributed and the meeting came to a close after a vote of thanks by the Secretary.

Annual Meeting

At the annual meetting held on 27-7-1958, the annual report presented by the Secretary was adopted and the following office-bearers were elected:

President: Dr. A. V. Subramaniam,

Vice-Presidents: Dr. T. K. V. Subramaniam, and Sri M. Muthuswami Padayachi (Retd. Deputy Collector)

Secretaries: Dr. P. S. Duraiswami,

Mr. R. Narasingam,

Asst. Secretaries: Dr. M. S. Purushothaman, and Dr. N. Subramaniam,

An Executive Committee was also elected.

Further, it was resolved to affiliate the Association with the Madras Presidency Homoeopathic Association and the President (Dr. A. V. Subramaniam) was elected to represent the Association on the Executive Committee of the Madras Presidency Homoeopathic Association.

The Homoeopathic Practitioners Association, Coimbatore Study Class

At a meeting of the Homoeopathic Practitioners' Association, Coimbatore held on Wednesday 23rd July 1958, Mr. C. P. Seshu Iyer, President, presiding, it was resolved to continue the weekly free study class and to extend its benefits to outstation members of the Association, who cannot attend personally, by regular despatch of summaries of discussions.

The Kolar District Homoeopaths Deputation A Deputation

A deputation of the Kolar District Homoeopathic Association consisting of Doctors D. A. Rashid, M. L. A., K. Nagarathnam, T. S. S. Pillay, Yousuf Sheriff, R. Sundariah Sailas and T. R. Murugesh waited on Sri T. Subramanya, Minister for Labour and Local Self Government of the State of Mysore at Kolar Gold Fields Guest House on 3-8-1958.

Dr. D. A. Rashid, M.L.A., explained the history and the activities of the Association for over a decade.

Dr. K. Nagarathnam pointed out that India is a poor country, in which the majority of the people could not afford costly treatment for diseases. The poor needed less expensive but beneficial treatment for their ailments. He added that people not only believed in Homoeopathy but also derived benefits from it and stated that immediately on the outbreak of cholera in the year 1951 and the influenza sweep of 1957, the Association had undertaken preventive and curative measures as a result of which thousands of rural folk have benefited. He thanked the Ministry of Health for taking up the cause of Homoeopathy in the State.

Dr. T.S.S. Pillai requested the Minister to recommend to the Government that all the existing homoeopathic practitioners be registered *en masse*.

The Hon'ble Minister promised to consider the matter sympathetically.

The Pepsu Homoeopathic Medical Association

The Association has welcomed the Punjab Homoeopathic Practitioners' Bill and suggested some amendments

and modifications, which include that the strength of the Council should be 17 instead of 7 and there should be an executive of 7 members and that the Council should be empowered to grant Honorary degrees.

The Association has recommended that the duration of 7 years practice might be taken as adequate qualification for registration.

A deputation of the Punjab branch of the All India Homeopathic Medical Association, led by Dr. Kidar Nath President AIHMA Punjab, Amritsar, waited upon the Hon'ble Ch. Suraj Mal, Minister for Health Punjab Government and apprised him of the difficulties of the Homoeopaths in the state and the amendments needed for the Punjab Homoeopathic Practioners' Bill. The Hon'ble Minister assured the deputationists that he would give careful consideration to all the points raised.

The All India Homoeopathic Medical Conference

This year's conference, it is reported, will be held in December at Allahabad.

The International Hahnemannian Society of India.

Silver Jubilee Celebration

Dr. S. K. Padiar, President of the Society, announces that it has been decided to celebrate the Silver jubilee of the Society by the end of this year and to publish a Silver Jubilee "Souvenir" to commemorate the historic occasion and appeals to Homoeopaths to co-operate in making it a success. Interesting articles on Homoeopathy together with photos and life sketches of the writers and also notes on Who's Who in Homoeopathy may be sent to the Hony. Secretary, International Hanemannian Society of India at 8, Ramkanai Adhikary lane, Calcutta-12.

THE MADRAS HOMOEOPATHIC COLLEGE AND HOSPITAL FUND

An Appeal

The Madras Presidency Homoeopathic Association has decided to restart the Madras Homoeopathic College with a hospital attached to it as early as possible.

The need for a College to provide facilities for institutional training in Homoeopathy in both the Degree and Diploma Courses is obvious. That is the only means of building up a body of well-trained and efficient Homoeopathic practitioners and eliminating bogus methods of treatment in the name of Homoeopathy.

A College without a well-equipped hospital will be of no use. The hospital besides serving the sick and the suffering by Homoeopathic treatment and establishing the efficacy of Homoeopathy by a practical demonstration of it, will serve as an adjunct to the College affording a practical training centre for its students.

This is the most opportune time for starting the College and the hospital. The value of Homoeopathy as an effective means of treating all diseases is being increasingly recognised and most of the State Governments in India have recognised the system; and the institution, when started, may reasonably expect help from the Government of India and State Government out of the funds allotted to Homoeopathy in the Second Five Year Plan.

The venture requires a good deal of finance and will not be a success without the hearty co-operation of all those interested in Homoeopathy. The Association looks forward to the generous support of all those who have benfited by Homoeopathy and are interested in the development of the system on right lines.

May we appeal to the public to support the move by their munificent donations which will be gratefully acknowledged.

Contributions may be sent to Sri. N. Venkatarama Ayyar, Honory Secretary of the Madras Presidency Homoeopathic Association, 28/1-C. Judge Jambulinga Mudaliar Road, Mylapore, Madras-4.

Madras
15-7-58

N. VENKATARAMA AYYAR,
Hony. General Secretary

THE MADRAS HOMOEOPATHIC JOURNAL

(The official organ of the Madras Presidency Homoeopathic Association)

Members of the Association who are in arrears of their subscription are requested to remit the arrears together with the annual subscription for the Association year (1st April 1958 to 31st March 1959) viz., Rs. 10/- at once.

Back copies of the journal for 1956 and 1957 will be sent on remittance of Rs. 5/- for each year's set and Rs. 10/- for both years' sets. Postage free.

ADVERTISEMENT RATES

INSIDE COVER :

Full page	.....	Rs. 60/-
Half page	.....	Rs. 30/-
Quarter page	.....	Rs. 20/-

BACKSIDE COVER :

Full page	.....	Rs. 70/-
Half page	.....	Rs. 35/-

INSIDE PAGES :

Full page	.....	Rs. 40/-
Half page	.....	Rs. 20/-
Quarter page	.....	Rs. 10/-

Special liberal concessions will be allowed for advertisement for six months and more. Blocks should be supplied by advertisers.

Apply for particulars to:

Sri N. VENKATARAMA AYYAR,
Honorary General Secretary,

The Madras Presidency Homoeopathic Association,
28/1-C, Judge Jambulinga Mudaliar Road, Mylapore, Madras-4.
Phone: 86618 (Secretary's Residence)

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

Membership is open to lay men and women and also medical practitioners. The annual subscription is only Rs. 10/- and the entrance fee is Re. 1/-. The affiliation fee for associations is Rs. 10/- per annum. Every member will get the journal free.

Application for membership should be made to Sri N. Venkatarama Ayyar, the Hony. General Secretary, 28/1-C, Judge Jambulinga Mudaliar Road, Mylapore, Madras-4.

Printed by M. Swaminathan at the Amra Press (Private) Ltd. Madras 6,
and Published by K. Krishnaswami Iyengar,
at 162, Royapettah High Road, Mylapore, Madras 4.

BY

THE MADRAS PRESIDENCY HOMOEOPATHIC ASSOCIATION

September 1958

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

Single Copy : 50 NAYA PAISE

Annual Subscription : Rs 6 for non-members
Free to members

THE

Madras Homoeopathic Journal

(*Published Monthly*)

BY

The Madras Presidency Homoeopathic Association
162, Royapettah High Road, Mylapore,
Madras-4.

Hony. Editor: **Sri N. Venkatarama Ayyar.**

Vol. V **September 1958** **No. 9**

Editorial Notes and Comments

PREJUDICE AGAINST HOMOEOPATHY

The observations of the Hon'ble Mr. B. V. Jatti, Chief Minister of Mysore, while distributing certificates to the successful candidates in Homoeopathy awarded by the Hahnemanns College of Homoeopathic Medicine in Bangalore, published elsewhere, will be welcomed by all Homoeopaths as sound.

Mr. Jatti has rightly pointed out that if Homoeodathy should thrive well in our rural parts, it could do so only if the practitioners of the system could win the confidence of the people. We entirely endorse the view. That could be achieved by the practitioners in the rural areas being not only well-trained but following the system correctly and not swerving from the standards required of them or mixing it up with other systems, as we see many of them unfortunately doing today. The reason for some of these homoeopathic practitioners indulging in such methods is not far to seek. In many cases, it is due to want of confidence in themselves, which again, is really the result of absence of proper or sufficient training and knowledge. To a certain extent, it it also due to their yielding to the whims of the patients who

driven by a craze for large doses of medicines and injections, feel doubtful if these tiny pills could be of much use in eradicating what they consider to be difficult diseases. It is here that the real spirit of a Homoeopathic Physician has got to be exhibited. He should explain to the patients, even at the risk of a little loss of his time, the principles of the system and how the minimum dose will be of great help in restoring them to perfect health in a shorter time than massive doses which may merely suppress the complaint for the time being but raise complications later, and thus educate him in Homoeopathy. A little time spent that way as well as the administration of the correct drug will convince the patients of the efficacy of the system and lead to the removal of the mistaken prejudice which some people entertain against the system, mainly due to ignorance of it, and sometimes to the interested propaganda of those who do not like the system to come up for obvious reasons.

We are happy that the Chief Minister has taken note of the existence of the prejudice and pointed out the need for the removal of the same by the practitioners winning the confidence of the people. The practitioners should, therefore, be true to the system and true to the patients whom they have to deal with.

We appeal to the Madras Government in this connection to exhibit the same interest that the Mysore Government is doing in Homoeopathy today and take early steps for the recognition of the system and the starting of institutions which could turn out trained homoeopaths who could settle down in rural areas and cater to their medical needs.

Mr. P. Satyanarayana Rao

We felicitate Mr. P. Satyanarayana Rao, retired Judge of the Madras High Court and Member of the Law Commission, and one of the Vice-Presidents of our Association, on his appointment as Chairman of the Copyrights Board constituted under the Indian Copyrights Act of 1957. He has been the President of the Association for a number of years and has rendered yeoman service to the cause of Homoeopathy and the institution. We feel happy that the Government of India have availed of his mature experience for their service.

Dr. C. V. S. Corea.

We are happy that Dr. C. V. S. Corea (Ceylon) has been elected Patron of the International Hahnemannian Society of India.

Dr. Corea is a practitioner of pure Hahnemannian Homoeopathy and he "lives and breathes pure Homoeopathy" He is the pioneer of Homoeopathy in Ceylon and formed the first Homoeopathic Association in the Island. He is also the International Director for Asia of the World Homoeopathic Congress.

——o——

"Homoeopathy is absolutely inconceivable without the most precise individualisation"

—*Hahnemann.*

AILMENTS OF INFANTS

By
Dr. D. P. Kerewgoda, (Coimbatore.)

(Continued)

Constipation is another problem in infants and according to the procedure hitherto adopted, castor oil was considered to be the household solution, thus creating a big market for its crude as well as processed forms. At the observance of dry bowels, it is administered in minute dosage with ready response resembling a mild attack of diarrhoea, but the inevitable reaction which follows causes constipation recur in greater force, demanding the repetition in dosage gradually increased. The obligation continuously honoured, obstinate constipation, loss of appetite and complicated gastric derangements result Neeither castor nor other cathertics need be resorted to by families resorting to Homoeopathic medication. While rational solution to dry bowels is most frequently found in Bryonia, constitutionally demanded Calc Carb, Silicea and Sulphur help us in restoring the moment of bowels akin to nature.

Convulsions and allied manifestations bother the parents more than anything else, rendering them helplessly agitated at the sight of the lives of their little ones in balance. While co-existence in Cuprum of cramps, convulsions, coldness and collapse is of particular advantage to us here, Belladonna, Hyocyamus and Opium favourably respond when called for. The constitutional remedy as per individual demand will remove the tendency to recur.

Some children are found rather slow or late in their learning to talk and some to walk. While Natrum Mur is of service to the former category, Calc Carb to the latter and where the combined action is required, Agaricus will readily respond.

A knowledge of constitutional remedies along with the constitutions to which they belong is immensely of benefit to us in our efforts to acquire a proficency in dealing with the ailments of infants and young children. The details committed to our memories in this direction will serve as guiding stars to our goal. The failure of a selected remedy might be attributed to a constitutional reason. Cina when indicated

but fails, Santonine cures according to Dr. W. J. Hawkes, M.D. But an enquiry into the cause of failure may often be found worthwhile. Rather than going into Santonine merely because Cina failed, if we take the constitution into account, we shall succeed in a different but a more appreciable manner. If we observe the causes of the presence of worms in the cases coming before us with a view to ascertain the extent to which the constitution of the individual is responsible for the derangement maintaining morbid process, the succes will be ours with little strain. The constitution thus provides us with protection against possible failures by virtue exerted by constitutional remedy to supersede as aforesaid.

The following are among the constitutional remedies, often called for in the treatment of infants and yòung children:

Baryta Carb-Dwarfish, scrofulous; tendency to get tonsilitis from cold.

Calcarea Carb-Scrofulous; leucophlegmatic, fat, flabby; *rachitic*; big headed; anaemic; tendency to catch cold.

Causticum-Dark hair; rigid fibre; excessively yellow and sallow; psoric; scrofulous; prone to respiratory and urinary disorders.

Cuprum Met-Epileptics; neurotics; tendency to cramps.

Hepar Sulp-Torpid, lymphatic; oversensitive; hypochondrical; psoric; tendency to glandular swellings and suppurations.

Mercur Sol-Rheumatic; gouty; scrofulous; cachetic; tendency to catch cold and glandular swellings.

Natrun Mur-Analmic; awkward; irritable; nervous; tendency to catch cold.

Silicea-Nervous, irritable, weak; psoric; pale; rachitic; sweaty headed; chilly; tendency to suppurative processes.

Sulphur-Bilious, lean, unclean; psoric, rachitic, scrofulous; emaciated; unhealthy skin; dyspeptic; tendency to cold, catarrh and glands.

There is no reason why the infants treated by us now should grow exclusively under Homoeopatic attention if we

endeavour to demonstrate our art in appropriate manner before the parents who will naturally compare the response extended by us with the services previously obtained from other systems of medicine.

As explained in the first part of this article, we are well equipped to display the efficacy of Homoeopathy in eradicating the effects of constitutional faults and hereditary tendencies responsible for most of the ills little patients are subject to. In respect of the realisation of other claims also we can proceed with security, thanks to our renowned authors, irrespective of whether the causes concerned are directly traceable or otherwise,

The significance attached to the attention to the ailments of infants and young children with a high standard of efficiency is crystal clear. Our ultimate remunerative aim here should be the future society exclusively under Homoeopathic care.

"It is to Homoeopathy we must look if we would most successfully lighten the curse of Eve."

—D. M. Borland.

HYDROCYANIC ACID—AN UNDERSTANDING

By

(R. Ramachandran, Madras.)

It is a pity that the homoeopathic acids in general suffer from neglect. Their indications in most cases are clear-cut, and the stages and states for which they are suitable, well defined. I believe Dr. C. Hering was the man who first coined the expressive phrase, "stages and states" to indicate the range of usefulness of remedies. Let us then, try to define the stages and states of hydrocyamic acid from a homoeopathic standpoint.

Before proceeding with the study of the special features of this remedy, it is useful to remember that all the acids have one common characteristic—debility. This debility may range from simple brain-fag to total collapse, or from the debility of metabolic diseases to complete prostration and exhaustion in the last stage of typhoid. Whatever the disease, one is sure to find some degree of debility in a patient requiring an acid.

Hydrocyanic acid in its crude form is one of the most toxic substances in the world, though its cater-cousin, potassium cyanide, is the more notorious in that respect. It is a quick killer. Hence its niceties and subtleties can only be brought out by a systematic homoeopathic proving, though we can learn much from its toxicology.

Its Toxicology:-

(a) Symptoms appear immediately after poisoning.

(b) Frequently a cry ushers in the symptoms, which begin with sudden gasp for breath and loss of consciousness.

(c) Skin becomes cold, pupils fixed and dilated, respiration laboured and irregular, pulse frequent and small.

(d) Death follows very shortly and may be preceded by tetanic convulsions.

(e) After death, eyes remain staring and prominent, and froth exudes from the mouth.

(f) It destroys the function of blood as an oxygen carrier.

(g) Chronic poisoning occurs among photographers, gilders, and workmen who are constantly handling either hydrocyanic acid or potassium cyanide. The symptoms are:—headache, vertigo, loss of appetite, nausea, constipation, foetid breath, dyspnoea, and anaemia.

Violent deaths are said to be four in number: hanging (not judicial), suffocation, strangulation and drowning. A man surviving any of these methods of death narrowly, as has happened in some instances, may suffer from innumerable after-effects which are listed as follows:—hemiplegia, epileptiform convulsions, amnesia, dementia, bronchitis, haemoptysis, cervical cellulitis, parotitis, retro-pharyngeal abscess, meningitis,

We may take it that hydrocyanic acid will prove an ideal remedy for all these after-effects. This inference is drawn from the fact that in hydrocyanic acid (1) there is a suddenness of respiratory failure, (2) that the man dies from a sudden cutting off of the oxygen supply to the lungs, and as a consequence, (3) the whole body becomes blue suddenly. And to these three effects, the sudden impact of the tremendous shock involved, and you get a fairly good idea of the range of this remedy. Wherever one finds the above phenomena, hydrocyanic acid is sure to be the curative agent.

One need not run away with the idea that the usefulness of the remedy is restricted only to the secondary effects following attempts at violent death. There are many situations where the peculiar features requiring hydrocyanic acid may be rehearsed. I learnt from a great homoeopath of Madras that children born with the umbilical cord twining round the neck, are apt to suffer from several ill-effects even years afterwards.....fits, convulsions, bronchitis and so on .....due to the tightness of the cord, and that hydrocyanic acid administered occasionally even in the 6th potency, prevents them. Similarly there are people who habitually wear neck ties (probably tightly) and it is conceivable that some of them may develop some idiocyncracies (as Dr. Hering did after proving Lachesis). Children after fright may suffer choking and suffocating sensation and turn blue. Patients after severe attacks of diphtheria may well develop some symptoms requiring hydrocyanic acid. The same

symptoms may develop in closed and stuffy rooms or big crowds, or in these who habitually wear non-porous tight clothing (for example, plastic shirts).

I have used the above ideas with satisfactory results. A friend relates to me a case of a child turning suddenly blue whenever frightened. One dose of hydrocyanic acid 30, it would appear, gave immediate relief with no recurrence thereafter.

Before closing, let me append hereto, a short tabloid Materia Medica of this useful remedy, culled from text books, for a ready apprisal:

(a) Two words express this remedy-convulsions and paralysis.

(b) Spasmodic constriction in larynx, feeling of suffocation, pain and tightness in chest, palpitation, pulse weak and irregular.

(c) Collapse cyanosis; due to some pulmonary condition, not a cardiac collapse.

(d) *Fears* everything—horses, wagons, houses falling etc. Unconscious.

(e) *Drink rumbles through throat and stomach. Great sinking at pit of stomach.*

(f) Noisy and agitated breathing. Dry, suffocative and spasmodic cough. Asthma with *constriction* of throat. Whooping cough. Paralysis of lungs. Marked cyanosis; venously congested lungs.

(g) Sudden effects:—Collapse, spasms, apoplexy—*Paralysis of lower limbs and then upper;* limbs paralysed and remain in any position they are placed.

(h) *Coldness:—Rather, marble coldness both outside and inside. Blueness* of the skin.

(i) Acts in many cases of epilepsy as a palliative when not due to organic lesion. It should be given frequently and continuously.

Bibliography

1. Wm. Boericke—Mat. Medica.
2. Neatly and Stonham—Homoeo. The therapeutics
3. J. P. Modi—Jurisprudence and Tomicology.
4. Snowman—Manual of Emergencies.
5. Bhanja, K. C. — Master Key to Hom. Ma Medica.

CASE NOTES

By

Dr. G. Palanivelu (Madurai)

The following is the case of a young man aged about 21. He suffered from severe colic. He sought admission into the General Hospital. There, it was diagnosed to be a case of peptic ulcer and an operation was suggested. Even the day for operation was fixed. But, the patient was unwilling to it. So he sought my advice. The following are the symptoms that I could gather at the time, i.e., on 18—12—55.

Colic attended with retching and nausea; around umbilicus; stitching in both the hypochondria; eructations empty, hiccough, want of apptetite, feeling of fullness, etc. as the time of colic; stools with a feeling that something remained yet; revolving pain around umblicus ameliorated by pressure, passing wind on eating, and aggravated when empty-stomach; grinding of teeth while asleep; crying; shedding tears during colic. On the basis of the above symptoms, I gave him one dose of Puls. 30 and Placebo.

19—12—55 Puls. 30 one dose and placebo.

21—12—55 Stitching pain-a ball-like thing revolving and moving up-aggravation at 2 A.M. Kali. C. 30 one dose.

23—12—55 Slightly better. Kali. C. 30 three doses one at each night for three days.

.8— 1—56 Relapse. K.C. 30.

9— 1—56 Relapse last night. Nat. C. 30.

12— 1—56 Better. Pla. for four days.

16— 1—56 Relapse of pain daily exactly at 1 A.M. Puls. 30.

20— 1—56 No agg. at 1 A.M. Instead, regurgitation with slight pain in the mornings before eating. Pla.

24— 1—56 Relapse of pain last night. Puls. 30.

30— 1—56 Better. Pla.

31— 1—56 Relapse last night. This time pain severer than usual. Hence, it is suspected that it may be an aggravative action of Puls. administered before. Hence only Pla.

6— 2—56 Better. Pla.

12— 2—56 Relapse-slight pain before eating in day time only. Puls. 200

23— 2—56 More pain. Suspecied to be an aggravation. So only Pla.

4— 3—56 Wheals-like eruptions itching when uncovering. Sometimes throbbing in abdomen as there is something alive. Sac. Lac.

11— 4—56 Relapse of colic. Puls. 200.

10— 5—56 Relapse of colic at 1 A.M. waking up from sleep. Lach. 30.

After Lach. there was no farther relapse. He came to me again on 21—11—56 for fever due to getting wet, watery nasal discharge, pain all over body, restlessness, thirsty, etc. Ars. Alb. 200.

The next time he came was on 23—12—56. This time, he had dirty-looking, black, itching patches on his body, burning after scratching, especially during nights. I gave Sul. 200. On 28—12—56 there was an aggravation. After that it gradually faded away.

In this case, I think the following points are noteworthy:—

1. Even though Puls. seemed to be the main remedy indicated, the interpolation of one dose of Lach. on the basis of one and the single symptom of aggravation during sleep, helped me to simplify the case and stop further relapse of colic.

2. Another thing is that the cure has taken place according to the true Homoeopathic principle of " from the more important organ to less important organ and from the centre to the circumference ".

" Remember always that mental symptoms corresponding in drug and patient are our most important indications for the employment of any drug." —*D. M. Borland.*

UTERINE DISPLACEMENTS

By
Dr. P. S. Krishnamurthi (Rajahmundry)

"Uterine Displacements" are frequently met with in diseases of women. There are differences of opinion regarding the treatment of displacements or as to the use of pessaries. Dr. N. Gurensy says that no pessaries are required for the treatment of uterine displacements. Dr. Burnett is also of the same opinion; and describes "Fravinus Americana" the drug which is very well indicated in uterine fibroids, prolapsus and other displacements, as the medicinal pessary and recommends it as uterine tonic in all the uterine disorders from the standpoint of "Organopathic drug".

The dependence on pessaries depends on the degree of displacement. If the displacement is more, the mechanical pessaries help a good deal in the treatment; if the displacement is only slight, we can entirely depend on Homoeopathic drugs.

Uterine displacements can be conveniently classified into five viz; the forward, backward, downward, upward and lateral. The normal uterus is slightly anteverted with a very slight degree of anteflexion. Formerly this present normal condition was regarded as an abnormal condition. The version of the uterus is the condition in which the body of the uterus is bent forward or backward or to the lateral side with the flexion in the axis of the uterus at the junction of the neck of the uterus and the body. In most of the cases, flexion is found with the version of the uterus. Very rarely one comes across the condition of latroversion and latroflexion.

Retroversion and retroflexlon: This form of displacement is next in frequency to prolapsus. This displacement as a primary condition is a rare occurrence but as an accompaniment of other diseases it is frequently found, especially in inflammatory condition of the uterus as in tumors etc. In retroversion the uterus assumes directly the opposite of the normal position of the uterus. The fundus will be found turned backward the sacrum and even pressed down beneath its promonotory and the Os uteri will be found turned towards the pubes. There are three stages

degrees of displacement in retroverted uterus according as the funds is directed towards the upper-middle, or the lower portion of the sacrum. The last stage forms the insuperable barrier against its rectum unless replaced by manipulation.

The most strongly marked system indicative of retroverted uterus is found in the difficulty of emptying the bladder accompanied with pain and tenesmus. It is met with in greater or lesser degree in complete cases of this displacement due to pressure on the rectum and the frequent urging to stool with great difficulty or impossible of evacuating the bowels. Back-ache with inobility to stand for any length of time without suffering is also common symptom of this disorder. Nausea and vomiting may also follow unless the defect is rectified. In suddenly occurring retroversion as a result of fall or injury, the symptoms are more pronounced and severe.

The causes of retroversion are unduly distended bladder. The use of obstetric bandage has a tendency to press the uterus downward and backward at a time when its muscular and peritoneal supports are weakened and relaxed when the uterus is enlarged and heavy from uncompleted involution.

Per vagina examination results:— The absence of cervix from its normal place and the Os is found near the symphysis pubes. Upon passing the finger backward to the sacrum it meets a resisting ridge, which ends in a round hard mass resting upon the rectum. "The size, rotundity and distinctness of this will depend upon the degree of the displacement. In the first degree the resting line but no tumor will be felt. In the second stage a slightly rounded mass and in the third the fundus with its characteristic form will be perceived" Thomas.

Retroflexion:—It consists in bending backward of the fundus and body of the uterus toward the hallow of the sacrum the uterus being bent upon its axis, at a greater or lesser angle by which the cervix is not removed from its normal position or deviates from it slightly. It is the weakness of the uterine tissue. It occurs most frequently in multiparous woman and rarely happens to the virgin uterus.

The causes of retroflexion:— The causes are similar to those which give rise to retroversion. Such as pregnancy, parturition, hyperplasia, endometritis, subinvolution or tumors within the abdomen or upon the uterus.

Symptoms of Retroflexion:— Irritability of the rectum is the chief symptom. Neuralgia occurs in consequence of the natural congestion and nervous compression and uterine colic due to retention of the secretion of the intra-uterine mucous membrane. If the degree of the retroflexion is very great as to occulude the uterine canal dysmenorrea and sterility are the consequences.

Anteversion and flexion

This form of displacement is of common occurrence. It differs from A. V. in this that while the fundus and body of uterus are abnormally directed downward and forward the Cervix retains its proper position or nearly so although flexion of the uterus forward may comprise a bending in that direction of both body, next at the point of junction of the two, the bending being in some cases nearly at an acute angle yet in other cases while the body of the uterus retains its normal position or nearly so, the cervix is bent and extended forward towards the public symphysis.

The symptoms produced by A. F. are similar to R. V though usually the vesical and rectal irritation are not so severe. In consequence of the bending of the womb very serious symptoms may arise, which are results of the various diseases. Dysmenorrhoea is an almost necessary attendent condition also. Congestion of the uterus, endometritis both corporeal and cervical.

Causes:—The same cause which occasion A. V. are responsible to cause Anteflexion also. To produce Anteflexion previously existing weakness of the Uterine tissue at the junction of Cervix and body of the uterus is responsible. The Uterus may be regarded as in a condition of unnatural Anteversion when it lies in its long axis accreson the pelvis with the Cx in the hallow of the sacrum and the fundus near the symphsis pubis and encroaching mofe or less upon the bladder. A. V. may be combined with Flexion at the junction of the uterus with the body and in this case the fundus is thrown still more forward while the Cx is not directed so far backward toward the sacrum.

Symptoms:—Pressure of the os against the posterior wall of the vagina may occasion dysmenorrhoea and sterility. The pressure of the fundus upon the bladder gives rise to many unpleasant urinary symptoms which differ greatly in degree in different women.

Retroversion and Flexion

This type of displacement is very rare occurrence which is due to tumors or inflammatory conditions which lie on the opposite side affected. Inflammation of the fallopean tubes of abnormal size may also produce this type of displacement. These displacements do not give rise to symptoms of any note.

Inversion of the Uterus

Inversion of the uterus is an accident of delivery and rarely takes place in impregnated uterus as a sequence to the polypi of the uterus. There are three different stages or degrees of inversion as in other displacements. 1. Simple depression of the fundus. 2. Partial inversion in which the tumor formed by the inverted uterus does not reach the Os uteri. 3. Complete inversion in which the womb is entirely turned inside out and protruded externally causing at the same time complete inversion and entire procedentia.

Prolapse of the Uterus

The displacement downwards is the prolapse of the uterus. There are three degrees of displacements. 1. The organ may occupy a position somewhat lower than normal. 2. It may have partly or completely passed through the vaginal orifice. 3. Extreme procidentia in which the organ entirely lies outside the vulva the body lying in the inverted vaginal wall.

In slight degree of displacement the vaginal wall is seen coming down on asking the patient to strain. In severe cases in which the prolapse is severe the cervix can be seen and the body of the uterus and ovaries can be felt.

The other symptoms of the prolapse of the uterus are the uterus is enlarged the cervix is frequently hypertrophied, there may be accompanying endometritis or endocervicitis. In some cases there may be incontinence or frequent urina-

tion, or there is difficulty in passing water till the prolapsed organ is pushed up. Sometimes there is weight or a bearing down feeling in the pelvis but more often no pain is complained of, only the discomfort of the lump during walking and sitting. In the early stages on the other hand back ache may be a prominent symptom. The uterus is usually retroflexed. Leucorrhoea is very troublesome. Ulceration of the external parts is sure to supervene on procidentia.

Etiological Factors:—As in prolapse of the vagina a ruptured perineum, a relaxed condition of the parts after labour usually associated with sepsis and a laborious occupation which demands much muscular strain such as that of washer-woman. The exciting causes are 1. increased abdominal pressure, (intra) such as occurs with undue muscular strain, sagging of dilated intestive deposit of abdominal fat. 2. The increased weight of the uterus in cases of chronic subinvolution or tumors of the walls. The weakness of the important support of the uterus, the peritonium and the weakness of the uterine appendages. The pressure from above also plays an important role in causing prolapse of the uterus. Ascites or ovarian dropsy are also the etiological factors.

Homoeopathic Treatment of Uterine displacements

In the theraputics of uterine displacements we have in our pharmacopia highly efficacious drugs. Pessaries and mechanical supports are in no way contra-indicated in the treatment. Moreover they aid the treatment. The machanical aids and postural treatment help very much the indicated drug in relieving the defect. I am giving here some out of the way drugs and organopathic drugs which have a social pathogenesis on the uterine disorders. The indications for some of the polychrest remedies are also given here to help the practitioner. The general and only principle for the treatment of uterine displacements is the "Similia Similibus Curanter".

Aconite N: When the prolapsus has occurred suddenly—great inflammation with extreme sensibility to the least touch. Menses too late or suppressed. Great anguish and fear of death.

Ammon. Mur: Catamenial discharge profuse at night Discharge of blood from the bowel (Vicarious menstruation).

Arnica M: Prolapsus due to concussion—inability to walk due to sore bruised feeling in the uterine region.

Asterious rubens: General feeling of distress in the womb as though something were pushing out.

Aurum Met: Heaviness in the abdomen with icy coldness of hands and feet. Quarrelsome disposition. Melancholy with thoughts of self destruction.

Belladona: Sensation of heat and dryness in the vagina. Suppression of stools and urine. Pains in the pelvic region appear suddenly and cease suddenly.

Bryonia: Epistaxis when the menses should appear. Constipation of hard dry stools as if burnt. Likes to be quite and still. Menses profuse.

Calc. carb: Patients of leucophlegmatic temperament. The least excitment often brings the return of menses. Menses profuse and soon. Constant aehing in the Vagina.

Cal. Phos: Every cod causes rheumatic pains in the joints. Suffering from grief.

Cantharis: Great amativeness—Violent itching and burning of vagina. Constant desire to urinate and passes a few drops or discharge of bloody mucus.

Carbo-an: The menstural function seems to exhaust her remarkably.

Chamomilla: Menses too early or coagulated and dark. She can hardly speak a pleasant word.

China: Prolapsus due to loss of fluids. Menses profuse and metrorrhogia.

Cocculus: Paralytic pain in the small of back rendering walking difficult., and sometimes impossible. Nausea and fainting during menses.

Colocynth: Chronic and repeated attacks of colic bending double amelioration, constand heat and dragging pain in the vagina.

Conium: Profuse leucorrhoea—induration and prolapsus. The breasts become sore enlarged and painful at every menses.

Dulcamera: The patient gets a rash as a fore runner of menses on the body.

Ignatia: Menses scanty black and putrid odour—supresses grief.

Kali carb: Violent itching of the whole body during menses. Sequence of parturition. A remedy frequently indicated for dysmenorrhoea.

Kali Bichromicum: Prolapse produced in hot weather. Tough ropy leucorrhoea.

Lachesis: Displacement in connection with the change of life. The abdomen cannot bear contact and has to be relieved of all pressure.

Ledm pal: Abundant urine and leucorrhoea—deficient in vital heat.

Lilium tig: Crazy feeling on top of the head. Bearing down in the uterine region as if the contents of the abdomen would press out of vagina.

Lycopodium: Sensation of great dryness in the vagina. Terrific pain in the back previous to every urination with relief as soon as the urine begins to flow.

Mercurius-sol: During menses anxiety in all displacements. Dissatisfied and fault-finding;

Nux-mosch: Enormus distension of abdomen after every meal. Menses black and profuse. Dryness in the mouth and throat, while sleeping.

Opium: Prolapsus uteri, fright from is the the important keynote to this remedy.

Petroleum: Anxious and irritable—Prolapsus due to chronic diarrhoea.

Podophylum: Prolapsus uteri with prolapsus anus.

Sepia: Sensation as if every thing would come out of vagina. Must cross her limbs to prevent. Sensation of weight in the anus not relieved by evacuation. Menses too late.

Silicea: Prolapsus in consequence of myelitis. Very difficult stools being an accompanying symptom.

Sul-acid: She wishes to do every thing in great hurry. Cannot get work done rapidly enough and is dissatisfied with herself when she has finished. Menses early and profuse.

Thuja: A terribly distressing pain occurs in the left illac region, when walking or riding must lie down to get relief. Some pain during menses extending over to the left region—Very serious turn of mind.

Veratrum alb: In cases of prolapsus uteri dysmenorrhoea with purging and vomiting-haughty and commanding.

Cimicifuga: Caulophyllum and Helonias are equally potent drugs in the displacements.

Aletris Farinosa: Weakness of body and mind is found in the uterine disorders.

Osmium: Skinner used Osmium in a case pain in right ovary during menses—excessive pain asked her sister to sit on her. Love of approbation.
Dr. Kent puts in the first grade in the prolapse of the uterus.

Iridium: Uterine disorders coupled with anaemias.

Palladium is also recommended in uterine disorders.

Fraxinous Americana: Dr. Burnett recommends this drug as a uterine tonic and says very highly about this drug and calls it a medical pessary of the uterine displacements.

NEWS AND NOTES

In this section will be published reports of activities of Homoeopathic Associations and institutions

The Salem Homoeopathic Association:

At the monthly meeting of the Association held on Sunday the 7th September 1958, Dr. A. V. Subramanian read a paper on "Nux Vomica".

After explaining how this drug, ordinarily considered to be a great poisonous seed in other schools, has been used as a great medical agent in homoeopathy after potentisation, he compared Nux Vomica with other polychrests such as Sulphur, Calcarea Carb, etc. and explained the value of Nux Vomica for the cure of constipation, dyspepsia, haemorrhoids, headache, lumbago, cold, sexual disorders, women's complaints, of course, always based on individual symptoms.

Dr. P. S. Duraisami proposed a vote of thanks.

The Homoeopathic Practitioners' Association, Coimbatore:

At the meeting of the association held on Wednesday the 10th September 1958, the President Mr. C. P. Seshu Aiyer gave an elaborate study of Calcarea Carbonica, followed by an interesting discussion, all members participating.

The circulation of summaries of discussions held hitherto through print was decided upon.

The Homoeopathic Science Congress

Dr. Thomas Singh of Rajgarh has, in a communication, stated that it is proposed to have the inaugural session of Homoeopathic Science Congress in 1959 at Delhi.

According to him, the Congress would strive for promoting unity of thought and action among the homoeopaths and the advancement of and research in homoeopathy as an art and science, and the standardisation of teaching and training in all institutions All those who have got their names registered in the Provincial Registers of Homoeopathic Boards or Councils, would be members of the Congrees.

There will be no membership fee, but donations will be collected by sale of printed seals of the price of 25nP. each.

The Salem District Homoeopathic Association:

At the monthly meeting of the Salem District Homoeopathic Association, Tiruchengode, held on 21–9–1958 at Rasipuram, Dr. H. A. Sathar (Idapady) presiding, it was resolved to request all Homoeopathic Doctors with less than 5 years' experience as Homoeopathic Medical Practitioners to attend the class run by the Association and all Homoeopathic Doctors of 5 years' experience and above to get themselves registered with the Association, and all of them to maintain case records.

Dr. E. P. M. Swamy spoke on (1) Muscular System, (2) Chinium Sulphur, and (3) Carbuncle and Homoeopathic Treatment.

Dr. A. Viswanathan addressed the meeting on Chinium Sulphur.

The Chairman in his concluding remarks appealed to all Homoeopaths in the District to enlist themselves as members of the District Association at once and make it a strong body. He urged the need for a Homoeopathic College for Salem District.

Homoeopathic Charitable Dispensary, Jamnagar:

The Dispensary run by the Sanskrit Maha Vidyalaya, Dal, and inaugurated by Sri Kannamwar, Health Minister of Bombay, about a year ago, has made very good progress and it has treated about 10,869 patients. The Health Minister, who visited the Dispensary on 3rd August last, was pleased to note the progress and thanked Dr. Magan Bhai, Physician in charge, for his selfless service. The Minister requested the Doctor to propagate the system amongst the ladies particularly, as they will be able to deal with the children's ailments at home without the aid of any doctor. He also promised to sanction an adequate grant for the dispensary.

Convocation of Bengal Faculty of Homoeopathic Medicine:

The Third Convocation held under the auspices of the General Council and State Faculty of Homoeopathic Medicine, West Bengal, on Thursday the 28th August 1958

at 5-30 P.M. in the Senate Hall, College Square, Calcutta, was inaugurated by Miss Padmaja Naidu, the Governor of West Bengal.

Punjab State Homoeopathic Conference:

The annual session of the State Conference will be held on 4th and 5th October, 1958, at Ludhiana.

Government and Homoeopathy

Presiding over the All Punjab Homoeopathic Congress held at Ludhiana on Aug. 3., Dr. K. G. Saxena, Hony. Homoeopathic Physician to the President of India said that all systems of medicine should be permitted by the Government to develop unhampered by any rules or regulations of the States or of the official system of medicine for a period of 25 years or so and recognised on equal footing.

Dr. Saxena said, "Punjab has the unique distinction of being the first place where Homoeopathy was introduced in our country more than 100 years ago. It was here that Dr. Honigberger came to treat Maharaja Ranjit Singh and cured him of his ailment and thereby ignited the first torch of this beneficial system of medicine in this country.

"This state has also the distinction of discussing the first Homoeopathic Bill and appointing an enquiry committee for Homoeopathy. No prgress however took place beyond the Enquiry Committee Report.

"This State had to bear the pangs of partition in the wake of independence of our country and had to undergo the greatest upheaval in our history. The partition brought about untold misery to many lakhs of people including hundreds of Homoeopaths of the Punjab, a large number of whom migrated to other States of India and are serving thousands of people there. This state has produced some of the greatest homoepaths of India like Dr. Dewan Jai Chand who has held aloft the banner of homoeopathy for the last 45 years or so. I have to pay my warm tribute to these veteran homoeopaths of Punjab who are serving the cause of Homoeopathy.

"Homoeopathy is passing through a critical stage in its chequered history in India. There were times when the

homoeopaths were busy in their own individual capacities enhancing the prestige and serving the people of our country. A mass consciousness in favour of Homoeopathy was created and homoeopaths rose up in thousands in every State of India. Besides, various types of colleges, hospitals, dispensaries, pharmacies were establised in large numbers to cope with the huge demand for Homoeopathic treatment education and medicine.

"Another stage developed when it was felt that mere individual efforts would not pay dividends and the necessity for collective organisation on an All India basis was felt. This gave rise to the starting of associations, societies and institutes of homoeopathy during the course of the last quarter of a century or so. The present situation is that in spite of our best individual and organisational activities no tangible results have been achieved towards the better propagation of our system of medicine. I am now convinced that our further progress is being withheld for want of definite policy of the Central and State Governments. I would, therefore, deal with the analysis of governmental policies towards Homoeopathy for which I have been agitating for more than 20 years.

Government Policy.

"The Central Government at a meeting of the Union Cabinet in 1948 decided the following policy on health which was announced in the Rajya Sabha by Rajkumari Amrit Kaur the then Health Minister of India.

"The Central and Provincial Governments should decide that modern scientific medicine shall continue to be the basis of the development of national health services in the country. They recommended that facilities for research on scientific lines into the Ayurvedic and Unani systems of medicine should be promoted on as broad a basis as possible on the lines recommended by the Chopra Committee's Report and the results of such research when they are proved valid will not only enrich the Ayurvedic and Unani systems but will also be incorporated in the modern medicine so that eventually there will emerge only one system of medicine".

Factors Arising.

We shall consider the following factors that arise out of this decision of the Union Government.

1. The National Government took their decision more than 10 years age and have not reviewed their policy since 1948.

2. As a national and secular Government is it not incumbent on them to consider the claims and services of Homoeopathy and indigenous systems of medicine along with Allopathy'.

3. When provincial autonomy had been granted to the State Governments and health became a State subject, what right had the Central Government to impose their own health policy on the State Governments?.

4. Is it not essential for a democratie Government to review its policy in the light of the criticisms in the Parliament the press and by the practitioners of Homoeopathy and indigenous systems?

5. In a democratic cabinet, the Prime Minister is the chief architect of all policies but he should consult his collegues of the cabinet on all vital policies of national interest. We earnestly appeal to our democratic Prime Minister to consult his collegues on this health policy and we are sure that basic policy will be immediately altered.

Only States Left.

6. The Central Legislative Assembly passed a resolution 1937, recommending to the Government to recognise Homoeopathy. As a result of this several State Governments have recognised Homoeopathy e.g., west Bengal, Madhya Pradesh, Uttar Pradesh, Bombay, Bihar, Kerala, Assam, Orissa, Andhra and Delhi. The Mysore and the Punjab are shortly considering the Homoeopathic Bills in their Assemblies. Thus with the exception of 2 States, Homoeopathy is on the Statute books in all the States of India. Yet the Centre's policy remains the same.

7. Parliment passed the famous Homoeopathy resolution in 1948, unanimously recommending to the Government to give recognition to Homoeopaty and a Homoeopathic Enquiry Committee was instituted which submitted its report in 1949. The Committee recognised the scientific basis, utility and extreme popularity of Homoeopathic and recommended the formation of a Central Homoeopathic Council to co-ordinate advise and control the policy of Homoeopathy in the whole country.

8. The third All India Health Ministers Conference of 1950, considered and approved the Homoeopathic Enquiry report and recommended the formation of a Central Homoeopathic Council.

9. The Planning Commission invited representatives of Homoeopathy to a conference in 1952 and discussed and approved 5 out of 7 proposals on Homoeopathy. These 5 recommendations were incorporated in the First Five Year Plan and included the formation of a Central Homoeopathic Counail. Practically little action has been taken on these recommendations.

10. The Central Government appointed an Ad Hoc Committee in 1952 of 5 Homoeopaths with the Director General of Health as Chairman. The Committee in its 3 sittings recommended a number of proposals which have yet to be implemented.

11. The Central Health Council appointed the Dave Committee in 1955 to advise the Government on the recognition and utilisation of Homoeopathy and indigenous systems of medicine. The Dave Committee recommended the formation of a Central Homoeopathic Council and State Boards separate Directorates at the Centre and in the States and to have a uniform standard of training. The Council, however, did not take any positive decision to implement the recommendations and left the matter to the State Governments to decide.

Advisory Committee.

12. The Central Government formed the Homoeopathic Advisory Committee in 1956. The Committee had 3 sittings and discussed and decided many matters regarding Homoeopathy. I am however, pained to reveal that very few decisions have been implemented by the Government. Either the Centre or the State Governments come in the way of implemnting our recommendations.

"Thus it is evident that in spite of the favourable recommendations of the Homoeopathic Enquiry Committee, the Planning Commission, the Ad Hoc Committee, the Dave Committee, the Homoeopathic Advisory Committee and all Governmental Committees little tangible has been done by the Central or State Governments. So long as the fundamental policy of the Union Government is not altered and

Cabinet resolution of 1948 is not revised, we are not expecting a fair deal from our Government."

The President then discussed the question of integration of medicines. He congratulated Chief Minister of U.P. for the stand he took for Ayurved and asked that Homoeopathy should be treated on the same level as Ayurved. He asserted that Homoeopathy worked on the principle "prevention is better that cure" unlike allopathy which on account of vaccinations and inoculations was responsible for causing many drug diseases.

Dr. Saxena saw no reason why the benefit of Homoeopathy should not be available to those covered by the Health Insurance Scheme.

It was interesting, he said, that while registration of Homoeopaths was provided by various State Governments in their legislation, no provision to start Homoeopathic institutions and hospitals for turning out fresh Homoeopaths was being made. He hoped the Punjab Government will do something tangible in that direction.

He asked for separate Directorates at the Centre and in the States for Homoeopathy because without it this system of medicine will not flourish. He also pleaded for a basic change in the Centre's policy and wanted that step-motherly treatment should not be accorded to Homoeopathy.

Dr. Vermas' Address

Dr. Ratnakar Verma, Chairman of the Reception Committee in his welcome address said that the State Government intended to recognise Homoeopathic system of medicine by passing necessary legislation and the draft Bill had already been in circulation for nearly 2 months to elicit public reactions.

"At the very outset, I assure you with all the sincerity and force at my command that we maintain amongst ourselves no distinctions between qualified and non-qualified Homoeopaths only if they exclusively practice Homoeopathy on a whole time basis and religiously adhere to its tenets. Our stand is mainly against pseudo Homoeopaths. I mean those thousands of unqualified allopathic private medical practitioners who failing to get recognition from Government and fearing ban on their future practice, are now thronging to Homoeopathic profession in the hope of

securing registration as Homoeopaths just to continue their nefarious money snatching hotch potch practice under this camouflage.

Separate Directorate and Registration Council.

The All Punjab Homoeopathic Congress considered the draft of the Punjab Homoeopathic Bill and requested the Central and the State Governments to implement the recommendations of the Dave Committee Report with regard to the constitution of separate directorates and separate councils for Homoeopathy at the Centre and in the States.

It requested the State Government to form an independent Council, and separate Directorate for Homoeopathic system of medicine and further that the policy laid down by the Central Government in 1948, regarding the various medical systems be revised and Homoeopathy given equal status.

Jatti's Plea for Homoeopathy

Wants popular prejudice removed

Distributing certificates to the successful candidates in Homoeopathy awarded by the Hahnemannian College of Homoeopathic Medicine, Bangalore, on 21—9—58 the Chief Minister of Mysore, Mr. B. D. Jatti said that as Homoeopath was economic and within the reach of the poor, "it is most suited to and will thrive well in our rural parts, if only the practitioners could win the confidence of the people".

The Chief Minister pointed out that in spite of the efforts of various institutions to popularise Homoeopathy, "there is yet some prejudice against it in the minds of some people, and said it is your duty to remove such prejudice."

In her Convocation address, Mrs. Grace Tucker, Deputy Minister for Education, asked Homoeopathic practitioners to lead a life of "patience, toil, sacrifice and service" if they really desired to serve the sick and suffering and popularise their system of medicine.

His Grace the Most Rev. Thomas Pothacamury, Archbishop of Bangalore, who presided, said Homoeopathy was quite new to the country and people were not fully aware of or realised its efficacy. It was first introduced in India by a Catholic Bishop at Mangalore. It was easy and cheap and hence there was considerable scope for its development in India, particularly in rural areas.

Earlier, Dr. K. H. Rao presented a report and Mr. N. Balakrishnaiya, retired Judge of the Mysore High Court, administered the oath to the new graduates in Homoeopathy.

Mr. T. Subramanya, Minister for Law, Labour and Local Self-Government, also addressed the gathering.

CORRESPONDENCE

Homoeopathic Training

Dr. D. P. Kerewgoda (Coimbatore.) writes:

With reference to the article under the above heading in 1958 August issue of your esteemed Journal I crave your courtesy to express my view.

Dr. Sen proposes replacing the present two and four year courses by a five year course. We are well aware of the significance attached to such a high grade education in Homoeopathy. But for obvious reasons, it is very doubtful whether it will attract the parents.

According to Dr. Sen, Homoeopaths holding such as M.B., B.S., M.D etc., will possess status equal to their Allopathic counterparts in every respect. Where general educational qualifications required for admission and money and time for completion are concerned they will certainly be equal. Whether they will have equal earning capacity and social status is yet to be seen. The average parent is more concerned with these factors rather than the nobility of the profession.

Can we guarantee that a Homoeopath of five year course will possess the earning capacity and social status of an Allopath (M.B.B.S.) today? Unless the prevailing conditions convince them beyond doubt as to the desirability of resorting to, no parent will come forward to pick up risky chances. The present two and four year courses are good enough as each have deserving position, and the calls for higher studies will have their response depending on the results of our efforts to secure deserving status to those who have undergone existing courses.

REVIEW

Some Recent Research and Advances in Homoeopathy

By

Dr. P. Sankaran (Bombay)

(Available at the Homoeopathic Medical Publishers, 13-A, Station Road, Santa Cruz, Bombay 23. Price Rs. 2/- per copy)

In this interesting booklet Dr. P. Sankaran has tried to counter the impression entertained in certain quarters that Homoeopathy is static, without any research or advance to its credit. Of course, it is static in the sense that the basic concepts and fundamental principles of the system are the same and they can never be changed because the system is based on an immutable law, namely, the law of similars. But as pointed out by the author, there have been and are bound to be wider fields of application and newer approaches on the subject.

Dr. Sankaran has narrated some of the advances made in the past fifty years in the field of Homoeopathy. Dr. William E. Boyd of Glasgow has, by his patient and deep research, demonstrated the inter-relation of the body and mind through the process of electrical activity and how far and to what extent the attentuations of Homoeopathic drugs exhibit electro-physical properties leading to a demonstration of disease and drug activity by certain methods involving body reflexes. Dr. Abram of San Francisco has posited the existence of electro-magentic waves and the possibility of their detection in relation to disease and drug vibrations by a device invented by him capable of use in detecting infections and malignancies through the application of measured vibrations. Dr. Boyd's Emanameter is an improvement upon the device of Dr. Abram for detecting drug emanations and corresponding drug radiations. Dr. Edward Bach of England has, in collaboration with Dr. C. E. Wheeler, shown how excellent results are possible from an auto-vaccine from the stool of the patient and using it orally based on the theory that most chronic diseases are the result of auto-intoxication by the bowels. A new scale of potencies has been put into use by Dr. W. Everitt. Pharmological, biological and clinical reasearch have also not been wanting in Homoeopathy.

Dr. Sankaran has also stressed the need for not neglecting statistical surveys in Homoeopathy and it is gratifying to note that Dr. Noel J. Pratt has turned his attention to this field. As pointed out by the learned author, there is a vast field lying unexplored offering vast scope for research to the scientific minded and enthusiastic Homoeopaths.

The book is written in clear and easy style characteristic of the author; and the get up is excellent.

THE MADRAS HOMOEOPATHIC COLLEGE AND HOSPITAL FUND

An Appeal

The Madras Presidency Homoeopathic Association has decided to restart the Madras Homoeopathic College with a hospital attached to it as early as possible.

The need for a College to provide facilities for institutional training in Homoeopathy in both the Degree and Diploma Courses is obvious. That is the only means of building up a body of well-trained and efficient Homoeopathic practitioners and eliminating bogus methods of treatment in the name of Homoeopathy.

A College without a well-equipped hospital will be of no use. The hospital besides serving the sick, and the suffering by Homoeopathic treatment and establishing the efficacy of Homoeopathy by a practical demonstration of it, will serve as an adjunct to the College affording a practical training centre for its students.

This is the most opportune time for starting the College and the hospital. The value of Homoeopathy as an effective means of treating all diseases is being increasingly recognised and most of the State Governments in India have recognised the system; and the institution, when started, may reasonably expect help from the Government of India and State Government out of the funds allotted to Homoeopathy in the Second Five-Year Plan.

The venture requires a good deal of finance and will not be a succes without the hearty co-operation of all those interested in Homoeopathy. The Association looks forward to the generous support of all those who have benefited by Homoeopathy and are interested in the development of the system on right lines.

May we appeal to the public to support the move by their munificent donations which will be gratefully acknowledged.

Contributions may be sent to Sri. N. Venkatarama Ayyar, Hon. Secretary of the Madras Presidency Homoeopathic Association, 28/1-C. Judge Jambulinga Mudaliar Road, Mylapore, Madras-4.

Madras }
15-7-58 }

N. VENKATARAMA AYYAR,
Hony. General Secretary

THE MADRAS HOMOEOPATHIC JOURNAL
(The official organ of the Madras Presidency Homoeopathic Association)

Members of the Association who are in arrears of their subscription are requested to remit the arrears together with the annual subscription for the Association year (1st April 1958 to 31st March 1959) viz., Rs. 10/- at once.

Back copies of the journal for 1956 and 1957 will be sent on remittance of Rs. 5/- for each year's set and Rs. 10/- for both years' sets. Postage free.

Reg. No. M. 6753

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

Membership is open to lay men and women and also medical practitioners. The annual subscription is only Rs. 10/- and the entrance fee is Re. 1/-. The affiliation fee for associations is Rs. 10/- per annum. Every member will get the journal free.

Application for membership should be made to Sri N. Venkatarama Ayyar, the Hony. General Secretary, 28/1-C, Judge Jambulinga Mudaliar Road, Mylapore, Madras-4.

Printed by M. Swaminathan at the Amra Press (Private) Ltd. Madras 6,
and Published by K. Krishnaswami Iyengar,
at 162, Royapettah High Road, Mylapore, Madras 4.

BY

THE MADRAS PRESIDENCY HOMOEOPATHIC [illegible]ATION

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

Single Copy : 50 NAYA PAISE
Subscription : Re 1 for non-members
Free to members

THE

Madras Homoeopathic Journal

(*Published Monthly*)

BY

The Madras Presidency Homoeopathic Association
162, Royapettah High Road, Mylapore,
Madras-4.

Hony. Editor : Sri N. Venkatarama Ayyar.

Vol. V **October 1958** **No. 10**

Editorial Notes and Comments

RECOGNITION FOR HOMOEOPATHY IN MADRAS.

The reported announcement made by the Honourable Sri Manikavelu, Health Minister for Madras, in reply to a deputation of the Members of the Pollachi Division Homoeopathic Association during his visit to that place on 14th September last that Homoeopathy would soon be recognised in Madras State will be welcomed by Hemoeopaths and those interested in homoeopathy not only in Madras State but throughout the whole of India.

There are only two States in the whole of India which have not yet recognised this useful system viz., Madras and Mysore, and those interested in this system and practising it in all the other states have naturally been wondering as to why Madras, which is a cultured and progressive State setting example in many matters to other states should lag behind in this respect alone and that is why they should also be happy that, though late, Madras is lining itself up with other states in this regard. We hope that the Madras Government would be able to bring about this recognition in the most satisfactory manner avoiding the defects and

difficulties experienced in such a step in other states. There is need for the recognition not merely being the "registration" of the practitioners but the starting of Institutions wherein regular and approved courses of training would be available to those taking to the system, so that a regular flow of trained personnel might be available to the State in giving the benefits of the system of treatment to the people. We feel that this state should as a part of the scheme of recognition, apart from legislating regarding the registration and setting up a Board which will be in charge of the training and practice of practitioners, start dispensaries in atleast selected centres of the State wherein Homoeopathic treatment would be available for those of the public who seek it. We would appeal to the Government to make it equally a part of the programme to start atleast a College with a hospital at Madras wherein both the degree and diploma courses would be available to the trainees.

In this connection we feel we should not omit to emphasise the need for a proper approach to the matter. It will serve no purpose if Homoeopathy is allowed to be mixed up integrated with other systems of medicine to any extent. The beneficial effects of homoeopathic treatment can be had only if the system is followed on its own principles and it is seen that the practitioners do not swerve from the principles of the system and the treatment. Of late, there has unfortunately been a deterioration in the standards of Homoeopathic practitioners, who indulge in methods which do no credit either to themselves or to the system which they profess to follow.

We do not wish to say more than this that if Homoeopathy should devlop it can do so only on its own principles and any attempt to tinker with them should not be tolerated.

———o———

"Life is short, the Art is long, occasion sudden, Judgement difficult. Neither it is sufficient that the physician do his office, unless the patient and his attendants do their duty, and that externals are likewise well ordered."

Hippocrates.

3826

PSORA AND SCABIES

By

Dr. Diwan Jai Chand (Delhi)

The word "*Psora,*" which Hahnemann selected to represent the almost universally prevalent morbid base of non-venereal chronic diseases, is derived from the original Hebrew—*tsorat*—signifying venom or malignity; this term, the Greeks in their translations from Hebrew writings, rendered into "*Psora*", the original meaning of which, during the lapse of time, degenerated first into cutaneous diseases generally, then into itch. This error, creeping down through translators who did not clearly interpret or comprehend the true idea which Hahnemann intended to convey, and which I shall briefly explain below, has unjustly become a libel and reproach upon the accuracy and intelligence of the founder of Homoeopathy.

From his first recognition of the great Law of cure, *Similia Similibus Curentur*, up to the fuller developments of its universal application to the cure of disease, Hahnemann was exceedingly puzzled to account for the obstinacy of chronic diseases, and he, therefore, devoted, with unflagging energy, for twelve long years, all the powers of his remarkable mind to its investigation and to finding out the effective means of its cure. He observed that many non-venereal chronic patients had suffered from a previously-existing cutaneous disease, and that they dated their sufferings from the original appearance of that eruption. He and others had noticed the fact that many serious maladies succeeded the sudden and violent suppression of these eruptions, and also that severe internal complaints were often speedily relieved by the development of an eruption upon the skin, and at length came to regard those cutaneous manifestations as the "mildest form" of that "internal enemy" which he designated by the general term "*posra*", and says "it may exist either with or without an eruption upon the skin".

It makes but little difference what name is bestowed upon this something—this morbid tendency—whether the devil, king's evil, scrofula or psora; it is a terrible and inevitable penal compensation for violated law; it is no respecter of organ or tissue; it attacks all, creating and complicating cutaneous diseases, depositing tubercle,

forming tumours, bursting out in abscess and ulcer, producing caries and necrosis, gangrene and death, modifying every known form of disease, developing new features, and transmitting its baneful influence to the child unborn.

Hahnemann's grand argument—that chronic diseases arise and derive their obstinacy, from some inherent abnormal taint or tendency, and that this may exist in a latent form, constituting a state of peculiar susceptibility or *receptivity*, as Hempel styles it—is eminently rational and sound; but that they originated only from suppressed scabies, is an idea too palpably absurd to have enamated from the clear and logical brain of the illustrious Hahnemann. And yet Hahnemann's detractors have asserted, and are not tired of repeating the assertion that he did not know the nature of the itch, and called it "psora"; and on this basis, they have severely criticised and cruelly ridiculed him. Even some of his admirers and followers are unable to follow him in the development of his psora theory, and consider him to have mistaken scabies for psora because of his *alleged* ignorance of the cause of scabies being an insect (acarus). Dr. Bier of Berlin writes, "In spite of my best intentions to adjust myself to his time and views, I cannot follow him (Hahnemann) in some instances, especially not in his psora theory, which he develops in the chronic diseases."

That Hahnemann meant something vastly different by the word "*psora*" from the ordinary itch (scabies), with which he had been acquainted for a long time, will be evident from the quotations (given below) from his own writings. In his citation of cases (in his book "Chronic Diseases") where repelled eruptions were succeeded by serious results, he enumerates, besides the general term *itch*, "pustules or herpes," "tinea," "tinea capitis," "moist tinea," "herpes," "moist herpes", "itch upon the face and pudenda" (localities which true scabies never invades), "porrigo," etc., etc. Now, is it not reasonable to suppose that if he had intended to convey simply the idea that scabies, *sui generis*, was the terrible hydra which he had discovered, he would have employed either the Latin term *Scabies*, the German *Kratze*, or the French *Gale*, all of which were perfectly familiar to him. Instead of using either of these terms, he employs the word *psora*, evidently with its ancient Hebrew signification of venom or malignity.

In 1791, some thirty-five years previous to the publication of his famous psoric theory, Hahnemann writes in an annotation from the translation of Monro's Materia Medica:

"If in a recent case of itch, we make the patient wash himself several times daily with a saturated solution of sulphuretted hydrogen and get his linen dipped in the same solution, the affection disappears in a few days and does not return except with reinfection. But would it not return if it was caused by acridity of the humours? I have often observed this, and agree with those who attribute the disease to a living cause. All insecte and worms are killed by sulphuretted hydrogen."

In 1792, in an article printed in a German medical journal *Anzeiger* of Gotha, Hahnemann expresses himself more clearly and with more detail, accurately describing the "itch-mite," thereby setting at rest the fact of his knowledge of that insect and its causing the itch:

"The itch itself does not consist of emanations or of congenital or acquired acridities, neither is it due to an alkaline or acid condition of the blood; but it has its origin in small living insects or mites, which take up their abode in our bodies beneath the epidermis, grow there and increase largely, and by their irritation or their creeping about cause an itching; and owing to the afflux of humours thereby produced, give rise to a multitude of vesicles, which, on being rubbed, or when the thin watery fluid they contain has evaporated, become covered with scabs. This is not an opinion adopted in order to get rid of a difficulty, but it is based on experience." This is then proved and "the quickest and most trusty remedy against this plague" is disclosed. Further on, in the same publication follows the additional note which reads: "The cause of itch given above is the only true one, the only one which is founded upon experience. These exceedingly small animals are a kind of mite. Wichmann has given a drawing of them; Dover, Legazi, and others have observed them. Linnaeus, however, thinks that the dry itch has a different variety of mite from that attending the moist itch."

I shall, in a subsequent issue of this journal, deal more fully with Hahnemann's doctrine of *psòra* and its practical utility in the treatment of chronic disease and even acute outburst chronic disease.

Because of the mistaken notion that Hahnemann or Hahnemannian homoeopathy never, under any circumstances, allowed the external application of medicines in any disease whatever, for fear of suppressing or driving in of external manifestations (eruptions), to the subsequent constitutional detriment of the patient, the treatment of scabies has been a weak point in the therapeutic armamentarium of homoeopathicians. And, a weak point renders the whole armour weak; and the opponents hold up our failures as a refutation of the doctrines of Hahnemann and Homoeopathy. I myself know of many excellent homoeopathicians, who are otherwise successful prescribers, fail miserably in the presence of this common disease, after weeks and months of internal administration of homoeopathically potentised drugs. But happily there have been many men in the past, and there are many more at the present time, whose broader views and closer insight enabled them to demonstrate the complete harmony between the homoeopathic and other scientific discoveries, and inspired, therefore, a deeper respect for that far-seeing intellect which looked so deeply into the nature's mysteries and unravelled them so far as they related to the domain of therapeutics; and I believe that thus all the chief Hahnemannian teachings will be found to harmonize with the added facts (and not fancies) of science.

Scabies

Definition and Symptomatology:—

Scabies is a contagious disease of the skin, caused by the burrowing into the epidermis, of the *females* of an animal parasite termed *acarus scabiei,* resulting in the formation of numerous tunnels (called cuniculi) and multiple irritative secondary lesions (vesicles, pustules, papules, wheals, crusts and excoriations) and various types of eczema, and attended with intense itching, worse at night and aggravated by scratching.

The disease begins with the lodgement on the skin of the pregnant female acarus, who, within half-an-hour of its arrival, begins boring a tunnel ($1\frac{1}{8}''$ to $3\frac{1}{8}''$ in length) into the epidermis until she is completely buried within its substance, and therein deposits its eggs (up to fifty in number) in about two months when she dies. Long before her death some of the earlier-laid eggs have hatched out into

larvae within a week and into adult acari within three weeks, these adults escaping on to the surface of the skin either by the gradual wearing off of the horny layer of the cuticle or by ruptures in the roofs of the tunnels. The male acarus never burrows, is seldom detected on the skin, and does not appear to take part in causing the disease except that of impregnating the female progeny, which, after impregnation, behave in the same manner and undergo the same cycle as the mother acarus did before them.

The disease spreads with great rapidity, and may cover within four to six weeks greater part of the body. It usually commences with the appearance of small non-umbilicated vesicles on the hands and between the fingers, accompanied with severe itching, which leads to scratching; and this latter is responsible for transfer of the disease to other parts of the body with which the hands are brought in contact, the areas most commonly affected being wrists and elbows (flexor surfaces rather than extensor), breasts in women, anterior axillary folds, umbilicus, buttocks, thighs and legs (on their inner aspect) and penis (on which the lesions are usually papular). From these parts the disease may spread over the greater part of the surface, more profoundly on the anterior than posterior parts. It is usually not seen upon the scalp and face, except in infants at the breast, who may contract the disease from the infected mother in the act of nursing; in children the toes as well as the soles and palms may become affected, and in them pustular lesions are more common and very extensively distributed. Itching is not always limited to the affected portion of the skin, but is always worse at night, in the warmth of bed.

Parasite:—

The mature female acarus, which is the cause of the disease and which can be seen at the distal end of the cuniculus, is $1\frac{1}{2}$ to 3 times the size of the male and is just visible to the naked eye as a white, shining, roundish body resembling a turtle in shape, convex on the back and flat to the belly. Seen under a magnifying lens, its back is seen, armed with short spines which are directed backwards and are so arranged as to effectively thwart any attempt as retrogression on the part of the insect. The head is small and closely set to the body, and is devoid of eyes. There are four front legs armed with suckers, and four hind legs

armed with bristles or hairs; the two inner hind legs in the male are armed with suckers for the purpose of copulation. The organs of generation are conspicuously marked on the under surfaee of the body. Males are short-lived, but the females may live three or even four months.

Etiology:—

The sole *exciting* cause of the disease is the adult impregnated female acarus. It is conveyed from one person to another, but it is doubtful if it is ever transferred by mere transient contact or through the medium of articles worn or handled. Favouring conditions are uncleanliness of the skin, and intimate and prolonged contact with an infected person, as in infants nursing at the breast, or two persons sleeping together in one bed. All are subject to the contagion, whether high or low, rich or poor. No age, sex or station is exempt. Men are, as a rule, more affected than women. It is most common before the age of thirty. It is more common in Europe than in America, and is very widely distributed in India.

Diagnosis:—

The main diagnostic features are:

1. History of contagion; evidence of contagion in household, many members of a family being affected.

2. Presence of cuniculi or burrows—irregular, tortuous or rarely straight lines, each $1\frac{1}{8}''$ to $3\frac{1}{8}''$ or more in length showing in cleanly persons as white or delicately grey, dotted lines, but more often brownish or black (from the entanglement of dirt in the slightly roughened epidermis). most characteristically seen upon the flexures of the wrist, and elbows and upon the lateral aspects of the fingers.

3. Presence of the acarus seen as a whitish speck at the further end of a cuniculus.

4. Development of minute papulo-vesicles or vesicles spreading on parts habitually handled by the patient, and distributed in rather scattered manner and never in patches. Eczema and herpes present their vesicles in clusters, more or less flattened or globular in shape, and upon an inflamed base. In scabies pustulosa the fluid in the vesicle turns into sero-purulent matter; it is not pustulous at the beginning

5. The seat of the eruption and its distribution, the itch-mite invading the webs of the fingers, the front of wrists and other parts mentioned above, but rarerly shown above the nipple line. Scabies has isolated accuminated vesicles occuring upon parts where the skin is the thinnest. Lichen and prurigo are papular and occur upon the outsids of the limb, back and shoulders, where the skin isthe thickest.

6. Itching, invariably worse at night, although continuing through the day, and becoming progressively worse as larger areas become invaded by the acarus.

7. Polymorphous multiple eczematous eruptions.

8. It takes three or four weeks for the disease to involve extensive parts of the body.

9. Numerous "scratch" marks.

10. Rapid disappearance of all the symptoms under parasiticidal treatment.

Prognosis:—

The opinion is unanimous that scabies will not cease spontaneously although its violence may be partially suspended during severe attacks of other diseases; the acarus, under such circumstances, seems to become torpid.

Prognosis is usually favourable provided an early and correct diagnosis is made, and through parasiticidal treatment carried out, and reinfection guarded against. If not attended to, the disease may last for years, and make life miserable and the patient a physical wreck and mentally hypochondriac and depressed.

Constitutional nature:

More than three-quarters of a century ago, Hebra, of Vienna, carried out extensive experiments to settle the question of the nature of the disease, as to whether it were a constitutional or a purely local malady. He argued that if the disease depended solely on the presense of the acarus and disappeared with the destruction of the insect, then a cure would be effected by the local application of any substance, even of a *non-medicinal* substance, which might possess the power of speedily killing the acarus. He therefore caught a number of insects, and among other experiments, plunged several into lard and other kinds of grease, and

found that they perished in a very short time. He accordingly treated a very large number of patients by simple inunction with lard or oil, and with, as he reports, complete success. These experiments were corroborated by the reports of other observers. Thus the inference that scabies was a local disease, appeared justified.

But the following incontestable facts do not support the inference:

1. Itch has been cured, as has been proved again and again, by homoeopathic physicians with infinitesimal doses of Sulphur given internally, without any simultaneous local application. It is admitted that generally such treatment requires a considerably longer time than when external applications are conjoined with it, or are used alone.

2. In many cases "cured," so to speak, by the simple inunction of lard or analogous substance, the eruption reappears after a time, more or less brief, while this is not the case where patients have been treated with Sulphur, either internally or externally, although both the treatments—lard or sulphur—kill the acarus.

3. Serious lesions of internal organs have not unfrequently followed speedy cures of scabies-infected patients by the *external application alone of either Sulphur or simple lard.*

4. To solve the problem of the propagation of Scabies, Hebra inoculated himself and some of his friends with the flucid discharged from the itch vesicle, but without result. He then placed acari in an active state upon his hands and the hands of his friends, but without any effect. He finally inserted several of them beneath the skin of his hand and left them there. *For several successive days he looked in vain* for traces of them. On the *sixth day*, after considerable febrile symptoms and other signs of constitutional disturbance, he noticed *in his groin* vesicles resembling itch-vesicles, but *not containing acari.* On the *eighth day* vesicles containing acari were first discovered on the hands.

The evidence thus cited leads us to the assumption that *scabies is a constitutional disease*; but, on the other hand, we are constrained to concede to the acarus an important role in the disease. This, combined with the universally admitted fact that acarus is the sole agent in the propagation o scabies from one individual to another, and the amply

proved fact that the destruction of acarus in the vesicles greatly facilitates the radical cure, (and in *every case* causes at least the temporary disappearance of the eruption), presents not only a basis for a satisfactory theory of the disease (which shall acknowledge the important functions exercised by the insect and shall at the same time affirm the constitutionality of the disease), but also a basis for a rational treatment of the disease (which shall consist of the local application of a parasiticide to kill the acarus and the internal administration of the homoeopathically selected medicines to make the body unfit for the development of the parasite).

Treatment:—

The treatment to be effective must first be directed towards extermination of the mature, maturing and embryo acari; and this can be achieved by thoroughly cleansing the surface and removing the outer layers of the epidermis with a view to break up and expose the burrows, and then applying some parasiticidal remedy to kill the exposed acari. And the easiest way of accomplishing this is as follows:

Before going to bed at night, the patient takes hot-water bath, using any good ordinary soap and friction, the degree of friction depending upon the nature and texture of the skin. Immediately after drying the skin with a coarse towel, sulphur ointment of the British Pharmacopoea is thoroughly applied into the skin of the *entire* body for 15 minutes, and allowed to remain on all night. Next morning, another hot soap-and water-bath is taken. The same process is repeated on three, four or more successive nights until every trace of itching disappears. The patient's clothing, and if possible, bed-linen should be carefully boiled or sterilised before being used again. If any secondary exanthemata remain after this treatment, internal remedies like sulphur, sepia, psorinum and a few others should be employed, giving single doses at sufficiently long intervals.

Much discredit has attached itself to Homoeopathy for its apparent insufficiency in the treatment of the scabious itch; this has resulted from fastidious adherence to an exclusive internal treatment. In the words of Dr. A. R. Morgan, "There are individuals suffering from mental anchylosis so complete that they deem it rank treason to Homoeopathy, to employ any curative means which do not come under the

immediate scope of the law, *similia similibus curentur*. This is a great error. *Similia similibus* is a universal law, but not an *exclusive* means of cure."

A distinguished homoeopathician, writing on the treatment of scabies, said, "I do not hold myself bound by Hahnemann's general doctrines about psora, to abstain from directly killing vermin of any and every kind. I order lice to be combed out of the hair, and then crushed *secundem artem*, and I order acari to be smeared to death.

"Inasmuch as I am well persuaded that there is something (a taint or what you place) which causes the hair of some persons, and the skins of others to be a specially favourable *nidus* for the development of the ova of lice and of the acari, respectively, whereas in other persons they find an uncongenial soil, I regard this taint as the legitimate subject for an internal treatment, and give, accordingly, in the case of lice, *psorine*, and in the case of itch, whatever anti-psoric may be indicated.

"For a case of itch, as soon as I discover the presence of acari, I order inunction for three days with lard, which *Hebra* has found quite as efficacious as any medicated (Sulphur or Mercurial) ointment—after the third day a warm bath—for ten days or two weeks repeat this process, at the same time prescribe according to the indications.

"*I do not know that itch is cured by any other means.* I saw Wurmb try, with internal medication, to cure a case of true itch, for four months, with no relief at all to the local affection; one course of inunction with lard cured the patient in the space of seven days".

Dr. Freytag, in an able paper on "Scabies, its nature and treatment," read before the Homoeopathic Society of Leipsig, aud reproduced in the North American Journal of Homoeopathy, Vol. X, p. 193) relates his experience in the following language; "I commenced by a purely internal treatment, I had occasion to use all the more important remedies recommended in our literature, and believe that I was careful to choose each remedy according to indication. Sulphur, I used for months, at a time, commencing with the lower dilutions, omitting them for a time; went over to the higher and the highest, and again discontinued then; but *in no single case was a cure effected*. All other internal remedies were used with the same result. It was always

necessary to fall back upon some external application, though it may be only Sapo nigra or tinctura Sulph," which promptly relieved his patients; but "for the sake of experiment I am still retaining exclusive internal treatment in two patients, one having been sick ten months, and the other eight."

Dr. Freytag obtained excellent results from washing with the suds of strong alkaline soap.

Dr. Bourquignon recommends as thoroughly and speedily fatal to the acari, and as otherwise beneficial, an ointment made of three parts of powdered Staphisagria to five parts of lard, applied four or six times per day. He says, this will frequently cure the disease in from four to five days. The pathogenesis of Staphisagria presents a pretty fair picture of the itch.

Dr. Requin speaks highly of the use of equal parts of Oleum terebinthe and the sweet oil, as a local application.

Common lard, in most cases, will destroy the parasites, by sealing up the pores of the skin, and depriving them of air.

After the acarus has been destroyed, dynamized homoeopathic medicines, if well selected will speedily complete the cure, and among them Sulphur stands preeminent. Cases of long standing can rarely be conducted to a favourable termination without the internal use of this medicine, in 30th, 200th and higher potencies.

The other remedies most frequently applicable are Calc-carb., Caust., Crot. tig., Graph, Hep. s., Merc., Mezer., Nit. ac., Psorin, Rhus t., Rhus ven., Selen,, Sep., Staph.

Hahnemann on "Scabies"

"The itch attacks most readily and most virulently in persons in whom the cutaneous transpiration is scanty or weakened, who lead a sedentary life, also delicate individuls who have been weakened by other diseases, such as fevers, etc., and people who live in impure air.

"The mode of treatment prescribed is also right and successful, except that the continued use of Flowers of Sulphur has a tendency to cause tenesmus and haemorrhoids. Only external anti-scabious remedies are required, and in

very weakly subjects, internal strenghthening medicines, such as China, wine, steel filings.

"Sulphur ointment has the common but unfounded reputation of driving the itch back into the system. This prejudice will, however, be removed if instead of ointment we employ only a lotion, which eradicates the itch much more effectually and kills the small insects in the skin in a few days. Take half an ounce of (Hahnemann's) chalk-like Liver of Sulphur, in powder (every apothecary knows how to prepare it with equal parts of oyster shells and sulphur heated to redness) and the same quantity of cream of tartar, put both into a glass bottle, pour two pounds of cold water on them, and shake for a few minutes. With the clear water that appears when the mixture settles, the patient is to wash himself three times a day on all the parts affected with the itch. In a recent case the itch disappeared, with this treatment, in the course of six or seven days, without leaving the least harmful consequences, in more severe cases within fourteen days, and the most obstinate cases will yield within three weeks. This remedy has the advantage, that by its penetrating odour the itch mites in the linen and clothes are killed by the exhalation from the parts washed, and all danger of re-infection is thus avoided. In orphan asylums there is no remedy more advantageous, because it protects beds, rooms and furniture by its strong smell, from becoming a harbour for the itch-mites, and thus eradicates in a short rime in such houses, this best, otherwise so difficult to get Cd of. This could hardly be effected by the ointment. tileanliness, fresh air and wholesome diet must be imperatively enjoined on the patient."

Jahr on "Scabies"

In Jahr's "Clinical Guide or Pocket Repertory", under the head of "itch" we find the following: "This acarous itch admits of a more external treatment with the Sulphur ointment, without exposing the patient to the danger of contracting secondary diseases. Of course I do not wish to be understood as if I would sanction the treatment by external applications, of the various itch-like eruptions where the acarus is not present. These are the eruptions to which Hahnemann's psora doctrine should be applied, and the suppression of which, by washes and salves, will induce the various secondary eruptions enumerated by Hahnemann and Autemeith."

Jahr in his famous book "Therapeutic Guide", better known as "Forty years' Practice", makes the following observations on the treatment of scabies:

"Those who assert to this day that the itch can be cured without local applications, by the exclusive use of internal remedies, may be correct not only as regards certain itch-like exanthemata that are easily confounded with this exanthem, but likewise as regards the itch itself; in so far, at any rate, as the various disorders which the poison of the acarus occasions in the interior of the organism, can and should only be cured by means of internal treatment. But the acari themselves cannot be extirpated by internal remedies: if the true acarus-itch is said to have been cured by internal remedies alone, it must either have been one of those exanthems which are easily confounded with the itch, or else the patients had already previously used external applications. No more can the tinea caused by lice be removed without this vermin being destroyed first, than the acarus-itch can be cured without the previous destruction of the acarus. I have known a man who was infected with the true acarus-itch and who, living in the country and treating himself, was unwilling, as a steadfast partisan of homoeopathic treatment, to employ any external applications. According to the best indications he had been treating himself for six months with *Merc.*, *Sulph.*, *Caust.*, *Sepia* without achieving any other result than that the eruptions spread from day to day, until, when I first saw him. his whole skin was studded with eruptions of every variety, between which brown scurfs might be discovered on places that had been raw before; these were associated with pustules of the size of peas, and with large dark-red boils on the thighs, buttocks and back, some of which were just forming and others had already become indurated, and which imparted to the patient the appearance of a second job, and almost drove him to despair by their distressing, nocturnal itching, which deprived him of all sleep. Not only the wrists and the inside of the fingers (which, like the sexual parts were made rigid by the scurfs with which they were covered), but likewise the bends of the knees and elbows, the axillae, feet, abdomen and sexual organs were covered with a multitude of the primary itch-vesicles, the abodes of the acari, which it was not difficult to find in them. I encouraged the poor man and ordered him to rub the *oil of lavender* morning and evening

on the itching parts without touching those that were covered with the exanthem but did not itch. In four days the itching had considerably abated, and in eight days it had almost entirely ceased, so that the poor man despite his ulcers, boils, rhagades and scurfs with which his skin was covered, felt as if he were in Paradise, for he now was able to sleep quietly. In order to cure these horrid products of the acari and their poison, I now gave him *Sulph.* 30*th*, two globules, after which a great improvement set in and the finer exanthem disappeared; the scurfs and the boils, however, obstinately persisted. A similar dose of *Merc.* repeated two or three times within a fortnight, improved the crusts so that the patient was able to move the fingers with greater ease; the large pustules and the boils, however, remained unchanged. I now gave him *Sepia* 30*th*, one dose, after which some pustules began to dry up even on the third day, the crusts likewise continued to improve and in three weeks after the Sepia had been given, all the scrufs and pustules had healed and no other symptoms broke out except some boils and a few rhagades on the fingers and hands. For these remaining symptoms I gave him *Calc.* which had such an astonishing effect that two months after, when I saw the patient again, who had to leave Paris immediately after this dose had been taken, every sign of the itch, including the indurated boils, had disappeared and his skin was as clean from head to foot, as if he had never been sick. Of all the various means that have been recommended for the extirpation of the acarus, such as brown soap, dilute sulphuric acid, sulphur ointment, tincture of Staphysagria, even absolute alcohol, I have not found anything so agreeable and speedily effective as the refined oil of Lavender. If a person affected with the itch comes to me for treatment, I direct him to prepare a roll of cloth or flannel of the thickness of a thumb, and firmly tied aroond with a thread, and with one end of the roll abundantly soaked with the oil, to rub or simply moisten the spots where the acarus is located, morning and evening, for five minutes at a time, according as the affected portion of the skin is firmer, as for instance, on the fingers and wrists, or more delecate as in the bends of the knees and elbows; in at most eight, or sometimes even in four days, no living acarus can any more be found, provided the patient takes care to touch or rub every single itching spot with the oil. At the same time as I direct him to touch the itching spots with the oil, without omitting a single one

of them, I also instruct him to avoid the spots covered with the eruption and which do not itch. If all the acari are destroyed, I give *Sulph.*, if the existing eruption is dry and finely granular; and if Sulph. does not remove it, I then give, according to circumstances, *Sep.*, *Carbo veg.*, *Hepar sulph.*, or *Calc.*, if the eruption is raiher pustulous or purulent, I prescribe *Merc.*, *Sulph.*, or *Caust.*, and sometimes *Sepia*. Whether the case reported by Dr. Fielitz in Rueckert Vol. IV, page 214, and which was cured with *Sepia*, was really a case of pustulous scabies and not rather a simple ecthyma which never shows a trace of acari and may oecur precisely like the itch, on the hands, fingers and elbow joints, and which I have likewise cured with *Sep.*, is not quite clear to me, for the additional reason that after the ulcers were healed, desquamation took place, a phenomenon that I have often known to occur after the healing of ecthymatous ulcers, but never after the ulcers caused by scabies. It is a pity that the report does not specify whether the characteristic itch-vesicles were either present or absent, since it is by this sign alone that the ecthyma which sometimes breaks out on the extremities, is distinguished from the true pustulous itch. What induced me to give *Sep.* in the above-mentioned case, was that the pustules so closely resembled the ecthyma-pustules that I have almost always cured them with *Sepia*. The isolated, scattered pustules on the abdomen, back and nape of the neck which occurred in Fielitz's case without the various forms of itch exanthem which were at the same time present in my own case, constitute in this very form a symptom of ecthyma, but not of the itch- For this very reason *Sepia* is so much more certainly indicated in the itch, if the various forms of its-exanthem resemble the pustules of ecthyma. recent cases of scabies the few vesicles with sometimes cover the flexor-surface of the forearm, most generally disappear of themselves after the acarus is once destroyed, in the same manner as the tinea caused by lice, very speedily dries up and disappears after the lice are once exterminated. As soon as the lavender-oil has killed the acari, I at once administer *Sulph.*, and afterwards *Calc.* and *Sepia* at long intervals."

ACONITUM NAPELLUS.

By

Dr. D. P. Kerewgoda, (Coimbatore)

Hahnemann's Materia Medica Pura takes two large sizcd pages, closely printed to introduce this remedy and twenty pages with 540 sentences to report the results of proving carried out with the assistance of seven of his disciples by Hahnemann himself. Also quoted are eight authorities of traditional medicine for some of the recorded effects of Aconite.

Although it is not the first remedy to be proved and adopted, alphabatical arrangement secured first place to Aconite. Thirteen remedies prescribed by Dr. Clarke are headed by Aconite. Any pharmacist ordered to supply a specified number of common remedies with their names unspecified is sure to include it with due regard to the position it occupies among polycrest remedies.

The centralised nature of its action and the virtue possessed by it to enter in a wide range of symptoms covering all organs and functions of the organism AS FIRST STEPPER Aconite has an unquestionable first place in many a respect.

Aconite occupies the enviable position of index-finger to Homoeopathic Pharmacology.

Most noteworthy feature of this remedy, drawing the consultant's attraction seems to be its extra ordinary competence to submit valid claims over abnormal conditions affecting mind and intellect. A highly superstitious, morbidly deranged mind ascertained impending death-sure and near " with astrological accuracy ", will find a wonder-working wizard in Aconite which possesses fears of every description headed by the extreme (of death) down to that of to cross the street. Fear centralises itself amidst its companions such as anguish, anxiety, heat, oversensitiveness and restlesseness in an inflammatory condition developed more or less without notice to accord a royal welcome to this monarch of herbal kingdom, Contra-indicated where the ailment is borne with calmness. Action of Aconite subject to the mental state and inflammatory conditions concerned ranges

extensively scattered in every direction. It may be just a simple fever or an acute attack of gonorrhoea.

Prominency extend to clues such as short acting, non-deep acting, confine to early stage, try for a day only, etc , if taken too hard and fast without reading between the lines, many a chance towards the beneficial effects of Aconite will be missed. The limitations prescribed for Aconite are not intended for confining it to acute diseases alone. Coughs, catarrhs, haemoptisis, heart diseases and pains in the chest of chronic nature, and decades old cases of numbness of left arm and tingling in the back and in the fingers especially when writing definitely will yield to it, depending only on causation.

Adhering to the limitations prescribed for occupation of the allotted field of action, at the same time, with the goodwill and co-operation of greater powers, Aconite complies with all requirements of its high calling. It can be compared in this respect to a centre generating power multi purpose to be reinvigorated and employed where necessary to meet the specific demands.

The causation of Aconite is of particular interest as it is apt to shoot up to far-reaching consequences. A child from a fright or an undue exposure may develop into convulsions or cholera infantum. Catamenia suppressed from such a eause may develop into various complications. Although such instences often appear to have gone far beyond its reach, Aconite will undoubtedly be competent to cut the maladies off at their roots still at its grip. Administration of Aconite on the strength of causation does not deand the presence of primary symptoms of it at the time of treatment.

There is, however, no pretence in the part of Aconite to possess supernatural competency to have everything within its reach at all occasions. As in case of other remedies, the matters may go beyond its reach. Its relationship with greater powers is of importance in solving ·problems arising out in such instances,

While Sulphur, the king of antipsorics is complimentary to Aconite in almost all undertakings, there is a host of others to follow up in particular fronts. In metal sphere, Bell, Coff, Ignat often follow it to complete a cure, as in fabrile conditions Arsen, Bryon, Ferrum Phos and Gelse m; digestive tract·Bryon, Ipec and Nux, in ailments during dentition Bell, Chamom, respiratory troubles Antim Tart, Bryon, Ipecac and in female sexual system Caulop, Cimicif and Pulsat, and in traumatism Arnica.

THE SUMMING UP

Ailments attended with anguish fear, restleness, inflammations and congestions.

Chronic ailments where cause is traeeable to exposure to dry cold air, fear or fright, emotions, suppressions, vaccations.

Oversensitiveness of all organs.

Never to be given where the ailment is borne with calmness.

Irritability, mental and phystcal, predominating.

Temperature rising suddenly with corresponding mental symptoms.

Early stage of all inflammatory diseases in general.

CASE NOTES

By

G. Palanivelu, (Madurai)

Mr. D. Aged 30. Had a slip at the joint at which his right pointing finger unites with the palm, a few years ago, while doing gymnastic exercises. Later on he had a swelling at the spot on dorsum. He wanted to get rid of it. On the advice of some people, he rubbed daily on it so as to produce heat. This produced an ulcer at the spot. Also, there was a pain in the palm along the bone at the end of which the ulcer was. There was a peculiar sensation that something is bubbling and running towards the ulcerous spot, from the interior of the palm. He tried native treatment for about a year. No success He then ca me to me for consultation. I noticed the constitutional defects which prevented the ulcer from healing. I suggested a lengthy constitutional treatment. He did not agree to it as it meant a matter of long time. He went to the General Hospital. His hand was X-rayed.. He was informed that there was a carious spot on the bones at the joint affected. He was suggested an operation for it. He was unwilling for it. So, he came to me again. After taking a few days' medicine, he did not turn up again. A month after that, I saw him coming from a leading Hospital of this City, with a bandage on his hand. On enquiry he told me that he made his mind to have it operated on, as otherwise it took time for healing of ulcer. Thrice he was operated. But, the pain and ulcer did not heal. By this time 6 months went by. He grew impatient. He approached a native doctor. He healed the ulcer quickly, by the aid of his ointments. But, the pain continued still. So he came again to me. This time, he promised not give up the treatment until and unless the ulcer and pain is cured.

It was on 6-11-52. The symptoms that I noted are these. There was no ulcer at the spot. But, there was a depression at the spot, with a hard swelling around. The abovesaid peculiar pain still continued. It had a night aggravation. Sometimes, he could not sleep properly due to the pain. There were a few yellowish brown patches on the body. On the face also there was discolouration, but without any distinct outline. He used to have itching with urticarious eruptions all over body. He had gonorrhoea suppressed several years back. Puls. 200 & Pla.

9–11–52 Arnica 200 & Sugar of Milk

12–11–52 Pain in fingers of the affected hand preventing him from holding anything firmly, with a feeling of stiffness. (This exists ever since he had the swelling and pain) Caust. 200 and Pla.

21–11–52 Pain in fingers better. He is now able to hold the bucket rope and draw water from well. Burning vertex—aphthous ulcer inside of lower lip-loose motion in the morning preceded by pain in the lower abdomen. Sul. 200 and Pla.

7–12–52 Calc. Flr. 12x daily 4 doses for 7 days.

14–12–52 The hard swelling around the scar is diminishing in size. Also the ulcer has re-opened. Calc. Flr. 12x for 7 days.

21–12–52 Good improvement. Pla.

22–12–52 Clc. Flr. IM

20– 1–53 In spite of showing a very good improvement in mind as well as in the ulcer, as he took a cup of coffee yesterday, he experienced an unsually acute pain preventing him from sleeping. Pla, with an advice that he should not take coffee till the treatment concluded.

25– 1–53 Clc. Flr. Im in accelerated doses for three consecutive days.

28– 1–53 After a little aggravation, getting better. Pla.

11– 2–53 Feels better in all respects Pla.

1– 3–53 Although the nature of discharge has improved (it has become thin and colourless like pure water, coming off in quantities of only a few drops) and the pain is better, it does not heal. Syph. 1m in accelerated doses for four consecutive days.

23– 3–53 No change, Syph. 10m

17– 4–53 No change. Med. 1m

20– 5–53 Med. 10m

5– 6–53 Med. 50m and plenty of pla.

15– 7–53 The constitution has changed to a great extent. He looks brighter and more active. But the ulcer still continues, discharging a matter like pure water standing up over the ulcerated spot with no pain. Cal. Fl. 30 daily two doses for a week.

23– 7–53 Pla.

24– 8–53 Clc. Fl. 1m

24– 9–53 Cal. Fl. 50m

30–10–51 Cal. Fl. 50m

5– 2–54 Still the ulcer continues, with the same kind of discharge as mentioned above. The bubbling sensation still continues, but not to such an extent as to attract much attention. A dull pain at his left elbow joint, which existed since very long time before the commencement of treatment by me, had disappeared while under Med. It has come up again. Med. 50m and plenty of placebo.

After the last prescription, the man did not come to me again. But, I have seen him several times after that. When I saw him last in the year 1956, I was informed that he did not apply any medicine or take any internal treatment after that of mine, and that the ulcer dried up very slowly.

Here, it may be seon that because of the Sycotic poison which was strong in his constitution, the cure of ulcer was very much delayed. The administration of Med. in high potencies, even though did not help to re-establish the suppressed discharge, changed the constitution to a great extent and paved the the way for healing of the ulcer.

Another thing to be noted is that, even though no inimical relationship is said to have been existing between Coffea and Cale. Flr., there was a considerable increase of the violence of symptoms after a cup of coffee. Out of inquisitiveness, I did not hasten to administer any medicine for it and I noted that it passed away of its own accord. This is not the solitary instance. There had been so many. In all such cases, the patients had abstained from taking coffee and tea or any other stimulant. At the same time, it does not happen so in all cases in which patients abstain from coffee and tea during the treatment of chronic diseases. Any how, it is to be notified that therc occurs some disturbance or other by the sudden application of a stimulating force in the constitution, while it is under the influence of deep acting remedies with an abstention from all stimulants. Hence, I consider it better not to take coffee or tea or other stimulants while the patient is undergoing treatment.

CASE NOTES

By

Dr. C. P. S. Rayan (Vajrakarur)

The following line of treatment followed by me for the treatment Guinea-worm has placed many successful cases to my credit.

(1)	Inflammation. Hot—Redness Painful of the Part, Tenderness to Touch.—Sympathetic Fever.	Fer. Phos. 12× Kali Mur 6—

each two doses per day alternatively till the inflammation is reduced,—Externally Belladonna ointment

(2)	When in suppurative stage straightly give away Hepar Sulph 200. or Silicea 200 for Expulsion of the guinea worm and pus.	Hepar Sulph 200. or Silicea.
(3)	Post suppurative stage. When the guinea worm has made a way out.	Externally apply. Calendula lotion. or

Internally.

Contiune Silicea 200 once in 2 days till it is completely healed up. } Echinersea lotion.

and Echinesia. now and then to avoid Blood Poisoning; and other complications.

Male aged 56 wild severe pain left sided. (Sciatica Pain) once came to me,-Symptoms revealed. Old history of Venereal Diseases and Rheumatism.—Chronic Asthma—Eczema patches of long standing on the neck and the extremities. Screwing pain at the Hip-severe sciatic pain extending down the back of the thigh to the knee and feet following the course of the sciatic Nerve. Asthma and pain aggravated by motion.

Took all sorts of Allopathic treatment in Various Hospitals including Vellore.—No relief.

I gave Nux Vom 30. one dose a day for three days. The pain was also seen on the Right side Then. I gave Colocynth 3o. Daily 3 doses. for a week. There was relief and he had sleep but when awake he had severe pain. Then I tried Rhus Tox 30. both internally and externally.—Modalities did not suit the drug. No improvemrnt: I gave Mezereum 200. one dose every three days about 8 doses; and Magnesia Phos 14 when he felt breathless. This cured him of his sciatic pain permanently.

In last summer I suffered from fever for 3 days and got cured with Bryonia-30. But with in a week I felt quite sluggish in all my activities with loss of appetite hunger and sleep., Burning of Eyes Palms and feet. I took Ferrumphos alternated with Natrum Sulph for a week. No improve ment. When consulted the D. M. O. Bellary, he said I was suffering from nothing on examination; and he prescribed a tonic.

But still I was suffering from disinclination for anything and brainfag and I pulled on like this for a week. Again I got temperature which continued for a week without touch-

ing normal inspite of treatment. Then I took some injections which brought down the fever but still I had the following symptoms. Nausea and vomiting. Burning Hot Urine, always Desire to pass stool, even which was very hot and Painful Evening rise of Temperature up to 100°F lasting up to midnight. Restless —Uneasiness. Tossing in bed. When eyes were closed to get in to sleep the burning and heat was so intolerable as to force the eyes open and thus disturb sleep. Urine — Thick yellow. Tongue Palate—skin and whites of the eyes yellow—Soreness and pain in the diverse Region—stools clay coloured—Head Hot and Burning — Scratching sensation all over the Body. Then the true colour of the disease came out as *Infective Hepatitis*:—urine was examined and found Bile Pigment present—My allopathic friends treated me with Neo-methidine calcimic vitamin Plenty of Glucose Liver Extract Vit B 12 and B complex injections and Elkosin vitamin C. and K. Calcium Lactose and Neomethdine orally. But all prove futile, I was very much puzzledand doubted my Life, thinking I may develop cholemia. I wrote about my case to Sri. Col. K. V. Ramana Rao, I. M. S. (Retd) Madras giving all my symptoms to save me with his valuable prescription. Immediately I got a letter of assurance for my recovery with two simple drugs from Sri. Col K. V. Ramana Rao Garu.

1. Nux Vomica 30, 200 ses at the on set for the first day.

2. Chelidonium. 30 thrice a day for 3 days; Then once a day for 30 days afterwards once in two days a dose for three doses. This line of treatment with fat free light diet restored my health.

NEWS AND NOTES

In this section will be published reports of activities of Homoeopathic Associations and institutions

Recognition for Homoeopathy

Madras Minister's announcement

"Homoeopathy will be soon recognised in Madras State"—observed the Honourable Mr. Manickavelu, Health Minister of the Madras State, replying to a deputation of the Pollachi Division Homoeopathic Association at Pollachi during his visit on 14th September last.

The Minister observed that the Government had come to realise the efficacy as well as the growing popularity of Homoeopathy and was inclined to recognise it just like Ayurveda, Siddha or Unani.

The deputationists consisted of Drs. K. T. Thomas (Secretary of the Association), G. Chidambaram, Muthuswamy Pillai, Arokiaswami, T. M. Thomas and A. R. Musalman.

The Memorandum submitted by the deputationists to the Honourable Minister referred to the keen interest the Minister was evincing in the Homoeopathic System of Medicine as well as in other systems of medicine and thanked him and after referring to the need for encouraging the System and pointing out the efforts the Kerala Government had already taken by starting Homoeopathic Hospitals in the State, stated thus: "Given a chance, Homoeopathy will prove its own merit in combating diseases, not to speak of the great advantage it would bring to the Government. Therefore, we request you to kindly use your good offices to encourage this System in our State by establishing a Standard Homeopathic Medical College with a full fledged Hospital attached to it and also by establishing Homoeopathic Institutions in district as well as Taluk Head quarters."

The deputationists also requested financial aid from the Government for the construction of a Homoeopathic Hospital which the Association was intent on opening.

A Free Homoeopathic Dispensary at Chittoor: Plea for support

Dr. U. B. Pillai, the Secretary of the National Homoeopathic Assocation, Chittoor in an appeal to the public pleading support for the Free Homoeopathic Dispensary opened by the Association at Paldarami, Chittoor Taluk, Andhra Pradesh, states that Paldarami is a prospective village with about 90 to 100 hamlets a distance of 10 to 15 miles and is likely to be merged with the Madras State and there being no medical facilities for that area, the Association has under taken to supply the need and appeals for free supply of medicines, concerned publications and financial help to the institution.

[We endorse the appeal for the noble cause and hope that the needed support will be forthcoming.—Editor, M. H. J.]

Family Planning Conference:

Dr. Bankim Ch. Chatterjee West Bengal intimates that the Sixth International Conference organised by the International Plan Parenthood Federation will meet at "Vijnan Bhavan." New Delhi, on February 14, 1959 and will be inagurated by Pendit Jawaharlal Nehru, Prime Minister of India and Mrs, Lakshmi Menon has been elected as the Chairman of the Reception Committee.

"Family Planning-Motivations and Methods" will be the theme of the Conference which, under the auspices of the Family Planning Association of India, will be in session from Febuary 14th to 21st. Subjects to be discussed include Population in Atomic Age, Cultural Patterns and Motivat. ions, Biological aspects of fertility control and evaluation of oral methods, Laboratory and Clinical testing, Sterilisation, Fertility problems and education for family life.

Application for registration forms and other details for Homoeopathic Biologists and Bio-Chemists can be had from Mr. Ava Bai Wadia, Bar-at-Law, Family Planning Association of India, 1, Metropolitan House, Dadabhai Naoroji Road, Bombay-1.

Delhi Homoeopathic Medical Association:

At the monthly meeting of the Association held on 28th September, 1958, Dr. K. L. Ram Pal presiding, Dr. Bhagwan Das dealt with the clinical case of a hysteria patient, a newly wed lady of 19 years, who remained apart from her husband for five months immediately after her marriage. The case was first treated by an eminent Homoeopath, who summed up the symptoms-totality as under:

Unconquerable sleepiness from intoxication;

Changable mood of hysteria patient; and

Extreme dryness of the mouth and tongue.

Nux Moschata was prescribed, but to no effect. Dr. Bhagwan Dass then went into the history of the patient and gathered the following symptom totality :-

Hysterical sleeplessness at night and sleepiness during day time.

While asleep during day time, the patient dreamt that people talk about her illicit connection with her father-in-law though there was no such thing.

After the attack, the patient abused her relations shame lessly and violently.

Vomited after co-habitation.

Sensitive to cold air, etc. etc.

Moschus in 30 and 200 potencies cured the patient within 3 weeks.

In the discussion that ensued Dr. Rampal related a case of hysteria patient who was mostly silent and suffered from heart palpitation and cold sweating and the Ignatia produced marvellous results. Dr. Chopra observed that in most of the hysteria cases, there was no genuine disease or complaint and he defined Hysteria as an act of unconscious malignance.

Rajasthan Homeopathic Association:

An Assocation of Homoeopaths of Rajasthan has been formed and its office is located at New Colony, Jaipur. The Association is taking steps to popularise Homeopathy in the State and to get the System recognised by the Govern ment.

THE MADRAS PRESIDENCY HOMOEOPATHIC ASSOCIATION (Regd.)

NOTICE

The annual General Body Meeting of the Association will be held on Sunday, the 9th November 1958 at 6 p.m, at the " Sanjivi Kamath Hall " Y. M. I. A. Mylapore, Madras-4, to consider the following:

1. Adoption of the annual report of the working of the Association and the audited statement of accounts for 1957–58.

2. Election of office bearers and the Executive Committee for 1958–1959.

3. Appointment of an Auditor.

4. Consideration of steps for the opening of the College.

5. Such other matters as may be brought forward after notice to the Hony. General Secretary a week before the date of the meeting.

All members are requested to attend.

Tea—5-30 p.m.

N. Venkatarama Ayyar,
Hony. General Secretary.

Dr. Shanker Rao P. Koppikar,
Dr. P. Seshagiri Rao,
Hony. Joint Secretaries

Madras 14th October, 1958.

THE MADRAS HOMOEOPATHIC JOURNAL

(The official organ of the Madras Presidency Homoeopathic Association)

Members of the Association who are in arrears of their subscription are requested to remit the arrears together with the annual subscription for the Association year (1st April 1958 to 31st March 1959) viz., Rs. 10/- at once.

Back copies of the journal for 1956 and 1957 will be sent on remittance of Rs. 5/- for each year's set and Rs. 10/- for both years' sets. Postage free.

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

Membership is open to lay men and women and also medical practitioners. The annual subscription is only Rs. 10/- and the entrance fee is Re. 1/-. The affiliation fee for associations is Rs 10/- per annum. Every member will get the journal free.

Application for membership should be made to Sri N. Venkatarama Ayyar, the Hony. General Secretary, 28/1-C, Judge Jambulinga Mudaliar Road, Mylapore, Madras-4.

Printed by M. Swaminathan at the Amra Press (Private) Ltd. Madras 6,
and Published by K. Krishnaswami Iyengar,
at 162, Royapettah High Road, Mylapore, Madras 4.

Homoeopathic Path

Published Monthly

Organ of the Madras Presidency Homoeopathic Association

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

Single Copy : 25 NAYA PAISE

Annual Subscription : Rs 6 for non-members
Free to members

THE MADRAS PRESIDENCY HOMOEOPATHIC ASSOCIATION

Office-bearers for 1958 - 1959

President :

Sri M. Patanjali Sastri, Retd. Chief Justice, Supreme Court of India

Vice Presidents :

Mr. P. Satyanarayana Rao, Retd. Judge, Madras High Court.

Mr. Justice P. N. Ramaswami, Judge, High Court, Madras.

Mrs. P. Ramakrishna Ayyar.

Dr. V. Venkatasubba Rao, (Member Andhra Pradesh Homoeopathic Board)

Sri M. Anantanarayanan I.C.S., Director of Legal Studies., Madras.

Colonel K. V. Ramana Rao, I.M.S. (Retired)

Sri K. Krishnaswami Ayyangar, Advocate.

Sri Khan Bahadur P. Sharfuddin, (Retired Judge) Advocate.

Honorary General Secretary :

Sri N. Venkatarama Ayyar (Retired Judge) Advocate.

Honorary Joint Secretaries :

Dr. A. N. S. Charles,

Dr. P. Seshagiri Rao

Treasurer :

Sri M. S. Ramaswami Ayyar

THE Madras Homoeopathic Journal

(Published Monthly)

BY

The Madras Presidency Homoeopathic Association

162, Royapettah High Road, Mylapore, Madras-4.

Hony. Editor : **Sri N. Venkatarama Ayyar.**

Vol. V **November 1958** **No. 11**

Editorial Notes and Comments

POST GRADUATE COURSE FOR HOMOEOPATHY

The recent pronouncement of Dr. C. S. Patel, President of the Indian Medical Council, at its 30th session to the effect that the study of Homoeopathy should be promoted only as a Post Graduate course of training after the intending practitioner had obtained the basic qualifications in "Modern Medicine" and that there should be no simultaneous teaching of modern medicine and Homoeopathy to under-graduates taking a course of modern medicine only exhibits a lack of unbiassed consideration of the merits of Homoeopathy by those who dominate the medical world of today.

The proposal, is not only not calculated to promote the advancement of Homoeopathy but is positively harmful to it because of, even as Dr. Patel recognizes, "the fundamental difference in theory, principles and practices" between Allopathy and Homoeopathy.

The effect of the view of the Medical Council as reflected by the Doctor is that both "modern medicine" and Homoeopathy should be learnt by the same practitioner. We do not see anything rational in this. While a Homoeopathic practitioner should have a knowledge of the human system and its working and the various methods made available by scince for examination of the same, it is undesirable and unnecessary that a Homoeopathic practitioner should have a knowledge of Allopathic Materia Medica. In fact the two Materia Medicas are in compatible

and one wishing to practise Homoeopathy will have to unlearn Allopathic Materia Medica, even if he has learnt it.

The value of Homoeopathy consists in individualisation, in the evaluation of symptoms and the administration of small doses of the similar remedy carefully selected on the basis of the symptoms so that the morbidity could be set right without the drug producing any excess effect or aggravation more than is absolutely necessary for curing the patient. Already the trends of modern medicine are veering round to the Homoeopathic method of drug administration in its use of *micro-dose* and the Homoeopathic view of individualisation and the day may not be far off when the Homoeopathic principle is accepted as the only correct one.

The principles of approach in regard to both diagnosis and treatment are absolutely different between the two systems. The former recognises and deals with the condition and functioning of the various organs of the body without much reference to the mind and the latter regards the mind as the dominant factor in the cause and cure of illnesses and the mental symptoms as affording the real key to the selection of the proper remedy. The Homoeopathic practitioner does not wait for a label to be put on the patient on the basis of a group of symptoms, but proceeds to treat straightaway on the basis of the symptoms. It will therefore be a sheer waste of time for one taking to Homoeopathy to learn "modern medicine".

When the need is for a greater number of men to give relief to the sick and the suffering in rural areas, the proper course will be to turn out a large number of Homoeopathic practitioners in separate colleges for both degree and diploma (short-term) courses and allow them to practise their system according to their own theory, principles and practice.

This brings out the need for a separate Directorate for Homoeopaphy so often demanded which will consider all problems relating to the system with a knowledge and understanding of it. It is not right to allow those who have no knowledge of this system to judge of it.

We hope that the Union Government will not heed to the one-sided view of the Medical Council but give the matter their earnest and serious consideration on its own merits.

APPENDIX, APPENDICITIS & APPENDECTOMY

By

Dr. Diwan Jai Chand (Delhi)

Appendix Vermiformis is a vestige of what was a large and important portion of the alimentary canal in our early evolutionary ancestry, and like most vestiges of this character, its tissues are possessed of less vital resistance than are those of active organs. In some persons it is very long (for it varies in length from one to six inches); its free end becoming attached in some cases to other parts and consequently greatly displaced, the appendix itself being twisted. It is a sac, the neck of which is usually narrower than the rest of its cavity. The mesoappendix—the peritoneal fold which connects the appendix to the ileum and which carries the chief blood-vessel that nourishes the appendix—is very short, and this results in the appendix being curved or drawn on one side. All these make the appendix vulnerable, and therefore liable to frequent inflammation (*Appendicitis*) which had been described under the name of Typhlitis and Perityphlitis by a number of physicians many years before Reginald Fitz, of Boston (U. S. A.), published his classical paper in 1886; but the importance and frequency of this condition had not been appreciated till then. Now "Appendicitis" has become a familiar term with nurses and patients, and even in society; and the operation for its removal (*Appendectomy*) has been so often performed as to have led to a new classification of mankind—those who have undergone "appendectomy" and those who have not, just as the penultimate division was into those who have translated Homer and those who have not.

So great has been the craze for the operation of appendectomy, both among the laity and the surgeons that it has almost unhinged the mind of the former and vitiated the judgment of latter; both have almost begun to believe that every case of appendicitis shall end in death unless operated upon. The celebrated biologist, Metchnikoff proclaimed that the colon or large bowel was not merely useless, but a dangerous encumbrance which should be cut out as a routine measure at the earliest opportunity. At St. Mary's Hospital his assistant, Dr. Distaso, actually stated: "Every child should have its large intestine and its appendix surgically removed when two or three years of age. My experiments

have proved that we would all of us be better off without a large lower intestine, which is nothing more or less than an ideal breeding-place for disease-germs. Almost every chronic disease may be traced back to the harmful action of these germs. Chronic heart disease, arterio-sclerosis and many kinds of headaches are examples." Referring to this view, the eminent physician and surgeon, Sir James Crichton-Browne, wrote with biting irony in his book, "The Prevention of Senility":—

"It is astonishing, when one comes to think of it, with how many superfluities we are burdened, or have burdened ourselves.

"The appendix is, of course, a useless redundancy, of which we should be relieved. The tonsils are of doubtful utility, and are better away. The thymus-gland and the spleen can be removed from guinea-pigs without detriment, and the inference is that they are padding which may be laid aside by human beings with impunity, if not with advantage. No one is a ha'p'orth the worse for losing his gall-bladder, a receptacle for mischievous pebbles. The whole large intestine is a dangerous encumbrance, and Metchnikoff looks forward to the time when, in the progress of surgery, its extirpation by operation will be a normal and routine proceeding....."

Writing in his excellent book "*Homoeopathy in Medicine and Surgery*" on the all too-extensive practice of Appendectomy, Edmund Carleton, Surgeon-homoeopath of U. S. A. says:—

"Gross, in his 'System of Surgury', takes occasion to condemn the practice of the 'ever-ready knivesman'. That eminent surgeon is no longer with us in the flesh. His words live. He, whom he rebuked, has survived and multiplied. He claims exclusive jurisdiction over the appendix, whether well or sick. If permitted to do so, he removes the well appendix so that it shall not become sick, notwithstanding Macewen's demonstration, in a lecture delivered at the Charing Cross Hospital Medical School, of the utility of the appendix. He removes the sick appendix as a matter of routine, and holds in contempt all suggestions of cure by medicine. Sad experience has led him to wait until the acute stage has passed, *sometimes*.....The 'knivesman' has ruled with a high hand; albeit there are those who have not

'bowed the knee to Baal' and their number is increasing.... The possible after-effects of operations—herniae, adhesions, secondary operations, patients made worse than before, their pains and discomforts, should not be forgotten. Inspite of all denial, there is a large post-operative mortality. Mortification demands removal; but mortification, commonly called gangrene, is death *en masse*, caused by interruption of the blood supply, and not so frequently seen as ulceration, which is molecular death, and may, carelessly, be confounded in practice with mortification. It is easy to look at a specimen and pronounce judgment, "gangrenous", when it should be "ulcerated". Softening, disintegration and removal—the three synchronous steps of ulceration, can be reckoned with. Before they have perforated the appendix and formed an abscess, Nature has built up a wall about the troubled part, which keeps the pus from invading the abdominal cavity. Purulent effusions are rarities, seen only in depraved constitutions—specially so in Hahnemann practice. A pus case that actually threatens neighbouring parts, should have interference—the abscess to be opened when ripe. However, I do not trust the judgment of a knivesman in making decisions, because he is one-sided. He has neither patience nor belief in medicine. Notice the large proportion of cases of appendicitis contributed by the fashionable set. Of course, there is a reason for this state of affairs. It is my belief that these patients directly invite trouble by their unphysiological habits. For instance, some form of athletic sport is now generally appreciated. So far good. The player comes in from his brisk exertions bathed in perspiration, removes his clothing, takes a cold shower bath, rubs down, and changes his apparel. Would he allow that kind of work at the stable? His horse comes in well-lathered from the work. He is wrapped in a warm blanket until dry, and then groomed. The horse escapes harm; his owner invites a number of ailments, including appendicitis. Homoeopathy cures (the patient with) sick appendix, and thus renders operative interference unnecessary in all but very exceptional cases".

Operation for appendicitis, which formerly would have deterred the ablest surgeon because of the risk involved, is now undertaken by practically every surgeon, and if the operation is done in time the death rate is almost nil. In view of the vastly improved surgical technique and early

recognition of bowel disease followed by prompt operation, one would imagine that deaths from appendicitis, gall-stones, intestinal obstruction, ulcer of the stomach and of the duodenum, etc., should have greatly diminished. In reality, the mortality from all those complaints has greatly increased and keeps on increasing. The condition of our abdomen is a disgrace to civilization. In an editorial of the British Medical Journal of the 10th July, 1926, we read:

The mortality from intestinal diseases has greatly increased in recent years. Thus, between 1880 and 1919, deaths in quinquennial periods of Guy's Hospital due to peritonitis had increased progressively from 176 to 285; those from gastric ulcer from none to 83; from duodenal ulcer from none to 38; and from appendicitis from 9 to 91. These increases were the more serious since the standard of food and hygiene had improved greatly during those years, while abdominal surgery had advanced beyond all estimates.

Formerly, appendicitis was one of the rarest diseases among the civilized. With the increase of civilization there has been a similar increase in both chronic constipation and in appendicitis. Medical men, alarmed by the extraordinary increase in that trouble among the civilized, and the rarity or absence of it among the less civilized and primitive, who suffer little or not at all from constipation, have made a number of inquiries in order to find out whether, indeed, appendicitis is a disease of civilization. The British Medical Association had such an inquiry made by its Science Committee. Its report, published in the British Medical Journal of the 31st December, 1910, informs us that sporadic references are to be found in the text books, the American authors stating that it is comparatively rare in the negro.

Murphy states: '" Lucas-Championniere (1904) in an analysis of 22,000 patients among Rumanian peasants, found but one case of appendicitis; they live mostly on vegetables. The Rumanians living in the city, chiefly on animal diet, are frequently affected—I case of appendicitis among every 221 patients. The vegetarian diet of the Japanese and of the Indians of India seems to protect them against appendicitis."

Dr. Frank Wakeman, Medical Officer to the British egation, Abyssinia writes, about the year 1927:—

"During a residence of eight years or so in this country (Abyssinia) and a practice among all classes of the population, I have never come across a single case of appendicitis, nor have my colleagues, with whom I have at one time and another discussed the suject, ever met what could be described as authentic cases of the above malady."

Dr. Douglas Gray, Physician to H. B. M. Legation, Peking, writes in the same year. "Appendicitis is an extremely rare disease in China...Foreigners resident in China have no immunity from it, notwithstanding the apparent freedom of the native population...No one here has been able to offer as yet any feasible explanation of the freedom from appendicitis, though most doctors think there must be a predisposing cause in the European diet...Dr. Cousland of the London Mission writes:—

"For twenty years I had charge of Hospitals and dispensaries in the Swatow District (in China), the beds in the former ranging from 80 to 180. I never operated on a case of appendicitis, nor saw any of my colleagues do so."

Dr. A. R. Neligan of Persia writes:—

"Appendicitis is very uncommon in Persians. It is proportionately much more common among Europeans resident in the country than among natives. It is more common in Teheran where the conditions more nearly approach those of the West than elsewhere."

Dr. A. H. Barclay of Nyasaland, Central Africa, writes about the year 1914:—

"I have never seen appendicitis among the natives. I have met with four cases here in Europeans; two yielded to palliative treatment, two were operated upon. I asked Dr. Caverhill...who has charge of the native hospitals and has been in the country ten years, and he authorizes me to state that in 5000 in-patients he has never seen a case of appendicitis in a native.

Dr. E. S. Vardon of Fez, Morocco writes:—

Among the natives in Morocco, appendicitis is a very rare disease. During my sixteen years in the interior I can recall only two cases. I have seen several cases among Europeans, but my work lay chiefly among the natives."

Dr. C. H. Corbett of English Mission Hospital, Jerusalem, writes in 1914: "Amongst the Jews here we see appendicitis less frequently than at home (England). I have only attended twelve cases since 1909. A Medical man here of my acquaintance has during the past four years seen only one case of appendicitis among the natives proper. Jewish living is rather more civilized than the native living."

Dr. Richard Wolfendale of Chung King, Western China writes: "In all my sixteen years in China—most of it spent in West China—I have only seen one case of appendicitis in a Chinese, so am forced to the conclusion that the disease is very rare and hardly exists in the Chinese.....A Chinaman eats on an average only two meals a day, but takes a good square meal of four or more bowlfuls of beautifully cooked rice and vegetables (meat or fish very seldom), and he sits down and takes a long time over his meal...The Chinese have beautiful white teeth, so that in addition to the time he takes over his meals he always masticates his food well"

Dr. H. Gordon Thompson of Pahhoi, South China writes: "I have not seen a single case of appendicitis during the ten years I have been in China. I think.....this applies to the whole of South China."

Dr. R. Howard Mole of Mouden, Manchuria writes: "None of us have seen a case of appendicitis amongst the Chinese here. I am wrong—one of us saw one case which, however, was not operated upon."

Dr. W. M. Strong, Acting Chief Medical Officer, Territory of Papua (New Guinea) writes: "I have been in Papua for nearly ten years, living mostly in close contact with the natives, most of the time either as medical officer of resident Magistrate, and have been struck by the rarity of appendicitis. While in this country I have seen a very mild attack in a European, one rapidly fatal case in a Samoan, and one typical attack followed by recovery in a Native Papuan cookboy of my own. Beyond these three I have never seen a suspicious case, and it is remarkable that the only Papuan case was one where the patient had practically taken to European food and mode of living."

Dr. S. C. Moore of Yarloop, Western Australia, writes: "In our hospital in-patients, average 120 a year, and only 2 percent are cases of appendicitis."

Dr. R. H. S. Marshall of British Salomon Island, writes: "During the past three years I have never met with a case of appendicitis amongst the natives or heard of one. Among the white population I heard of a man who was taken suddenly ill, shipped off to Sydney, and successfully operated upon for appendicitis."

Dr. William S. Cleaver of Trinidad (British West Indies), writes: "We have had a good many cases of appendicitis here durning the last few years. They have occured, however, chiefly among those of European birth or descent. Personally I have not met with any cases among the coloured races. The population of this island is about 330,000 and roughly speaking, the whites would number about 4,000."

Dr. J. A. Allwood of Kingston, Jamaica writes: "I send you a short catalogue of the cases dealt with at the hospital here from which you will gather that appendicitis is not common. We have formed the opinion that race is not the factor to be considered as the condition occurs among those who conform to the standard of European life, and is very rare among the natives who live a more or less primitive life."

In an Address, "Faulty Food in Relation to Gastro-Intestinal Disorder," delivered late in 1921 in the United States, and reported in the British Lancet of the 4th February, 1922, and in the Journal of the American Medical Association, Colonel R. McCarrison, of the Indian Medical Service, made the following impressive statement:—

"For some nine years of my professional life my duties lay in a remote part of the Himalayas, amongst isolated races far removed from the refinements of civilization. Certain of these races are of magnificent physique, preserving until late in life the characters of youth; they are unusually fertile and long-lived, and endowed with nervous systems of notable stability.

"During the period of my association with these peoples, I never saw a case of asthenic dyspepsia, of gastric or duodenal ulcer, of appendicitis, of mucous colitis, or of cancer, although my operating list averaged over 400 operations a year. While I cannot aver that all those maladies were quite unknown, I have the strongest reason for the assertion that they were remarkably infrequent. The occasions on

which my attention was directed to the abdominal viscera of these people were of the rarest. I can, as I write, recall most of them—occasions when my assistance was called for in the relief of strangulated hernias, or to expel the ubiquitous parasite—Ascaris lumbricoides. Amongst these people the abdomen over-sensitive to nerve impressions, to fatigue, anxiety, or cold, was unkown. Their consciousness of the part of their anatomy was, as a rule, related solely to the sensation of hunger."

Dr. A. Rendle Short contributed an Address, "Appendicitis: Its Causation, Diagnosis and Treatment," to the Lancet of the 31st January, 1925, in which we read:—

"Turning to the national distribution, we find briefly that appendicitis is common in the more civilized European and American countries, rather uncommon in the more poverty-stricken countries of South Europe, and very rare in Asiatics, Africans, and Polynesians. If, however, individuals from these races are taken into the service or society of Europeans and eat their food, they acquire the European's liability to the disease. Indian students in this country are by no means immune. In the United States it is even commoner than here, but is seldom seen in the "black belt" of Alabama or in negro schools or institutions. A missionary from Barbados tells me that he has never heard of a case in a West Indian negro, but whites are frequently affected; the population is about twelve blacks to one white."

Dr. W. J. Tyson wrote in his book, "Notes and Thoughts from Practice," 1909:—

"The disease seems to be one of civilization; it is rarely, if ever, met with among coloured races. Although the white people in the United States seem to suffer more than any other race from appendicitis, the negro inhabitants of the Southern cities are almost exempt. The same may be said of the coloured races of Africa, and Dr. Sandwith states that in Egpt they had to wait for some fifteen years after the English occupation to find an appendicitis- patient among the Egyptians or Soudanese, either in hospital ward or in the dead-house."

Dr. R. J. McNeill Love. M.S. Lond., F.R.C.S. Eng. London, W. I. in 1926 wrote to the British Medical Journal.

"For a considerable period during the war I was responsible for the health of a large Ayar population in Mesopotamia, and met with not a single case of appendicitis. The staple diet of these tribes was rice, dates, and other fruits. At the same time, among a much smaller British population in the same district, whose diet included tinned and frozen meat, numerous cases of appendicitis occured."

Sri Berkely Moynihan (later, Lord Moynihan,) President of the Royal College of Surgeons, and high authority on abdominal diseases, wrote in 1921 in his "Essays on Surgical Subjects," dealing with appendicitis :

"I believe that the etiology (causation) of appendicitis can be satisfactorily made clear. A number of cases of ulceration of the appendix are blood-borne bacterial infections.....The appendix contains a specialized collection of lymphoid filter tissues which lies at the most dependent part of the caecal cesspool, its purpose being to filter away the bacteria and put an end to them. Bacteria are necessary for caecal digestion.

"There is a bacterial balance of power in the caecum. So long as we live healthy lives, eat fresh food, and keep our bowels acting normally, the bacterial balance is preserved and the appendix can deal with the situation. If, however, we upset the bacterial balance by inattention to the bowels by the mal-use of patent and well-advertised purges we upset the bacterial balance. Certian strains of coli, staphylococci, or streptococci can get on top in the caecum, overgrow the others, and the appendix can no longer deal with them, so that the lymphoid tissue becomes inflamed and endangers life. If the observer will note the appearance for a normal well-formed stool and compare it with the foul liquid stool produced by a purge he can easily recognize how profound is the disturbance of bacterial balance in the bowel set up by a purge.

"The first symptom in an attack of actue appendicitis is pain. It is always pain, and never sickness or vomiting, nor malaises, nor any other symptom whatever. The pain may be rapidly followed by a rigor or a sharp elevation in temperature, by vomiting, and frequently by diarrhoea. A slight elevation of temperature occurs without exception in cases of appendicitis in the early states. The symptoms one and all show a tendency to steady abatement if proper

treatment is adopted, if the patient is denied food of all kinds, fluid or solid, and if, aperients are strictly and sternly withheld.

"It seems to be the natural and instinctive desire of the mother, wife, or nurse in such a condition to administer forthwith a brisk purgative. It is held that something has 'disagreed' with the patient, and the offending substance is to be sharply expelled. Castor oil is the usual remedy in the district where I practise, and it is administered unsparingly. It is no uncommon thing to be told that because the first dose was vomited (a most proper act of rebellion on the part of the stomach) a second, or it may be a third, has been given. A few hours after the aperient is swallowed frevuently in the early hours of the morning, the patient is seized suddenly with a new and more intolerable agony, vomiting occurs, and diarrhoea may be repeated. The abdominal wall becomes rigid, tenderness spreads rapidly across the lower part of the belly, and at last is everywhere present; the pulse rises steadily, and all the signs and symptoms of an actue peritonitis are ushered in without delay.

"When an operation is performed, a gangrenous appendix, very probably adherent near its attachment to the caecum, is found, and the peritoneum, already extensively and severely attacked by an acute inflammatory process, replies to the insult by pouring out freely a thin, clear, sterile, and actively bactericidal fluid. It is now about seven years since I was first brought firmly to the conviction that in cases of appendicitis it is the administration of an aperient that is responsible for the acute catastrophe of gangrene and perforation which ends in an actue peritonitis. I do not remember one single case that I have operated upon since, in which it was not perfectly clear that the same sequence of events—pain, aperient, perforation—had occured, and I therefore do not hesitate to say that in almost every instance of acute peritonitis due to the perforation of an appendix it is the treatment directed to the relief of the condition that is the cause of the serious and so often fatal castrophe.

"The taking of a purgative medicine is something more than an impressive antecedent—it is, in my judgement, a definite cause. The only possible exceptions occur in those rare cases where direct violence gives rise to a rupture of the

appendix or the laceration of the adhesions which enwrap it. In cases of appendicitis, however acute their origin may be, perforation followed by an acute general peritonitis does not seem to occur if no aperient is given and if absolute starvation is adopted from the first. The acute spreading or general peritonitis which occurs in this disease is due to treatment; it is a "therapeutic peritonitis." I am quite perpared to learn that this emphatic statement is received with a shrug of doubt and the tolerant smile of disbelief, but if strict inquiry is made in to the intimate details of the history of the cases I cannot think that my experience of this disease will prove to be singular. In appendicitis perforation spells purgation.

"The facts that I have already stated show that the indications for treatment at the onset of an actue inflammation in the appendix are absolute starvation, so that all peristaltic activity in the intestine is quieted, and the bacterial virulence of the contents of the bowels greatly reduced. The administration of fluids, which must reach the caecum to be absorbed, and the turbulent action and the high bacterial malignity caused by an aperient, are to be avoided. It is in the caecum that bacteria are most prolific and most virulent, and the vast inerease in both these qualities which comes from the giving the aperients is especialily to be avoided when the appendix, which opens into the caecum, is inflamed.

"The theme, then, which I desire to expound in this connexion is that appendicitis is a disease which derives its fiercest activities from the means which are taken to treat it; that acute spreading peritonitis is rarely, if ever, the result of an untreated disease, and that it is the administration of aperients which transforms a simple disease into one of the the most serious type. Peritonitis so arising is surely avoidable; the catastrophe is the result of misguided therapeutic activity.

"To give aperients to children who have a 'stomach-ache' is homicidal, yet so far as I can hear it hardly occurs to a mother or nurse to do anything but the most disastrous thing of all. While I am speaking of this let me say that the evidence now appears to me conclusive that the 'bilious attacks' of children, accompanied by pain of a griping or colicky character, by vomiting, occasionally by diarrhoea,

by slight fever, and by headache, and ascribed to the greedy indulgence in "indigestible" foods, are nothing other than mild attacks of inflammation in the appendix. When an attack more severe than all the rest is plainly one needing operative treatment, and the appendix is then removed, nothing is again heard of the recurrent " bilious attacks."

"If the general experience of others should coincide in these matters with my own, the conclusion must be drawn that in very large proportion of the cases, probably I think in all, the serious complications of appendicitis could be prevented by a timely recognition of the disease, by absolute starvation from the first moment of suspicion, and by the strict avoidance of aperient medicines."

Decades previously, E. M. Hale, a homeoepathic physician, had written in his work "New Remedies":—

"No one who has watched the effects of Castor oil in large doses can doubt that it causes irritation of the bowels. If a drop of Castor oil is placed in the eye, it will cause irritation, redness, congestion, and pain; when rubbed on the the skin it, causes redness and vesication (blistering). It certainly causes the same irritation in the bowels."

THE MADRAS PRESIDENCY HOMOEOPATHIC ASSOCIATION

Annual Report of the Working of the Association from 1—4—1957 *to* 31—3—1958.
Presented to the General Body on 9-11-58

The Executive Committee have great pleasure in presenting the following report on the working of the Association from 1—4—1957 to 31—3—1958:

The Association lost during the period under report three of its valued members, viz., Sri N. Chandrasekhara Ayyar, former Judge of the Supreme Court and a believer in Homoeopathy, Dr. N. M. Choudhury, a reputed Homoeopath and the founder of the Madras Homoeopathic College who was not a little responsible for the propagation of Homoeopathy in South India, and Mr. C. A. Seshagiri Sastri. The Committee adopted condolence resolutions in each of these cases.

Membership

There were admitted during the period 52 individual members; and two associations, namely, the Coimbatore District Homoeopathic Association and the Singai Homoeopathic Association, Vikramasinghapuram, Tirunelveli District, affiliated themselves. We appeal to the few other associations that remain out of our fold to affiliate themselves at once.

Meetings

The Executive Committee met six times during the year and transacted business relating to the Association. The General Body met once during the annual meeting on the 16th June, 1957 and adopted the annual report and the audited statement of accounts and elected the office bearers and the Executive Committee.

The South Indian Homoeopathic Conference

The Association organised and conducted the first session of the South Indian Homoeopathic Conference on the 12th May, 1957. The Conference which was held at the Sanjiva Kamath Hall, Y.M.I.A., Mylapore, was inaugurated by Sri M. S. Kannamwar, Health Minister, Bombay State, and presided over by Dr. S. B. Wadia of Bombay. The Conference which was representative and largely attended,

organised a Central Association for South India and requested this Association to change its name as the South Indian Homoeopathic Central Association. It was found, however, that owing to certain peculiar legal difficulties the Association could not change its name for the present and the Association, however, agreed to function as the central organisation and has been doing so.

Dr. Hahnemann Birthday Celebration

The 202nd birthday of our Master Dr. Hahnemann was celebrated by the Association on the 10th April at the Kesari High School, Mylapore, Shri M. Anantanarayanan, I. C. S, presiding. The speakers included Dr. Shankar Rao P. Koppikar, Mr. T. T. Pillai, Sri S. Thiagarajan, Sri P. S. R. Rao, Member of the Expert Committee (Andhra), and Sri P. Ramakrishna Ayyar, I. C. S.

Propaganda Meetings

Advantage was taken of the presence of experienced Homoeopaths from outside the City in Madras to request them to address our members. Dr. Motilal, Financial Adviser of the Council of Industrial Research and former Secretary of the All Indian Homoeopathic Medical Association, addressed the Association on April 6th, and Sri. C. Ramakrishnan of Trichur on 22nd December.

Our Hony. General Secretary, Sri N. Venkatarama Ayyar, kept himself in touch with all movements for the propagation of Homoeopathy in the State and associated himself with them wherever possible. He delivered the anniversary address of the South Indian Homoeopathic Association at Madura on 5th May, 1957, Sri R. Kunjithapatham, I. A. S, Collector of Madurai presiding. He participated in the 7th and 8th sessions of the All Tamilnad Homoeopathic Conference on the 28th July at Tiruchirapalli. He brought about the fusion of the various associations at Madurai while he was there. He was met by the All India Institute of Homoeopathy at a function in Delhi on the 12th January, 1958 when he was there. He has been insisting on practitioners practising pure Homoeopathy.

Two-year Course in Homoeopathy

This Course conducted by the Associaction since October 1955 came to a close in October, 1957. 15 students

came out successful in the examination conducted by a Board of Examiners constituted by the Association. We are indebted to those who served on the Board.

A reception was held in honour of the students who underwent the course at the "Woodlands Hotel" and Mr. M. Patanjali Sastri, our President, who presided, blessed the students and wished them a useful career of service and success.

A new two-year course was inaugurated on the 15th January, 1958 by Dr. S. K. Padiar, Principal of the Royal College of Homoeopathic Physicians, Ernakulam, and the President of the All India Hahnemannian Society, Calcutta, Sri. N. Raghunatha Ayyar, former Assistant Editor of 'The Hindu', presiding. There are now 45 students in the course. Drs. B. Seshagiri Rao, Shankar Rao, P. Koppikar, A. N. S. Charles, and Sri R. Ramachandran have served as lecturers so far, and to them and to those who will serve as lecturers hereafter, we are indebted. We are also thankful to the authorities of the Kesari High School for having allowed us the use of their school rooms for our lectures.

The Madras Homoeopathic Journal

This monthly journal run by the Association is becoming increasingly popular and is recognised as an exponent of pure Homoeopathy. Our aim is to maintain high standards and it will be possible to achieve this only with the co-operation of all. Homoeopaths should not only enrol themselves as members of the Association in which case they get the journal free or as subscribers but also contribute interesting articles and case notes.

Deputation to the Hon'ble Minister for Health, Madras

A deputation led by our Hony. General Secretary and consisting of Messrs, P. Sharfuddin, Sri N. Tirumurthy, Drs. Shankar Rao, P. Koppikar and P. Seshagiri Rao, waited on the Hon'ble Minister for Health on the 27th March of this year and pleaded for the recognition of Homoeopathy and the starting of a College for Homoeopathy in Madras. They also appealed to the Government to set up a Board for the training and registration of Homoeopathic practitioners and introduce legislation in that regard. The Minister agreed to consider the matter.

We are happy that in the present Health Minister (Sri M. A. Manickavelu) we have one with an open mind in regard to all the systems of medicine; and we feel that are long something will be done to put Homoeopathy on sound footing in this State.

Library

We have not been able, during the year, to make any addition worth the name to the Library. We reiterate the appeal we made in our last report to those who have books for which they find no use, to donate the same to the Library and to publishers to send a copy of their publications each and the same will be reviewed and added to the Library.

Free Dispensary

The Free Homoeopathy Dispensary run by the Association at 162, Royapettah High Road, is doing good work. The dispensary is run between 6 and 8 P. M. We have treated so far 14,000 patients during the period under report for all sorts of diseases. Sri T. T. Pillai, who is in charge, deserves our grateful thanks for the honorary service he is rendering. The dispensary is fast becoming popular and is attracting patients from all parts of the City.

Corporation Dispensaries

We regret to state that the wise move made by the former Mayor of Madras Sri V. R. Ramanatha Ayyar during his term to open some dispensaries to start with in the City, has not been taken up by his successors. Nothing has happened since the joint conference our General Secretary had with the Mayor, Commissioner and Health Officer, recorded in our last report. We hope the present Mayor will, without further delay, consider this matter.

Free treatment for slum dwellers

We must admit that there has been a lull in this activity. The centres are not as active as they were. The slackness is due to want of workers. We hope Homoeopaths will come in large numbers to undertake this noble social work.

Audit: We are thankful to the auditors for having audited the accounts for a nominal remuneration. The audited statement of accounts is appended to this report.

Merger of the Homoeopathic Study Centre, Mylapore

The Association accepted the move of the Homoeopathic Study Centre, Mylapore, to disband their classes from 1st April, 1958 and participate in the activities of the Association by becoming members. The efforts of the members of the centre, particularly those of Sri R. Ramachandran and Dr. A. N. S. Charles, inspired by the sole idea of the progress of Homoeopathy, are praiseworthy; and Dr. A. N. S. Charles and Sri R. Ramachandran are taking a keen interest in our classes since the start of the new course; and our grateful thanks are due to them.

Conclusion

Homoeopathy is now fast becoming popular. But there have grown up institutions run by persons with mercenary motives which really "sell" diplomas for a nominal payment and without any training or even a farce of it. Naturally, this is all done taking advantage of the belief which people have come to have in Homoeopathy and its miraculous effects. It is necessary that such bogus methods of training should be eliminated and insistence laid on presonal training in the system for its practitioners. This could only be done at regular institutions. The Association is trying to re-start the College it ran before. The Executive Committee has decided to open a separate fund styled "The Madras Homoeopathic College and Hospital Fund". The scheme requires a minimum of four lakhs and at least a lakh of rupees should be found initially for starting the College. We appeal to all those who have benefited by Homoeopathy and are interested in it and belicve in it to subscribe liberally and make the venture a success.

We take this opportunity of reiterating our appeal to the Madras State Government to take early steps to enact necessary legislation recognising Homoeopathy and appointing a Board to be in charge of Homoeopathic training and registration of practitioners. It should be possible for the State Government to start a College for Homoeopathy with a hospital attached thereto of their own accord.

Finally, we appeal to all our members to evince a keen interest in the Association and to the local association to make themselves strong and all those which have not affiliated, to do so at once so that we could speak with one voice which would command respect and attention.

AFFILIATED ASSOCIATIONS

1. The Chidambaram Homoeopathic Association, Chidambaram.
2. The Coimbatore District Homoepathic Associatton, Coimbatore.
3. The Erode Homoeopathic Medical Association, Erode.
4. The Kolar District Homeo Association, Robertsonpet.
5. The Malabar District Homoeopathic Association, Kozhikode.
6. The Melur Taluk Homoeopathic Practitioners and Sympathisers Association, Melur.
7. The Madurai District Homoeopathic Medical Practitioner's Association, Madurai.
8. The North Arcot District Homoeopathic Association, Vellore.
9. The Pollachi Division Homoeopathic Association, Pollachi.
10. The Salem District Homoeopathic Association, Tiruchengodu.
11. The Salem Homoeopathic Association, Salem.
12. The Singai Homoeopathic Association, Vikramasingapuram, (Tirunelveli Dt.)
13. The South Indian Homoeopathic Association, Madurai.
14. The Tanjore District Homoeopathic Association, Tanjore.
15. The Tirunelveli District Homoeopathic Association, Tirunelveli.

NEWS AND NOTES

In this section will be published reports of activities of Homoeopathic Associations and institutions

The Madras Presidency Homoeopathic Association.

Annual General Body Meeting

Proceedings of the Annual Meeting of the General Body held on 9—11—1958 at 6 P.M., at the Sanjiva Kamath Hall, Y.M.I.A, Mylapore, Madras.

After prayer by Sri P. H. Ramakrishnan, the President welcomed the members to the Annual Meeting.

In his opening speech, the President hoped that the Madras Government would soon recognise Homoeopathy and start a College where could be had trainingin Degree and Diploma courses on the basis of the syllabus approved by the Union and Madhya Pradesh Government respectively. If the Government did not start a College, he wished they gave substantial financial help to the Association to re-start the College.

Sri N. Venkatarama Ayyar, Honorary General Secrtary presented the report of the Executive Committee on the working of the Association (vide pages 335-340) and the audited statement of accounts for the period 1st April, 1958 to 31st March, 1959. Seconded by Sri P. Sharfuddin and supported by Sri R. Ramachandran, the report and the audited statement of accounts were unanimously adopted.

Then the election of Office bearers for 1958—59 was taken up. Sri M. Patanjali Sastri was unanimously re-elected President. Mr. P. Satyanarayana Rao, Mr. Justice P. N. Ramaswamy, Col. K. V. Ramana Rao, Dr. V. Venkatasubba Rao, Mrs. P. Ramakrishna Iyer, and Messrs M. Anantanarayanan, P. Sharfuddin and K. Krishnaswami Ayyangar were unanimously elected Vice Presidents.

Sri N. Venkatarama Ayyer was unanimously elected Honorary General Sectary.

Drs. P. Seshagiri Rao and A.N.S. Charles were elected Joint Secretaries.

Sri M. S. Rama swami Ayyar was elected Hony. Treasurer.

The following were elected unanimously to the Executive Committee.

1. Sri. R. Ramachandran,
2. ,, B. S. Govindarajulu Naidu,
3. ,, R. Veeraraghavan,
4. ,, P. Natarajan,
5. ,, T. T. Pillai,
6. ,, N. Srinivasa Rao,
7. ,, P. R. Subramaniam,
8. Dr. C. K. Ramakrishna Nair,
9. Sri. V. Sundaravaradan,
10. ,, S. T. Ranganathan,
11. ,, N. Thirumurthi,
12. ,, S. Vaidyanatha Iyer,
13. ,, G. Vaidyanatha Iyer,
14. Dr. Joseph Zacharias (Mangalore),
15. Dr. S. K. Padiar (Kerala State).

The affiliated associations were requested to intimate their nominees to the Executive Committee *at once*.

Sri N. Tirumurthi then moved the following resolution:—

"This Association requests the Government of Madras to introduce early suitable legislation as in all other States of India recognizing Homoeopathic System of medicine and setting up a Board for Homoeopathy which will be in charge of the training in Homoeopathy and registration of Homoeopathic Practitioners".

Seconded by Sri B. S. Govindarajulu Naidu and supported by Sri R. Ramachandran, the resolution was unanimously adopted.

The following resolutions were moved from the chair and unanimously adopted.

1. This Association requests the Government of Madras to start immediately a College for Homoeopathy at Madras with a hospital attached to it where will be available training in the Degree Course in Homoeopathy on the basis of the syllabus approved by the Union Government and the two-year Diploma Course on the basis of the syllabus

approved by the Madhya Pradesh Government so that both practitioners of the standard of M. B., B. S., and a large number of practitioners needed for rural medical relief might be made available or in the alternative the Association requests the Government to render substantial financial assistance to the College proposed to be started by the Association."

2. This Association appeals to the public to donate generously to the Homoeopathic College and Hospital Fund started by the Association.

Then the following resolution was moved by Mrs. P. Ramakrishna Iyer.

"This Association requests the Government to recognize the two-year course run by the Association wherein instruction is imparted on the basis of the approved syllabus prescribed by the Madhya Pradesh Government."

Seconded by Sri S. T. Ranganathan, the resolution was carried unanimously.

The resolutions given notice of by Sri. P. Natarajan were next considered:

It was resolved to open a Branch in George Town provided there was accommodation available and to explore the possibilities of opening a Drug Store to make available reliable Homoeopathic Medicines.

The question of opening a Library and having clinical meetings, the Secretary assured, would be dealt with in the near future.

The new Executive Committee was requested to deal with the other matters referred to in Mr. Natarajan's letter.

With a vote of thanks by Sri. N. Venkatarama Ayyar, the meeting came to a close.

Acid Mur and Typhoid State.

(R. Ramachandran, Madras)

The expression "typhoid state" has almost gone out of use from modern medical text books except homoeopathic literature which still retains it. Typhoid according to allopathic methods is diagnosed by the laboratory and treatment given on the basis of such diagnosis.

2. The old time physicians of almost all schools of thought possessed an unerring insight into the nature of disease. In the absence of laboratory facilities they had a remarkable ability to recognise diseases by keen observation, careful examination, wide clinical knowledge and deep study. They saw unseen disease force in flesh and blood, as it were, and pictured the patient who was sick, rather than guess the text book nomenclature of the disease he was supposed to be suffering from. Nowadays, diagnosis is a comparatively easy affair with the mutual collaboration of the physician and the pathologist.

3. The homoeopath of the present day is like the old time physicians. The totality of symptoms is still the only method of diagnosing the disease and selecting the appropriate remedy, though the more enlightened homoeopath avails of the laboratory findings, more as confirmation and information than as aids to correct prescription. That is why the homoeopath still lays great store by such things as miasms, constitutions, temperaments, stages and states, diathesis and so on.

4. Typhoid state does not mean typhoid. It may present itself in the course of various diseases like typhus, typhoid, pneumonia, malignant forms of fevers, small-pox, and in those patients with an alcoholic history. It represents more or less certain conditions or set of symptoms which the patient develops usually in the course of typhoid by about the second or third week, and in other serious and critical conditions named above.

5. Let us start off the consideration of the subject with a brief definition of the expression. *The typhoid state represents a state of coma or even semi-consciousness together with fever and muttering delirium due to the toxic condition of the blood, with certain other concomitant symptoms which develop almost on a known pattern.* Wheeler and Jack's

Handbook of Medicine summarises the characteristics of typhoid state as follows :—

(a) The previously more acute symptoms decline in intensity.

(b) The pulse becomes rapid and soft.

(c) The tongue is dry and brown, tremulous, and protruded with difficulty.

(d) Sordes (a mixture of dried mucus and bacteria) collect around the teeth and lips.

(e) Muscular prostration increases ; tremors and subsultus tendinum appear.

(f) The patient becomes semi-comatose. Though the eyes are open and the pupils dilated, he does not see (coma vigil).

(g) He picks at the bed clothes (carphologia) and lies in a state of muttering delirium.

(h) He tends to slip down in bed.

6. Dr. Kent said that the image of Acid Mur. is found in typhoid and yellow fever. Very wise words indeed ! One has only to study a description of the typhoid state and the Materia Medica of Acid mur. side by side to realise the remarkable resemblance between the disease state and the remedy make-up. Such a correspondence is nowhere more true than in the case of Acid mur.

7 Now let me merely retail the leading symptoms of Acid mur. and the reader will readily see the remedy and disease parallel mentioned by Dr. Kent.

(a) Low forms of continued fever with extreme prostration. Decomposition of fluids. Diseases of an asthenic type, with moaning, unconsciousness and fretfulness.

(b) Pulse rapid, feeble and small. Sometimes intermits every 3rd beat, or 3rd to 7th beat.

(c) Tongue: Dry heavy, stiff and paralysed; leathery and shrunken; one-third its normal size. Trembling.

(d) Sordes: on teeth; gums swollen and bleeding; teeth become loose.

(e) Muscular prostration comes on first, and takes precedence of the mental.

(f) Unconscious while awake (coma vigil); deep, stupid sleep; refuses to talk because it frets him to do so.

(g) Picking at bed clothes (carphologia); loud moaning or muttering; constantly slips down to the end of the bed due to great muscular weakness.

8. A comparison of paragraphs 5 and 7 will show the surprising resemblance between the disease-picture of typhoid state and the drug-picture of Acid mur. These two paragraphs are only reproductions, one from an allopathic text book of medicine and the other from homoeopathic texts. It is a good exercise for a homoeopathic scholar to study such parallels between disease-states and drug-states. A remedy may indicate more than one simlar disease-state, and it is a good plan to study them and work them out.

9. Apart from the suitability of Acid mur. to typhoid states, it has also other aspects which make it very useful in desperate situations. All acids have diarrhoea in common, and Acid mur. has it in a marked degree. It may be so bad that there may be involuntary evacuations even while urinating —— dark, brown, watery stools with blood. The patient's prostration is complete. His lower jaw hangs down. Kent taught us that in this remedy the muscular prostration comes on first and later the mental prostration (opposite of Acid phos). Hence even the minimum muscular control necessary to keep one lying down at rest is lost, and the patient tends to slip down in the bed. This latter symptom should not be construed as mere physical restlessness; it bespeaks of the complete lack of muscle control, voluntary and involuntary. Acid mur. administered in a suitable potency at this juncture, will lift up the patient from utter hopelessness and place him on the road to recovery in a short time.

10. Apart from the main indications of Acid mur. described above, it has others which are worth recording:—

(a) *Great debility*; as soon as he sits down his eyes close; *lower jaw hangs down.*

(b) Mouth and anus chiefly affected; tongue and sphincter ani paralysed.

(c) Malignant affections of mouth; studded with ulcers, deep, perforating; having a black

or dark base; offensive foul breath; intense prostration; diphtheria, scarlatina and cancer.

(d) *Haemorrhoids*: swollen, blue, *sensitive and painful to touch*, appear suddenly in children; too sore to bear least touch, even the sheet is uncomfortable. Prolapse while urinating.

(e) *Diarrhoea*: Stool involuntary while urinating (Aloe); cannot urinate without having the bowels move at the same time.

(f) Suitable for the after-effects of low febrile states—deafness, otitis, glandular swellings about ears.

(g) Affections in general of any kind appearing in the tendo-achillis (esp. of the right side), the soles of the feet; weakness of thighs causing a tottering gait.

(h) Muscular weakness following excessive use of opium and tobacco.

"Globules and Pilules"

(Compilation)

By R. Ramachandran, (Madras.)

1. ***Streptococcin*** : Heart damaged by rheumatic fever.
2. *Natrum phos*: Dangerous metastasis when pains quit limbs or joints for the heart.
3. *Glinicum 1000* : Largely left-sided; wipes out half the cases of sciatica that pass my way (Burnett).
4. *Sea:bathing* : *ill-effects of* : *Ars., Mag mur, Rhus T,* Sepia.
5. *Viloa T* : Principal use in nocturnal emissions with vivid dreams. They are not very exhausting but cause an uneasy and played out state of mind.
6. *Sensations* :
   (*a*) *Burning* : Apis, Ars., Bell., Canth., Capsicum, Phos., Sulph.
   (*p*) *Stitching pain* : Bry., Kali C, Squilla.
   (*c*) *Sense of fullness* : Aesculus, China, Lycopod., Carbo V., esp. in the abdomen or anus.
   (*d*) *Sense of goneness or emptiness* : } Cocculus Ind., Ign., Phos., Sepia, Sulphur.
   (*e*) *Sense of constriction* : Cact. G. Natrum mur., etc.
   (*f*) *Sense of cramping* : Cuprum, Coloc , Mag phos.
   (*g*) *Sense of faintness* : Ign., Hepar S, Nux M., Nux V., Sulphur.
   (*h*) *Sense of numbness* : Acon., Lycopod., Plat., Rhus T., Secale.
   ——— Nash.
7. *Arnica* : Von Grauvgol considered this remedy as a pyaemic prophylactic and R. T. Cooper says it exerts a specific effect upon septic poisoning. Gun P. has similar effect.
8. *Squilla* : Shop-girl's remedy—— —strain of continuous standing.
9. *Small-pox*: Antim tart. develops pustules ; Thuja dries them up; and Variolinum hastens the disease to a speedy termination.

10. *Starvation* : Ill-effects of : Ignatia; vertigo when fasting: Bryonia.
11. *Taste* : Milk tastes bitter ——Sabina.
    Sugar ,, ,, ——Sanguinaria.
    Plums ,, ,, ——Iodine,
    Water ,, ,, ——Arsenic.
    Bread ,, ,, ——Pulsatilla.
12. *School teachers' brain fag* : Picric acid.

The Royalseema Homoeopathic Conference.

The Royalseema Homoeopathic Conference will be held at Guntakkal on 4th January 1959. Sri N. Venkatarama Iyer, Honorary General Secretary of the Madras Presidency Homoeopathic Association and Honorary Editor of the Madras Homoeopathic Journal will preside.

Dr. P. Sankaran of Bombay will inaugurate the scientific session.

ASTER ON HOMOEOPATHY

The 29th Anniversary of Dr. Yudhvir Singh's Homoeopathic Charitable Trust, Delhi, was celebrated on Saturday, the 11th October, 1958 in the Delhi Public Library Hall, Shri Satya Narain Sinha, Minister for Parlimentary Affairs, Government of India, presiding.

Lala Jagan Nathji, President of the Trust welcoming the gathering said:

"This Trust has been rendering yeoman service to the people through six Homoeopathic Free Dispensaries for the last 29 years in which lakhs of patients are treated free every year. The credit for all this goes to Dr. Yudhvir Singh who has been sacrificing his time, money and energy for the propagation of Homoeopathy. Homoeopathy has shown marvellous results by curing hopeless and incurable cases." He further said "the plan of the trust of opening a Homoeopathic hospital and college will mature soon. The Government has sanctioned a plot of land for the same and we shall acquire it very soon by paying Rs. 25,000."

Shri Satya Narain Sinha in his presidential address observed:

"We are passing through a phase in which, for the development of the country and successfully carrying out our plans, we are fighting a bigger and tougher battle than the one fought by Mahatma Gandhi for the liberty of the country. In this battle we are fighting against three great enemies. First enemy is poverty. We are taking great loans from other countries in kind and cash and utilizing it in great projects of Agriculture, Industry, Science etc. in order to make our country self-sufficient in every respect. Our second enemy is illiteracy and ignorance. Ours is a very low percentage of literacy as compared to other countries. Our people do not understand what great schemes we are hatching and plans carrying out and therefore we are getting very little support from our people. Our third enemy is ill-health and disease. During the last decade we have been able to raise the average life-span of our people from 22 to 32, still there are 36 crores of people out of 40 crores of India's population who do not get sufficient medical aid. It is very difficult in our poor country to extend medical aid to these so many people through Allopathic system of treatment which is very costly and makes us bankrupt by spending in various tests and antibiotic medicines and even then the patient does not fully recover. He cited his own case of Pneumonia in which he had to undergo many tests and devoured many antibiotics but could not fully recover for nine months but was completely cured by Homoeopathy. In my opinion Homoeopathy is the only system of Medicine which can eradicate disease from our country on account of its effectiveness and low cost. There are mental symptoms in Homoeopathy which influence a great deal in curing a patient. I know Dr. Yudhvir Singh for the last 30 years. I have seen the very first clinic of Dr. Sahib and now I am not only surprised but over-joyed to see that with the help of his colleagues he has undertaken such a big task in which lacs of people are treated free annually. This is a self-evident proof to show that we must stand on our own legs for smaller undertakings and do not look much to the Government for support as Government is very much engaged in bigger undertakings." Eulogising Homoeopathic system of medicine, he cited the case of his servant who was suffering from 'optical Haemorrhage'. All the senior doctors and surgeons advised operation but he called his family doctor, Dr. Bishambar Das of Mahadeo Road, New Delhi, who assured to cure within eight days. He gave high dose of a Homoeopathic medicine and the patient was completely cured within 3 weeks. He further said, "I believe in the perfectness of Astrology but it has been defamed by hawkers who sitting on the roads predict great things to the customers in exchange of a few annas. In the same way Homoeopathy has got bad reputation on account of those quacks who little knowing of Homoeopathy, with a chest of medicine, claim themselves as Homoeopathic Doctors. Homoeopathy is a scientific system of medicine and should be learnt in all its respects and branches."

THE MADRAS HOMOEOPATHIC COLLEGE AND HOSPITAL FUND

AN APPEAL

The Madras Presidency Homoeopathic Association has decided to restart the Madras Homoeopathic College with a hospital attached to it as early as possible.

The need for a College to provide facilities for institutional training in Homoeopathy in both the Degree and Diploma Courses is obvious. That is the only means of building up a body of well-trained and efficient Homoeopathic practitioners and eliminating bogus methods of treatment in the name of Homoeopathy.

A College without a well-equipped hospital will be of no use. The hospital, besides serving the sick and the suffering by Homoeopathic treatment and establishing the efficacy of Homoeopathy by a practical demonstration of it, will serve as an adjunct to the College affording a practical training centre for its students.

This is the most opportune time for starting the College and the hospital. The value of Homoeopathy as an effective means of treating all diseases is being increasingly recognised and most of the State Governments in India have recognised the system; and the institution, when started, may reasonably expect help from the Government of India and State Government out of the funds allotted to Homoeopathy in the Second Five Year Plan.

The venture requires a good deal of finance and will not be a success without the hearty co-operation of all those interested in Homoeopathy. The Association looks forward to the generous support of all those who have benefited by Homoeopathy and are interested in the development of the system on right lines.

May we appeal to the public to support the move by their munificent donations which will be gratefully acknowledged!

Contributions may be sent to Sri N. Venkatarama Ayyar, Honorary Secretary of the Madras Presidency Homoeopathic Association, 28/1;C, Judge Jambulinga Mudaliar Road, Mylapore, Madras-4.

N. VENKATARAMA AYYAR,
Honorary General Secretary.

THE MADRAS HOMOEOPATHIC JOURNAL

(The official organ of the Madras Presidency Homoeopathic Association)

Members of the Association are requested to remit arrears if any, together with the annual subscription for the Association year (1st April 1958 to 31st March 1959) viz., Rs. 10/-at once.

Back copies of the journal for 1956 and 1957 will be sent on remittance of Rs. 5/- for each year's set and Rs. 10/- for both years' sets. Postage free.

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

Membership is open to lay men and women and also medical practitioners. The annual subscription is only Rs. 10/- and the entrance fee is Re. 1/-. The affiliation fee for associations is Rs. 10/- per annum. Every member will get the journal free.

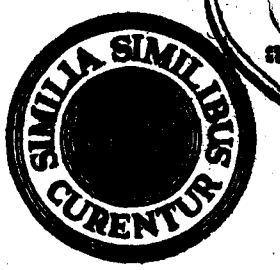
Application for membership should be made to Sri N. Venkatarama Ayyar, the Hony. General Secretary, 28/1-C, Judge Jambulinga Mudaliar Road, Mylapore, Madras-4.

Printed by M. Swaminathan at the Amra Press (Private) Ltd. Madras 6,
and Published by K. Krishnaswami Iyengar,
at 162, Royapettah High Road, Mylapore, Madras 4.

BY

THE MADRAS PRESIDENCY HOMOEOPATHIC ASSOCIATION

December 1959



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

Single Copy : 50 NAYA PAISE

Annual Subscription : Rs 6 for non-members
Free to members

THE MADRAS PRESIDENCY HOMOEOPATHIC ASSOCIATION

Office-bearers for 1958 - 1959

President :

Sri M. Patanjali Sastri, Retd. Chief Justice, Supreme Court of India

Vice Presidents :

Mr. P. Satyanarayana Rao, Retd. Judge, Madras High Court.

Mr Justice P. N. Ramaswami, Judge, High Court, Madras.

Mrs. P. Ramakrishna Ayyar.

Dr. V. Venkatasubba Rao. (Member Andhra Pradesh Homoeopathic Board)

Sri M. Anantanarayanan I.C.S., Director of Legal Studies., Madras.

Colonel K. V. Ramana Rao, I.M.S. (Retired)

Sri K. Krishnaswami Ayyangar, Advocate.

Sri Khan Bahadur P. Sharfuddin, (Retired Judge) Advocate.

Honorary General Secretary :

Sri N. Venkatarama Ayyar (Retired Judge) Advocate.

Honorary Joint Secretaries :

Dr. A. N. S. Charles.

Dr. P. Seshagiri Rao

Treasurer :

Sri M. S. Ramaswami Ayyar

THE

Madras Homoeopathic Journal

(*Published Monthly*)

BY

The Madras Presidency Homoeopathic Association

162, Royapettah High Road, Mylapore, Madras-4.

Hony. Editor : **Sri N. Venkatarama Ayyar.**

Vol. V **December 1958** **No. 12**

Editorial Notes and Comments

OURSELVES

The Madras Homoeopathic Journal will, with this issue, be completing three years of its renewed existence.

With the increasing support for Homoeopathy born of a consciousness of its superior efficacy in the treatment and cure of even complicated and chronic diseases, the Journal has been receiving a growing measure of support from the Homoeopathic world.

The year 1958 has seen Homoeopathy make good progress in India and the few states that stood behind in according recognition to it are also taking steps to enact suitable legislation in regard to the registration of practitioners and regulation of their training. Mysore and Punjab have already introduced legislative bills in this regard and the assurance given by our popular Health Minister The Hon'ble Sri Manickavelu in his recent press interview leaves us in no manner of doubt that early steps may be expected in this state also.

We hope that 1959 will see Homoeopathy well established in Madras State on the basis of sound legislation avoiding the defects experienced in other states, providing not only for the registration of Homoeopathic practitioners and the regulation of their training but also eliminating doubtful methods of training and the distribution of bogus diplomas by persons interested in nothing but selfish mercenary motives taking advantage of the faith people have in Homoeopathy and its efficacy.

It would be in the best interests of Homoeopathy if Government should start Homoeopathic Colleges with hospitals attached in atleast a centre or two to start with and also dispensaries in different centres in the State and man them by properly trained physicians. Government should provide not only the Degree Course on the basis of the syllabus prescribed by the Union Government but a shorter course, say of two years, which will enable a larger number of practitioners to be turned out in a shorter time who will settle down in the villages and cater to the medical needs of the rural population so badly lacking now. The Government need have to spend on Homoeopathic hospitals and dispensaries very much less than they do on modern medicine Colleges and hospitals. The only other alternative will be to give substantial aid to well established Associations in their efforts to start colleges where both the courses will be made available.

We wish all our subscribers, advertisers, patrons and readers and all those concerned with Homoeopathy and our Journal.

A HAPPY NEW YEAR

What is a Remedy?

A remedy is a drug, which given to a person suffering from some abnormal condition of some tissue or organ has the power to restore that tissue or organ to its normal condition or to check the progress of the abnormal condition.

—Royal

TOTALITY OF SYMPTOMS

3826

by

(Dr. V. Venkatasubba Rao, Member, Andhra Pradesh Homoeopathic Board)

Dr. Hahnemann has shown us that in every individual diesease the physician has to take note of the deviations from the former healthy state of the now diseased individual which are felt by the patient himself, remarked by those around him and observed by the physician. Thus we find that there are groups of symptoms to be taken note of, the first being what the patient feels and expresses and the other one being those remarked by persons around him and observed by the physician—subjective and objective.

The subjective symptoms consist of those that are felt by the patient and expressed by him. They comprise the deviations from the normal health-state of his mind, such as fear, sadness, irritability or calmness and not being easily disturbed and the various kinds of sensation experienced by him and the conditions of aggravation or amelioration when alone or in company, sleeping or while awake, indoors or outdoor, drinking and eating, posture, times of day and night, in darkness or lighted place, the different weathers and seasons, pressure, touch, discharges and so on in general or with reference to a particular part of symptom. The apparent cause which at first gave rise his illness should be included.

The second group, the objective, consist of the objective aspect of the case, as the patient's facial expression, his behaviour, nervous excitability, activity or lethargic condition, the color and nature of the secretiom and excretion, the parts, the side of body and the organ or organs affected and so on. To form a proper estimate of the diseased condition, the different tests such as of mind, blood and sputum and availing of the aids such as X-ray and sphygnomanometer made use of in the modern methods for diagnosis are of great assistance to the physician.

Homoeopathy is a scientific system of medicine and its therepeutics is based on Natures' Law of 'Similia Simlibus Curentur.' Disease is a deviation from the normal state of health, a pathological condition of any part or organ of the body or of mind. Diagnosis is the recognition of the disease

from the symptoms and the necessity and usefulness of the same can be seen by what Dr. Kent says in connection with the treatment of asthma in his lectures on Aurum Met. The difficult breathing is of two kinds, one involving the lungs and the other involving the heart. Both are entirely different even though the asthmatic condition of dyspnoea is present in both the types. One will involve the lung and finally bring on emphysema, the other one with irregular heart action and only associated with emphysema. He advises to slowly perceive pathology with these things in mind to be able to perceive the nature of sickness and its results. Here, it will also be of interest to note what Dr. Farrington says in conne ction with the treatment of pneumonia. When the case presents a picture of Belladonna, with very red face, the pupils more or less dilated, the patient drowsy, and Bell is given but does no good and the patient becomes worse with more heavy breathing and pupils become more inactive to light he says " you know then that you have serious effusion into the brain which must be checked or the patient dies." He further goes on to say " he who prescribes by the symptoms alone in this case will fail because he has not taken the totality of the case " and adds " Put your ear to the patient's chest and you will find one or both lungs are consolidated." In this connection, Dr. Nash comments " that that is a very important objective symptom and one that could not be left of the totality of the case and adds " that both subjective and objective symptoms must enter into every case in order to make the totality complete."

It matters little whether you call the cases mentioned above as asthma and Pneumonia or asthma-like and pneumonia–like, but the most important factor is to understand the nature of the case on hand for the proper relation and application of the remedy suitable to it. It is true that as homoeopaths we do not depend upon the name of the disease for the selection of the remedy, but its value cannot be ignored. It will also be of practical help in understanding the nature, development and stage of the complaint and the possible complications that are liable to arise in its course, its prognosis and the probable sequalae, in order to combat and prevent the same in the course of treatment.

Homoeopathy takes into consideration, the patient as a whole and as such it is individualistic based on the subjective

and objective symptoms manifested in the unhealthy condition of the patient's mind and body. Remedies cannot, therefore, be selected guided by other easy methods which may do more harm than good to the patient, especially in a chronic disease.

We find that diseases such as Tuberculosis and Cancer are on the increase in spite of the prophylactic and accurate methods adopted at immense cost to control the spread of the same and by the treatment given to those already affected by them in the ever increasing number of hospitals.

If the students of Homoeopathy are given a thorough training in well-equipped colleges and hospitals in all the subjects of medicine and the science of Therapeutics in the Hahnemannian method of treatment each such well trained physician can treat thousands of young men and women and make them healthy and thereby render the progeny completely free from the hereditary taints of diseases like Tuberculosis, Cancer and others.

This will prove to be the best prophylactic as it will make the present and future generations more and more healthy and also capable of resisting the onslaughts of the ever increasing number of diseases dependent upon the modern conditions of life.

Single Remedy

It is better to prescribe a single remedy though inferior in similarity than two superior in similarity or one superior and one inferior because the two are liable to be inimical, if not antidotal to each other.

—George Royal

PULSATILLA

By Dr. T. K. Varma, (Kotagiri).

It is a very well known Homoeopathic Polychrest and is frequently indicated in many ailments of men, women and children although particularly adopted to women.

The characteristic type has sandy hair, blue eyes, pale face, is easily moved to laughter and tears, is mild, gentle, timid, has a yielding disposition, craves fuss and sympathy (opp: Nat. Mur). On the other hand', we have a remarkably irritable type, extremely peevish, touchy, sensitive of being slighted. PULS type is usually despondent, weepy, has many notions and whims, has a very fertile brain so far as imagery is concerned and is extremely excitable. It is extremely CHILLY and yet cannot bear heat in any form or shape. A warm stuffy room is just like hell for a PULS type. They feel happy and better when slowly moving about and in fresh and cool air. The slow excercise produces contraction of the blood vessels and allows the blood to circulate more rapidly which makes the patient happy.

They have a stomach which cannot digest fat in any form, cakes, pastry, rich food, sweets, pork. Indigestion caused by these things and especially pork is very easily relieved by the timely use of PULS.

A pecularity about PULS is its changeableness, no two stools, no two attacks of fever are alike, symptoms always change. Pains shift from joint to joint or just jump around here and there. Another pecularity is its THIRSTLESSNESS with almost all complaints, even when they have fever.

All discharges of PULS are thick, yellow or yellow-green and are BLAND.

Clinically it is suitable for almost all complaints of the fair sex; derangements of puberty, menses late and scanty, leucorrhoea, threatened abortion, labour-like pains, uterine pains, reflex pains from the female genitalia, like headache and so on. It is no less useful in the male, especially is it useful in orchitis, maltreated cases of gonorrhoea and rheumatism, hydrocele, varicose veins, irritable prostrate, urinary and bladder diseases.

It is indicated in ear-ache, catarrhal deafness, styes toothache, cold and catarrh, loose cough and many other troubles of the mucous membranes with its peculiar discharges and modalities.

In chlorosis due to abuse of quinine and iron, there is nothing to equal our PULS. In the case of ladies suffering from uterine and menstrual disorders and who come from allopathic hands, it is the writer's first choice.

In short, it is a remedy with clear cut indications and is so often indicated that it requires a very careful study in a complete Materia Medica.

ARSENICUM ALBUM.

By Dr. D. P. Kerewgoda,
(Coimbatore.)

Arsenic can be described as the dreaded dragon dragged out of the mineral kingdom tamed down and domesticated for the purpose of defending the mankind against similarly dreaded morbid processes threatening its well being.

In dealing with its general aspects, the place it finds in industry is worth taking note of when it enters into insecticides and weed killers, as many deaths are reported to have occurred due to careless handling of such preparations containing Arsenic. The workers handling it in industry are reported to develop in them the symptoms such as loss of appetite, nausea, vomiting, abdominal pains, darting pains in limbs and muscular atrophy. It is responsible for the high efficacy claimed by rather sinister industry producing a rat poison. Whatever the merit of the industry may be, the plight of the creatures attracted to the bait is extremely pitiful when they run out in search of water to fall in and die owing to drastic burning effects produced by this drug in it. Whether water was found or not found in time, an agonising death is certain to be their lot.

Arsenic is generally known as a virulent poison accused to have played its part in numerous cases of murder and suicide besides in many cases of deaths classified as "accidental".

Its entry into the medical field dates well back to pre-Homoeopathic era when the prospective remedies were empirically adapted, awaiting clinical evidence for confirmation. Its destructive, mischievous effects had been often exhibited in cases where it was tried with good intentions. *Domesticability and the possible advantages of such domestication was evidently observed by the pharamacologist of the pre-Homoeo era. But the problem of its accomplishment was left to be solved by the Homoeopathic prover.*

Now the immortal Hahnemann majestically enters with a long declaration with sensational language introduction covering eight long pages of close print.

He quotes twenty three authorities of traditional type for the effects of this drag.

Six of his disciples assist him in proving the drug.

His Materia Medica Pura presents us with the report of proving of Arsenic in one thousand and sixty eight sentences extending to forty three pages.

Proving and rational adoption of Arsenic is yet another achievement of mankind in its efforts to conquer the aggressive forces of nature and to employ them for beneficial purposes.

Arsenic provides us with an extensive stock-house of variegated sections of symptoms so distinctly displayed ensuring unmistakable selection to meet individual demands with accuracy. The most noteworthy of the entire show, drawing the consultant's attraction right out seems to be the cross-section under the common head "burning" particularly designed to cover all organs and functions of the organism. While its headache is of a burning nature (relieved by cold) extending to eyes and ears, burning pain is felt in the muscles of the face and in the nose. Tongue gets dried, mouth ulcerated and tonsils inflamed—all with burnuing heat. In the pit of stomach, in the abdomen and in the rectum under various morbid processes such burning heat is felt to indicate Arsenic.

While urinary and sexual organs are involved in such burning effects, acrid leucorrhoea comes out to burn the skin. Arsenic claims its ability to enter in the ailments of respiratory disorders by burning sensation in the chest and of the heart disease in the region of the heart. Bachache and neuralgic pains under Arsenic also exert burning nature while it is also prominent in skin diseases.

By the virtue possessed by Arsenic to claim burning sensations everywhere, it finds itself qualified to stand for selection in numerous cases with ample chances for success. *It is well worth considering in any ailment attended with severe burning sensations whether internal or external.* There are instances where cases are decided in favour of it on the strength of burning symptoms alone, such as intense burning in abdominal cavity as in suspected cases of cancer.

Burning sensations both internal and external are observed also in Bryonia, Nux Vomica, Phosphorus and Sulphur. A peculiarity in Arsenic burning is the corresponding coldness due to which the patient wants to be wrapped up warm and in this point it differs from its nearest rival in

many a respect—Apis. In diabetes, Acetic Acid may stand trial with Arsenic owing to the possession of burning sensations.

Stronghold under the control of Arsenic in mental sphere can hardly be challenged due to its extreme rigidity of action. Aconite appears to be its junior, possessing fear of death, anguish, anxiety, restlessness, sensitiveness, etc., but a reference to the severity of onset often results in a vast gap between the two. Great prostration and rapidity of sinking of strength cause the patient to conclude his case as it stands beyond physician's reach and goes on to the extent of predicting the day of death; which is not a thing for Arsenic in crude, finds difficult to cause and tries in our hands to avert.

Arsenic reaches the highest degree of its aggravation during first three hours after mid-night, the part of the night during which most deaths occur. Ailments such as many cases of asthma go straightaway to it on consideration of the time of aggravation.

THE SUMMING UP.

Anguish, fear of death, restlessness, oversensitiveness.
Rapid sinking of strength.
Sensation of coldness ; wants to be wrapped up warm.
Extreme prostration.
Night aggravation: especially after mid-night.
Intense burning, internal and external.
Compound fevers in general and all complaints attended with severity of onset ; fear and anguish ; burning; mid-night aggravation.

"GLOBULES AND PILULES".

Compilation by
Sri R. Ramachandran, (Madras)
(*continued*)

13. In abortion, when first seen, if the temperature is elevated, a criminal cause is usually indicated.

14. In chronic bronchitis of the elderly, there may be concomitant renal or cardiac disease.

15. As a rule, to which there are few exceptions, if discharge from the ear is watery or serous, its probable source is the skin of the external meatus; if purulent, it is from the middle ear.

16. In appendix cases a drop in temperature without a corresponding one in the pulse rate is often a call to operate. In children where it is frequently suppurative from the start, comparatively few cases subside. Should removal become necessary, the patient should be sitting up rather than lying down.

17. *Agraphis Nutans*: One of the leading remedies for adenoids—often useful dentition, tonsils enlarged, nose obstructed etc.

18. *Air Sickness*: Borax three or four doses before flying, completely stops it. Bell.30 also mentioned as a prophylactic.

19. *Albuminuria*: One of the most frequently indicated remedies for the albuminuria of *early* pregnancy is Merc. Cor. Later and at full term—Phos.

20. *Alopeoia*: Hair falls in spots—Apis Mel.

21. *Anosthetic vapours—Antidotes to*:
(a) *Acetic acid*, Amm. caust., Amyl., Hepar S., Phos.
(b) *Hepar S*: Removes weakening effects of ether.
(c) *Phos*: Antidotes the nausea and vomiting of chloroform.

22. *Charcoal fumes*: *ill-effects of*: Acetic acid, Arnica, Opium.
Coalgas: Arnica, Bovista, Carb S, Carbo Veg.

23. *Picric acid*: especially useful for boils on back of neck and within ears.

24. *Castor oil*: ill-effects of: Bryonia.

25. *Ears*: ulceration in ear-ring hole: Stan. met. eruption in lobe—Baryta carb.

26. *Saccharum officinale*: A large proportion of the chronic diseases of women and children are developed by using too much sugar. Hence this remedy is useful for: fat, bloated, large limbed children who are cross, peevish, and whining; capricious; want dainty things, *'titbits*, and refuse substantial food.

CASE NOTES

Dr. B. T. Pillai, (Shencottah.)

(1) An interesting case is given below which will read like a fairy tale but nevertheless it is true. A friend's daughter aged 16 who is to be married was, as the local people said, under the control of a Spirit. The main symptoms were as follows: Before the actual attack begins she will be morose and feel a sort of giddiness. Then she began talking saying that her mother's sister who died some years back was speaking to her and that she wanted her to follow her. So saying she will walk and the people around her had to use force to keep her within the house. Then she will begin to cry till exhausted and fall asleep. On Fridays and Tuesdays the symptoms were more severe. Astrologers were consulted and spirit drivers who are supposed to drive away spirits from the human body were brought in and poojas performed. But nothing had done any good. At this time, one day, while going through Farington's Materia Medica I happened to come across Anacardium which has one of its main symptoms "Talking with dead people." At once it struck me to try this medicine on the girl. I very reluctantly put in this proposition to the girl's father who readily agreed. Anacardium 30, 4 pills were given four times a day. After the first four doses there was vast improvement and in a week's time there was complete cure. Waited for a month. There was no recurrence. At the end of the month another dose of Anacardium 200 was given. One month afterwards Anacardium 1000 one dose was given. Till now there is no return of the disease. The girl is the mother of three children now, the eldest being six years old.

(2) A high placed police officer came to me in the month of January 1956 and related the following story to me and sought my advice. For the last two years both his nostrils were blocked. There was cold off and on. He had to use always "Privine" (nasal drops) to clear his nose or else it was impossible for him to do his routine work.

He consulted all the eminent E. N. T. specialists in Bombay, Calcutta and Madras. All are of the opinion that the nasal bone was bent like that of "S" and that it should be cut at both sides to make it straight to have a permanent relief from the nasal blockade.

The officer unwilling to undergo this operation sought my advice. The family history showed that his mother died of T. B. and his father of paralysis. His blood was examined for Khan test and it was negative. His urine was also examined and found to be negative. Before giving him any constitutional remedy I thought of giving him a remedy which can minimise the nasal trouble. The indicated remedy at the time was found to be Ammo Carb. So I gave Ammo Carb 30 4 pills to be taken both in the morning and in the evening.

The nasal block became less and less; within a week there was complete cure. I never thought that the cure will be effected within so short a period and it has earned an allround reputation for Homoeopathy. The patient was asked to continue the medicine for two weeks more in two pill doses both morning and evening. Till to-day, there is no recurrence and no constitutional remedy was given till now.

NEWS & NOTES

In this section will be published reports of activities of Homoeopathic Associations and institutions

The Fourth Punjab Homoeopathic Conference.

The above Conference was held at Ludhiana, on 4th and 5th October, 1958 Dr. Yudhvir Singh, Ex. Health Minister Delhi State, presiding.

The Hon'ble Shri Amar Nath Vidyalankar, Education and Labour Minister of Punjab, inaugurated it.

Dr. Ashvini Kumar, Chairman of the Reception Committee in his welcome address pointed out that the proposed Bill of Homoeopathic Registration did not satisfy the Homoeopaths of the State; and all of them had unanimously pointed out the shortcomings of the Bill and said, "We were expecting that the Bill after due amendments, which could fulfil the just demands of the profession, would be placed in the near future before the State Legislature for enactment; but all our hopes were dashed; and instead, we found a very disturbing Bill put on the agenda of the State Council for consideration—I mean the Indian Medical Degrees (Punjab Amendment) Bill of 1958. It was a Bill doing great injustice to all physicians of non-allopathic systems. This Bill prohibited the use of common English words – in usage for the last many decades by the practitioners of our system." He further added that the Delhi State Homoeopathic Registration Act was quite satisfactory and may be adopted for the Homoeopaths of Punjab, and concluded with an appeal for unity amongst Homoeopaths.

The Hon'ble Shri Amar Nath Vidyalankar spoke highly of the Homoeopathic Science and promised full support for the just demands of the Homoeopaths.

Dr. Yudhvir singh in his Presidential address stressed the value of Professional Organizations and observed:

The greatest service for the cause of Homoeopathy is the service of the ailing patients who approach you for relief. Believe me, no propaganda, howsoever organised or scientific, can take the place of service which you render to the patient in his ailment. The relief which a patient receives at your hands is the best propaganda of Homoeopathy and the greatest service to its cause. Therefore, keeping this in

mind, please go on serving the poor and the rich alike with the knowledge you have gained in principles of pure Homoeopathy of our Master Hannemann, the Great.

In this connection, I shall draw your attention to a few points:—

(*i*) Do not copy your other medical brethren—do not be greedy. Your country is poor and your fees and charges should not be prohibitive like others.

(*i*) Homoeopathy requires constant study. Our Master has called it the *Art of Healing*. In fact medicine is not so much of a science like Mathematics or Physics as it is an Art. Art requires not only knowledge but experience. Experience is gained by continuous practice. *Pratice makes a man perfect* is a very sound maxim. No science requires so much practice as Homoeopathy. Keep it in mind that your success requires not only knowledge but experience.

(*iii*) Be true to Homoeopathy. No matter, you fail or you succeed; do not leave the principles. You will find in the long run that the principles will help you.

(*iv*) Do not have complexes of superiorityor inferiority, whatsoever. Some of the Homoeopaths, qualified from institutions have a strange sort of superiority complex. No degree or diploma guarantees knowledge. Knowledge is of the seeker and in Homoeopatny there had been Masters like Dr. J. H. Clarke, Ellis Barker, Rajendra Lal Dutt, who were seekers of knowledge and without diplomas served humanity far more than any other qualified Homoeopath.

Friends! keeping these points in view let us go on serving umanity and you will find that no one can deprive us of this right of serving the sick with the New Art of Healing.

I am sometimes very much pained to see that even to-day when Homoeopathy has made so much progress and shown practical results there is a section of Allopaths who ridicule this Art of Healing as Quackery. I may be permitted to say, Gentlemen, that quackery by a Homoeopath is never so harmful as in the hands of the practitioners of other systems, for example, if a Homoeopath prescribes Belladonna 30 instead of Aconite 30, no harm is done to the patient except that he has not received the right medicine, but if a doctor gives to his patient an injection of penicillin

or streptomycin or administers chloromycetine, where they are not indicated I need not say what complications these drugs may create. In fact they have taken some many precious lives. The only difference is that in one case the physician is qualified and licensed to practice a quackery and in the other case he is not. I shall humbly request the Allopathic brethern all over India and especially those who are in responsible positions in the Central and State Governments to take the trouble of understanding the principles of this New Art of Healing and judge it by its results. If a case of Malaria with particular symptoms is cured by doses of 200th potency of *common salt* NATRUM MURIATICUM why do you call it quackery. You should try to go deep in to it, especially now, in the age of Atomic theory. I am equally pained to note that some of good Homoeopaths also ridicule Allopathy. Allopathy, Ayurveda, Unani, Naturopathy—all these pathies have their own spheres of action, and all of them have their own utility. Instead of ridiculing each other, we should learn the principle of "Co-Existence"—"Live And Let Live".

Bogus Colleges.

The greatest harm to the cause of Homoeopathy has been done by the so-called Colleges of Homoeopathy. They are nothing but shops for selling bogus diplomas and degrees and making money. In the name of Hahnemann and Homoeopathy, I request all such so-called colleges to liquidate their establishments and thus save not only Homoeopathy from the degradation and humiliation it has met on their account, but also save the career of so many youngmen who fall prey to their advertisements and become M. D. H. or H. M. B., etc. overnight. The associations of Homoeopaths should discourage such enterprises and warn youngmen against these degrees and diploma sellers.

Education

Education of Homoeopathy requires a regular study and then practical experience in hospitals. We should try to establish regular colleges for homoeopathic education. I differ in this respect with the Dave Committee report. I am of opinion that while there should be a degree course of 5½ years as envisaged in the report, there should be also a diploma course of not more than three years with Matric with science as qualification for admission. For about 100 years, licenciates in Allopathy were trained in this way within

four years. There is no reason that Homoeopaths cannot qualify for diploma course within 3 years. Education in Medicine should be cheap, it is the dearness of Medical education that the graduates of medicine justify their exhorbitant fees and charges.

I am glad to learn that the Punjab Government has circulated a Bill known as the Punjab Homoeopathic Practitioners Bill, 1958. Your Association has already commented on that Bill and submitted its representation to the Government. I hope that necessary amendments will be made, but I shall request you to kindly study the Bill again and review your recommendations as that was done in haste. You may form a sub-committee, if you like, for that purpose. I shall render every help which I can do in this respect.

Similary, I find that you were agitated over the Indian Medical Degrees (Punjab Amendment) Bill, 1958 and on your request the Bill has been postponed. I. on my part, agree with the principle of the Bill. I have already mentioned that the so called H. M. Ds have done the greatest harm to Homoeopathy. They should not have the right of using the degrees and calling themselves Doctors. It is simply misuse of the word. But I do think that genuine medical practitioners should be exempted from the purview of this Bill and I shall request you to calmly examine it and make such suggestions as safeguard your rights and put a definite ban on the misuse of the sacred word 'Doctor' and the bogus degrees of H. M. B. etc.

Friends! before closing, I shall request you to organise yourselves under one organization and instead of depending much on the Government, do something of your own accord. Your State Association should have a good Homoeopathic Hospital, and if patients are cured in such a hospital, they themselves will compel the Government to aid and help these institutions. It is better that our work speaks than we. In hospitals we can show result, we can carry on researches. If we help patients of our own accord, the Government shall have to help us.

I shall request you not to lose sight of the name given to you by our Master Hahnemann, in his Organon-he called us " PRESERVERS OF HEALTH ". We should be so and always keep in mind that "Prevention is better than

cure". The modern wonder drugs are proving injurious and undermining the resistance power of patients. Homoeopaths cure by increasing the inherent resistance of the patient.

Resolutions

The Punjab Government was requested to start Homoepathic dispensaries and hospitas throughout the State and to include Homoeopaths in the Health Insurance schemes.

The Kolar District Homoeopathic Association

The Annual General Body Meeting of the Association held on 23rd November, 1958, Dr. D. Abdul Rashid, M.L.A. presiding adopted the annual report for 1957-58 presented by Dr. T. S. S. Pillay, the General Secretary and elected the following Office-bearers viz..

Dr. D. Abdul Rashid, M.L.A. (*President*)
Drs. N. Ponniah and K. Nagarathanam (*Vice-Presidents*)
Drs. T. S. S. Pillai (*GeneralSecretary*)
Drs. P. M. Mahadevan and R. Sundariah Sailas (*Joint Secretaries*)
and
Dr. D. Thangaraj (*Treasurer*)

The resolutions adopted requested that all the existing Homoeopathic practitioners in the State should be registered with equal rights with other Registered Practitioners, that the Government should elicit the opinion of important Homoeopathic practitioners and Associations in the State regarding the Homoeopathic Practitioners Registration Bill of 1958, and that adequate representation should be given to the Kolar District Homoeopathic Association in the Board of Registration of Homoeopathic Practitioners to be constituted after the passing of the bill.

Dr. D. Abdul Rashid appealed to the practitioners to attend the course to be conducted by the Hahneman College of Homoeopathic Medicine, Bangalore.

Dr. Mahadevan proposed a vote of thanks.

The Sixth Rayalaseema Homoeopathic Conference.

The sixth session of the Rayalaseema Homoeopathic Conference conducted under the auspices of the Andhra

Pradesh Homoeopathic Association, Rayalaseema Zone, will be held on Sunday, the 4th January at the S.J.P. High School, Guntakal.

Sri. N. Venkatarama Ayyar, Hony. General Secretary of the Madras Presidency Homoeopathic Association, will preside.

Dr. P. Sankaran, Hony. Physician of the Government Homoeopathic Hospital, Bombay, will preside over the scientific session.

Sri. Rao Bahadur M. Lakshmi Narayana Rao, Retired District Educational Officer and Vice-President of the Rayalaseema Association will declare the exhibition open.

Dr. C. P. Subbarayan, Honorary General Secretary of the Rayalaseema Homoeopathic Association appeals to all the Homoeopathic associations to send delegates and to all Homoeopaths to participate in the conference.

The Thirteenth All India Homoeopathic Medical Conference.

The 13th Annual Conference of the All India Homoeopathic Medical Association will be held at Allahabad in February next instead of during the last week of December as originally announced.

The Delhi Homoeopathic Association.

At the meeting of the Delhi Homoeopathic Association held on the 23rd November, 1958, Dr. Sahdev presiding, Dr. Jugal Kishore read a paper on Pneumonia which he described was of various kinds with different kinds of symptoms calling for different remedies. In the discussion that followed the various drugs used were discussed. It was pointed out that Aconite came in early and Pulsatilla in later stages generally. Sepia had a high place in restlessness and Kali Carb in Pneumonia after measles. Sulphur and Bryonia were useful in many cases and Lycopodium was of great value in recurring pneumonia. In maltreated cases Ars 11b and Sepia were useful. Phosphorous had to be carefully used.

The Madras State Homoeopathic Conference, Madurai.

The Homoeopaths of Madurai are convening a State Homoeopathic Conference on the 17th January 1959, at Madurai.

Sri. N. Venkatarama Ayyar will inaugurate the session and Dr. V. R. Murthy will preside over the Conference

The Salem Homoeopathic Association.

Dr. Mrs. Sathyavani Muthu, M. L. A. was felicitated on 18-12-58 at 4 P.M. at a party at the Hindu Modern Club, Salem, Dr. A. V. Subramaniam, presiding.

Dr. P. S. Duraiswamy, Joint-Secretary of the Association welcomed the Chief guest on behalf of the Association.

Dr. T. K. V. Subramaniam, the Vice-President of the Association, Dr. E. P. M. Swamy, Secretary of the Salem District Homoeopathic Association and Dr. S. M. Namasivayam spoke appreciating the work done by the Chief guest in the state Assembly for the progress of Homoeopathy and urged the need for the immediate recognition of Homoeopathy in our State.

Dr. Mrs. Sathyavani Muthu, replying pleaded for unity amongst all the Homocopaths of the State and organisation into one strong central body to impress upon the State Government the need for recognition and development of Homoeopathy in Madras State. She also suggested the celebration by all the Homoeopaths and Homoeopathic organisations of the state of Dr. Hahnemann's Birth Day as "Homoeopathy Day" and present to the Government a united demand for the recognition and development of Homoeopathy.

The function came to an end with a vote of thanks proposed by Sri R. Narasingam, M.A., B.T., Joint-secretary of the Association.

The South Indian Homoeopathic Association, Madurai

At an ordinary meeting held under the auspices of the Association, Dr. S. Srinivasan, of Tiruvarur, spoke on "Recognition of Homoeopathy in our State". Sri V. R. Subramania Iyer, President of the association presiding.

Dr. O. V. Narasimhan Secretary of the association, welcomed the gathering.

Dr. Srinivasan pleaded for the registration of all the existing Homoeopaths with 4 years practice and for the opening by the Government of Madras a Homoeopathic Medical College to impart instructions in Homoeopathy Science in our State. He appealed to all the Homoeopaths belonging to different Associations to come together for a single purpose to get the State recognition and to request the Government not to enforce legislation giving powers to

All India Medical Council to preserve the higher standard in Modern Medicine as the above Council is of the view that the Modern Medicine alone should be patronised by the Government in future.

He advised all the Homoeopaths to practice the system with Homoeopathic medicines and win the confidence of the masses who in their turn will work for the recognition of Homoeopathy.

Sri K. Vanyaraj, Secretary, proposed a vote of thanks.

The Salem Homoeopathic Association

At the monthly meeting of the association held on Sunday, 12th October, 1958, Sri T. Ramachandran read a paper on " Pulsatilla ". He said that this medicine besides being a boon to the gentle sex in suppressed menses, Lencorrhoea, etc., has its usefulness to the male counterpart also in such diseases as Orchitis, hydrocele, chronic gonorrhoea etc.,

Mr. V. Krishna Rao who spoke next quoted from his experience how Pulsatilla cured a bad and chronic case of cervical neuralgia and in another case increased the flow of breast milk in a nursing mother.

Dr. P. S. Duraiswami gave some interesting points about the remedy quoting from Dr. Nash and others.

In his concluding remarks the President (Dr. A. V. Subramanian) narrated from his case reports the role Pulsatilla played in promoting easy delivery, curing suspected case of consumption etc. He further pointed out that this remedy had the unique reputation of setting right " false presentation ".

Rajasthan Homoeopathy Association—A New Journal

The Rajasthan Homoeopathy Association have decided to publish a quarterly journal from December 1958 styled "Torch of Homoeopathy".

[We are happy that the Rajasthan Homoeopathy Association will publish a quarterly journal from December 1958 and we hope it will serve the cause of true Homoeopathy.—Editor M.H.J.]

CORRESPONDENCE

Dr. R. P. Mishra. Vice-President, All-India Homoeopathtc Medical Association. Muzaffarpur, writes.

Dr. C. S. Patel, presiding over the 50th session of the Indian Medical Council said that the study of the indigenous systems and Homoeopathy should be promoted only as a postgraduate course of training, after the intending practitioner had obtained the basic qualification in modern medicine, as was the case with Homoeopathy in the United Kingdom, Europe and America. He further said that the Council did not favour simultaneous teaching of modern medicine and an indigenous system of medicine or Homoeopathy to undergraduates, taking a course in modern medicine, because of the fundamental difference in theory, principles and practice.

The sum and substance of his and the Medical Council's view-point is that anybody wanting to take up the medical profession, whether Unani or Ayurvedic or Homoeopathy must be an M.B.B.S. first and then he should undergo special training in Homoeopathy or Unani or Ayurveda and the Council further wants that this should be enforced by law by the Union Government. After such legislation, no Homoeopath or Vaidya or Hakim is to be allowed to practise, if he is not an M.B.B.S.

Dr. Patel and the Medical Council are very proud of their basic medical qualifications and modern scientific treatment, but it is well known that those modern medicines are very costly and often beyond the reach of the common people. Homoeopathic and indigenous drugs being cheap, easily available and efficacious are best suited to our country. The present number of allopaths in India is about 80,000 and India has a population of nearly 400 million. Is it possible for one allopath to look after the health of 5,000 persons? Had there not been Vaidyas, Hakims and Homoeopaths in India, few in the country could have had any medical aid so far. Any system of medical treatment cannot boast of curing all diseases of the world.

I would, therefore, request the Union Government not to accept the recommendations of the All India Medical Council without consulting general public opinion and that of the All-India Homoeopathic Medical Association and the All-India Ayurvedic and Unani Associations.

AN OPEN LETTER

Dr. C. S. Patel President of the Medical Council of India

by Dr. Kamaron Premchander

Dear Sir,

With reference to the news in "Hindu" dated 1st November 1958, on the heading "Allopathic Medicine and Council's view on other systems," I would like to write you as under:—

We wish that the authorities were not to close their eyes to the fact that men who have learnt Homoeopathic and indigenous medicines have taken up to that study because of their apparent natural aptitude for diagnosis and treatment.

It is also a fact to be admitted that many of these physicians have risen high in public esteem on account of their individual merit. We are, therefore, of the opinion that in medical profession, especially in the case of a physician, nothing counts as much as practical knowledge and ability to cure diseases.

It is most regrettable to know of the decision of the Medical council of India to maintain only one system of medicine in the country, which is said to be the modern system (i.e. Allopathic), inspite of the fact that all the existing systems i.e., Homoeopathic, Ayurvedic, Sidha and Unani can also be made "modern" provided the authorities wish to be unprejudicial and try to improve upon those as well.

We hope you would agree with our suggestion that it would be better and beneficial too if the authorities can think of a plan to make every system of medicine modern in our country by adding few more essential lessons to their studies and also giving their chance to attend Government Hospitals for practically getting acquainted with various diseases and characteristic symptoms thereof, so that their diagnosis can never go wrong, though they hardly do a mistake in diagnosis even otherwise, owing to the safest method of diagnosis adopted in Homoeopathic system of treatment.

We cannot agree with the Council's decision to promote the study of indigenous medicines and Homoeopathy as postgraduate course of training after the intending practitioner had obtained the basic qualification in modern medicine. This method has perhaps suited the European countries where there were hardly any so prominent indigenous system of medicines as we have in our country from time immemorial.

It is important to inform you about the Homoeopathic Materia Medica. The Homoeopathic Materia Medica consists of a register of symptoms, which is infact a semeiology of drugs. Homoeopathy is practised after learning the symptoms, which each drug has produced and we have this so nicely arranged by the late Dr. Hahnemann that an educated, intelligently responsible person can find them instantly for any person.

The action of each drug (remedy) has been observed sufficiently for years and therefore there cannot be a mistake in this system of medicine if it is practised by responsible people with natural aptitude for diagnosis and treatment.

Homoeopathic medicines are never administered to the patients on the basis or principles as that of Allopathic medicines. Under such circumstances, it may not be appropriate to think of promoting atleast Homoeopathy as decided already by the Medical Council.

Is it necessary for us to copy exactly as what is in vogue in the European Countries? We are of the opinion that it would be always better if we can look into the things without prejudice and find out a plan to reform the already existing systems of medicines through our own original thoughts based on actual facts and practicability.

Homoeopathy is positively a scientific system of medicine. Apart from that it is definitely the cheap, most harmless and efficacious system of medical relief suitable to a country like ours, where the majority are poor people.

When such is the case, don't you realize that it will not be necessary for the practice of Homoeopathy to first go through the basic qualification in modern medicine, as that has nothing to do with the Homoeopathic system of medicine due to the fact that there is a fundamental difference in the administration between Allopathic and Homoeopathic medicines.

But it would be greatly useful if you can kindly arrange for giving chance for Homoeopathic physicians to attend Hospitals for atleast a short period in order to facilitate them to actually get familiar with various diseases and the characteristic symptoms of each.

Most of our members are Homoeopathic practitioners and they have hardly failed in curing any of the patients

that have approached them so far. On the top of these it is a pride to inform you that they have been able to give complete cure in many chronic and acute cases like Eczema, Proriasis, Ringworm, Urinary troubles and nerve disorders etc., which the physicians of other systems of medicine were somehow unable to cure permenently. This proves that Homoeopathic medicines definitely stand superior andmore effective than other medicines, atleast in some respects.

Under the above circumstances and facts, we would request your goodself to kindly look into the matter with good spirit and try to promote Homoeopathy without disturbing its basic principles as far as the question of diagnosis and treatment go.

Yours faithfully,
(*Sd.*) *Premchander.*

List of Magazines exchanged during 1958

1. Homoeopathy (Journal of the British Homoeopathic Assn.)
2. Homoeopathic Recorder (America)
3. Homoeopathic Sandesh (Delhi)
4. The Homoeopathic Magazine (Lahore)
5. Homoeopathy (Indian Institute of Homoeopaths, Kumbakonam)
6. Do (Tamil)
7. Homoeopathic Vikash (Gwalior, M. P.)
8. The Homoeopathic Bulletin (Calcutta)
9. Insdoc List (National Physical Laboratory, Delhi.)
10. The Indian Journal of Homoeopathy (Bombay)
11. The Homoeopathic Outlook (Bombay)
12. The Bhavan's Journal (Bombay)
13. Homoeopathy and Comparitive Medicine (Mavelikara)
14. Homoeopathic Health (Ceylon)
15. The Rayalseema Homoeopathic Journal (Guntakal)
16. Homoeo Masika (Kozhikode)
17. The Bhaktan (Madras)
18. The Karnataka Homoeopathic Journal

REVIEW

PERTUSIS-Whooping Cough (Tamil)

By

Sri K. S. Ramasubbier

(Publishers, Homoeopathic Tamil Publications, 9/72, Hon'ble Shastry Road, Coimbatore)

Price 45 nP.

This well-written 16 pages booklet in Tamil is an useful thesis indicating the drugs available for use in the Homoeopathic Materia Medica on the basis of the symptoms of the patient in Whooping Cough. The author is an experienced Homoeopath practising pure Homoeopathy. His attempt to bring out Tamil Books in Homoeopathy to be useful to those learning the system through the medium of Tamil language is laudable.

Dr. S. K. Padiar, (The Veteran Homoeopath of South)

By

Dr. Yudhvirsingh, (Former Health Minister of Delhi State)

In the last week of December I had gone to Alwaye (Kerala) to attend a meeting of the Directorate of Hindustan Insecticides Ltd. After my business was over my esteemed colleague Dr. S. S. Rao of Cochin kindly took me round to see the naval base and the Cochin Port etc. Dr. Rao till late was the President of the Kerala Branch of the Indian Medical Association and is a prominent and influential personality of Cochin.

When I expressed my eagerness to see Dr. Padiar, he readily agreed to take me to him and informed me that Dr. Padiar was a near relative of his. However, it was on the evening of the 28th of November that I went to see Dr. Padiar with Dr. Rao. My wife was also with me. Though I had seen the photo of Dr. Padiar several times this was the first time that I had the occasion of seeing him face to face. As soon as I saw him I was so much impressed with his saintly personality that I hastened to touch the feet of this sage of Homoeopathy.

As soon as Dr. Rao introduced me Dr. Padiar was very much pleased and received me with greater affection. He was very much pleased to meet us and bestowed his ASHIRVAD on me and my wife. He at once ordered coffee for us and we were soon encaged in interesting and useful conversation.

Dr. Padiar was at that time sitting in the premises of his college—The Royal College of Homoeopathic Physicians Market Road, Ernakulam. Only a dhoti around his waist indicated his simple living. To me he seemed an embodiment of 'simple living and high thinking'.

Dr. Padiar has been running this college for the last 39 years. There is 4 years course and a good number of his students are today among the best practising Homoeopaths of Kerala State. Dr. Padiar is the poineer Homoeopath of the state. Kerala State has recognised Homoeopathy and also constituted a Council of Homoeopathic system of Medicine—this is perhaps the first of its kind in India. It is all due to Dr. Padiar's efforts. The erstwhile Cochin State patronised and helped the college and the attached dispensary and Nursing Home.

I think myself fortunate to have met Dr. Padiar and have had heart to heart talk with him for about 45 minutes. Simple as his living is, his thinking is really higher. He has made the college public property and donated much of his earnings to the Institution. During conversation I noted that still he has the zeal of a youngman for Homoeopathy. He is a true Homoeopath. The one thing which he stressed was that there should be no criticism and counter criticism among medical men. There is truth in all the systems. There are many places where Allopaths fail and Homoeopaths succeed but there are such cases too where we fail and Allopath succeed where both the pathies fail and Ayurveda succeeds. Every Pathy has its own sphere and we should not hesitate to refer our cases to other systems where our sphere ends. He deplored the tend ency among Homoeopaths, Vaids etc. to use allopathic drugs like the modern anti-biotics. He was of opinion that we should refer our cases to allopaths where we feel the anti-biotics are needed rather than claim the right to use them ourselves. His has been this practice and he is therefore not only respected by allopaths and Homoeopaths alike but many serious and incurable cases are being referred to him by allopaths themselves.

Surgey in his opinion was a manipulation and we should bow to modern surgery rather than criticise it. He said—"Live and Let Live". Love all and be friend to all. Service of the sick through Homoeopathy was in his opinion the best propaganda of Hahnemann's Art of Healing.

Dr. Padiar must be between 75 and 80 but he is still doing his best to popularise Homoeopathy and serve the ailing through it. I request the Kerala Government to take over this oldest institution of Homoeopathy and run it. The Health Minister of Kerala is very broad minded. Being an Allopath himself he believes in co-existence of all the systems. It was dnring his regime that two Homoeopathic Dispensaries have been started by the State Government. We hope he will look into it. We request him to atleast sanction some handsome grant for this College and Nursing home and gradually help the institution in establishing a good Indoor hospital in Ernakulam. I do hope that the Kerala State Government will help this premier, oldest Institution of Homoeopathy.

I take this opportunity to thank Dr. Padiar for the courtesy with which he met and entertained me.

—Reprinted from Homoeopathic Sandesh (Delhi)

ARE YOU A TRUE HOMOEOPATH?

The following letter of Hahnemann wherein he gives a specimen of the examination to which he would subject a Homoeopathic candidate will be read with interest.

Dear——,

I have much pleasure in making your acquaintance, and agreeably to your desire, I put to you some questions, from your answers to which I shall be able to judge of your capability to practice homoeopathy and to cure patients of all sorts:

1. What does the true Homoeopathic physician pursue in order to obtain a knowledge of what is morbid, consequently of what he has to cure in the patient?

2. Why does the name of a disease not suffice to instruct the physician as to what he has to do in order to cure the patient? For example, why should he not at once give *cinchona* bark when the patient says he has got fever with chill (as an allopath does.)

3. How does the true physician learn what each medicine is useful for, and consequently in what morbid states it can be serviceable and curative?

4. Why does the true physician view with horror the prescribing of several medicinal substances mingled together in one prescription for a disease?

5. Why does it shock the physician to see blood drawn from a patient whether by venesection or leeches or cupping glasses?

6. Why is it an abomination for the true physician to see *opium* given by the allopaths for all sorts of pains, diarrhoea, or for sleeplessness?

7. Why does the Homoeopath prepare gold, plumbago, lycopodium-pollen, culinary salts etc. by triturating them for hours with a non-medicinal substance, such as sugar of milk and by shaking a small dissolved portion of them with water and alcohol which is termed dynamising?

8. Why must the true physician not give his patients medicine for a single symptom (for a single morbid sensation.)

9. When the true physician has given the patient a small dose of medicine selected by reason of similarity of the most characteristic symptoms of the disease, that is to say, capable of itself producing similar symptoms in the healthy individual with good results (as might naturally be expected) when ought he to administer another dose of medicine? How does he then perceive what medicine he ought to give?

10. Why can the Homoeopathic medicines never be dispensed by the apothecary without injury to the public?

When you shall have replied to these questions in writing, I shall be able to judge if you are a true Homoeopathic practitioner.

THE MADRAS PRESIDENCY HOMOEOPATHIC ASSOCIATION

Homoeopathic Course

A two-year course in Homoeopathy on the basis of the syllabus recognised by the Madhya Pradesh Government for the diploma couse in Homoeopathy will be conducted by the Association commencing from 15th January, 1959.

The course will include lectures on Anatomy, Physiology, Practice of Medicine and Homoeopathic Organon Materia Medica, Pharmacy etc.,

The minimum qualification for admission will be a pass in the S.S.L.C. Examination.

Application forms and other particulars can be had of the Hony. General Secretary, 28/1-c, Judge Jambulinga Mudaliar Road, Mylapore, Madras-4.

Dr. A. N. S. Charles,
Dr. P. Seshagiri Rao,
Joint Secretaries.

N. Venkatarama Ayyar,
Hony. General Secretary.

THE MADRAS HOMOEOPATHIC COLLEGE AND HOSPITAL FUND

AN APPEAL

The Madras Presidency Homoeopathic Association has decided to restart the Madras Homoeopathic College with a hospital attached to it as early as possible.

The need for a College to provide facilities for institutional training in Homoeopathy in both the Degree and Diploma Courses is obvious. That is the only means of bulding up a body of well-trained and efficient Homoeopathic practitioners and eliminating bogus methods of treatment in the name of Homoeopathy.

A College without a well-equipped hospital will be of no use. The hospital, besides serving the sick and the suffering by Homoeopathic treatment and establishing the efficacy of Homoeopathy by a Practical demonstration of it, will serve as an adjunct to the College affording a practial training centre for its students.

This is the most opportune time for starting the College and the hospital. The value of Homoeopathy as an effective means of treating all diseases is being increasingly recognised and most of the State Governments in India have recognised the system; and the institution, when started, may reasonably expect help from the Government of India and State Government out of the funds allotted to Homoeopathy in the Second Five Year Plan.

The venture reqtuires a good deal of finance and will not be a success without the hearty co-operation of all those interested in Homoeopathy. The Association looks forward to the generous support of all those who have benefited by Homoeopathy and are interested in the development of the system on right line.

May we appeal to the public to support the move by their munificent donations which will be gratefully acknowledged!

Contributions may be sent to Sri N. Venkatarama Ayyar, Honorary Secretary of the Madras Presidency Homoeopathic Association, 28/1-C, Judge Jambulinga Mudaliar Road, Mylapore, Madras-4.

N. VENKATARAMA AYYAR,
Honoray General Secretary.

THE MADRAS HOMOEOPATHIC JOURNAL

(The official organ of the Madras Presidency Homoeopathic Association)

Members of the Association are requested to remit arrears if any, together with the annual subscription for the Association year (1st April 1958 to 31st March 1959) viz., Rs. 10/-at once.

Back copies of the journal for 1956 and 1957 will be sent on remittance of Rs. 5/- for each year's set and Rs. 10/- for both years' sets. Postage free.

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

Membership is open to lay men and women and also medical practitioners. The annual subscription is only Rs. 10/- and the entrance fee is Re. 1/-. The affiliation fee for associations is Rs 10/- per annum. Every member will get the journal free.

Application for membership should be made to Sri N. Venkatarama Ayyar, the Hony. General Secretary, 28/1-C, Judge Jambulinga Mudaliar Road, Mylapore, Madras-4.

Printed by M. Swaminathan at the Amra Press (Private) Ltd. Madras 6,
and Published by K. Krishnaswami Iyengar,
at 162, Royapettah High Road, Mylapore, Madras 4.