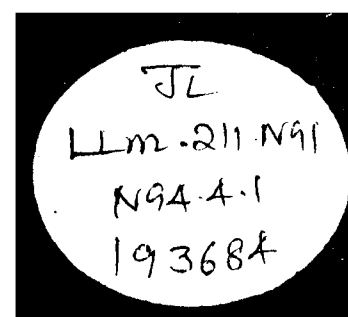


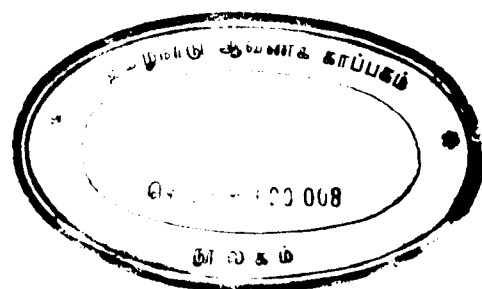


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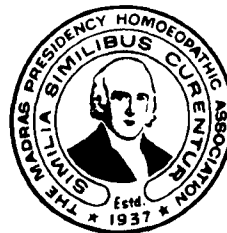
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**THE JOURNAL OF
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HOMOEOPATHIC ASSOCIATION**
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QUARTERLY

No. 1

Editorial

RE-DEDICATION

The Madras Presidency Homoeopathic Association extends a warm New year Greeting to its members, subscribers, students and well wishers of Homoeopathy.



DR. C. SRIRAMULU

On this occasion, we remember our dedicated, dynamic leader Dr. C. Sriramulu, who laid his life on 9.3.1993 all through his life tirelessly working for the cause of Homoeopathy and for the progress of the Madras Presidency Homoeopathic Association. On this Solemn occasion, let us rededicate ourselves to the great cause of spreading Homoeopathy, reaching every nook and corner of our great country.

- Hon. Editor.

SURGERY TO SMILE

It takes us no real effort to smile, but doctors tell us that it involves a complex mechanism of nerves and muscles. Moreover, one baby in 500 is born without the ability to smile, either due to birth problems or partial paralysis.

Recently, plastic surgeons in England pioneered an operation that can put a smile on anyone's face.

In an experimental operation

conducted at Mount Vernon Hospital near London, surgeons removed defective facial nerves and muscles from a young girl and replaced them with nerves and muscles from her leg and chest.

At the end of a series of operations spanning one year, the girl had a triangle of new muscles between the ears and the mouth. When she uses these muscles, her mouth opens wide in a smile. ■

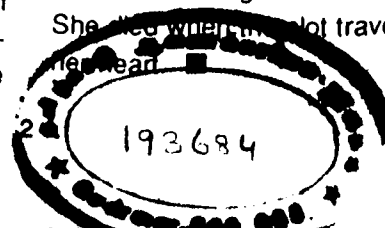
FAMILY PLANNING OR FAMILY KILLING

28-year-old Diana Layne, a healthy, keep-fit enthusiast suddenly collapsed and died in London recently. She was the victim of a rare side-effect of a birth control pill, say investigators.

On the night before her death, Layne found a swelling in her thigh which she dismissed as an aerobics injury. Next morning, she

vomited, collapsed and died before she could get medical aid.

Pathologists explain that Diana almost definitely developed a blood clot in the thigh as a result of Logynon, a contraceptive she had been taking for seven years. She died when the clot travelled to her heart.



MAGIC OF MINIMUM DOSE

Dr. K.S. Bhaskaran Nair

On 15.01.1992, a gentleman, an officer in a reputed firm, aged about 30, forlorn and with anxious look on his face and struggling to talk due to incessant cough, walked staggering into my room. I asked him to sit near me. As he was unable to express himself clearly, his wife explained to me that starting with mild cough, his condition grew worse after one month's treatment in another system of medicine.



She produced clinical test results as detailed below:

	05.12.91	10.12.91	11.01.92
Total WBC count	12,800	14,100	24,250
Polymorphs	41%	46%	13%
Lymphosite	28%	46%	26%
Eosinophilia	12%	18%	70%

The variation in total count and Differential Counts were alarming creating anxiety to the patient and the Doctor. However, as the patient approached me for relief after having been disgusted and disappointed from the previous treatment, I, having been convinced of the efficacy of Homoeopathic treatment, took courage and self confidence and agreed to take the case on the pleading of the patient and his wife.

I went through the Etiology, objective and subjective symptoms, sensation, location and modalities, and strenuously searched for a suitable remedy. After repertorisation and analysing the symptoms of a few likely drugs, I fixed upon "Rumex Crispus", which I believed to be his saviour. The prominent symptoms of Rumex Crispus such as incessant tickling in throat pit causing dry teasing cough preventing sleep, aggravated by pressure, talking and especially by inspiring cool air, rawness in throat, feeling of lump in throat, itching of skin during exposure to cold air and amelioration when the head and body are fully covered, all tallied with the patient's symptoms. So much so, I gave him one Dose of "Rumex" 200th potency. Within

TEMPER—HOW TO CALM IT?

— Compiled by : Dr. M.V.L.

Anger is the hardest mood to shake, experts agree. As with sadness, your first step should be to analyze why you are angry. Often, the event that finally triggers your temper is not the true cause of your rage. For instance, you might be angry at your husband, but instead of confronting him, you snap at the department-store salesclerk for being too slow to bring up your purchase.

After you have pinpointed the true cause of your anger, you need to rectify the situation—or at least make it easier to live with. If you decide that your anger is unjustified, or if you find yourself losing your temper with the wrong person, follow this two-step approach: First, find a way to calm down. Go for a walk, watch TV or go to a movie, read a good book

or meditate or pray. If you need help on the spot, take deep, calm breaths to release the tension.

Next, try to see the conflict from the other person's point of view. For instance, say another driver has cut in front of you. By understanding that there might be a reason that the driver is rushing, such as an emergency, or by simply saying to yourself, 'that person is having a worse day than I am,' you can often short-circuit your anger.

Every bad mood does eventually pass. But by practicing strategies to lift your spirits, you can learn to deal with life's difficult times. People who can regulate their moods well seem to be happier and suffer from less depression. ■

half an hour the patient felt a little relief. This gave me confidence and I decided upon continuing the treatment. My estimation of the totality of the symptoms of the patient struck me to the intuition that a few supplementary drugs should also be given. The supplementary drugs I thought suitable were Alfalfa mother tincture to raise his Vital Force, Hydrastis mother tincture to overcome the increased variations in total W.B.C. Count and Differential Counts, Bio-Chemical drugs Calcarea Phos and Kali Mur to repair the Tissue damages.

The mode of treatment worked wonders on him and the next evening the patient reported much satisfaction. After 5 days of same treatment continuing, he felt very well and he was able to take solids and talk clearly. However, I asked him to take complete rest for a fortnight more. At the end of this period, he was in a position of rejoin his office and attend normal work.

Jai Homoeopathy

METALS OF HOMOEOPATHY

— Dr. V. Surendra B.Sc., B.L., DHBM

One of the sources of preparation of homoeopathic medicine is from Metal Kingdom. The others are vegetable Kingdom and Animal Kingdom.

(2) There may not be more than 20 metals from which medicines are prepared. One wonders how the medicine can actually be prepared from out of metals and even if so how it can actually possess the medicinal properties. Ferrum Met for example comes in useful for pains and suffering come on during rest (similar to Rhus Tox). I am not exaggerating. I can demonstrate that by chanting a sanskrit sloka and rubbing the painful part with iron rod from above downwards, the patient is relieved of the muscular, nerve pain. On the other side when milk or food is cooked in aluminium vessel it is injurious to health and in some cases poisonous also. Such is the power of metal when the metal is triturated under whetstone under water and the finely powdered metal is further triturated several times and then the dilution is prepared by potentisation it will show wonderful results when administered on the human body.

(3) This is a general way of preparing attenuated medicine with all metals. Iron is rubbed un-



der alcohol. One grain of liquid mercury is taken for potentization. Only one drop of Petroleum instead of one grain is taken for potentization.

(4) The patient is relieved of his suffering when a medicine relating to mind symptom is indicated and administered. Similar is the relief the patient feels when his symptoms indicate any particular metal.

(5) However the Physicians always should be careful in the use of medicines prepared out of metals in diseases, owing to the not infrequent accidental cases of poisoning by means of metals and its solutions and the consequences fearful if not fatal arising from it. Generally poisoning effects of all metals are important symptoms for us because what a poison can cause that it can cure.

(6) Dr. Samuel Hahnemann says that only homoeopathy owing to her peculiar method of preparing medicine and the greatly diminished size of her doses is able to use in healing even those natural substances which have shown themselves as invincibly harmful even in small quantities.

(7) Arsenicum Album affects every part of man, it seems to exaggerate or depress almost all his faculties, to excite or disturb all his functions. Because of the active nature of the medicine effective and wonderful cures are seen.

(8) Argentum Metallicum—metallic silver deep acting remedy, used symbolically and medically throughout history. Cartilaginous growth in ear, nose and in the entire body and joints. Memory and the intellectual parts of man are disturbed. Pain in lower extremities diminishes and loss of vision, weakness, relaxation of muscles of the entire body.

(9) Mental condition is there in every disease for which Aurum Met has to be used. Dejected and sad mental condition. Nash says it is one of the best remedies for bone pain as well as periosteal affections. (Kal. Iodide, Asafoetida and Mercury also help)

(10) Cuprum Metallicum comes in useful for neuritic and gastro-intestinal diseases and acts better on light haired people.

(11) Ferrum Metallicum is not foreign to substance to the organ-

ism. It is present in blood, acts on spleen digestive organs, teeth and kidneys. Cures anaemic and debilitated persons.

(12) Mercury is a great vegetative nervous remedy affecting whole nervous system acting specially on lymphatic system. Affects entire organism with profound and extensive action.

(13) Phosphorus is a very long and deep acting drug changing the worst constitution into better one, works better on nerves, auxiliary bones, blood, cavities of head, lung and heart.

(14) Plumbum Metallicum acts better when the general paralytic state or the activities of the body or the functions of the body gets slowed down. Nerves are affected, there is first paralysis and final paralysis of parts first and then finally the whole nervous system. Abdominal symptoms are commonly seen.

(15) Stannum Metallicum is a long acting, anti-psoric drug, acts on cerebro-spinal system, sexual organs, lungs and digestive organs.

(16) Zincum Metallicum acts on cerebro spinal system producing conditions of erethism (abnormal increase in nervous irritability) in the brain, medulla oblongata and spinal cord, characterised by delirium, spasms, neuralgia, tremors, extreme hyperaesthesia (excessive sensibility).

RESOLUTIONS MOVED AND ADOPTED AT THE FOURTH TAMIL NADU HOMOEOPATHIC STATE CONFERENCE ON 30-1-1994 AT COIMBATORE.

1. It is painful to note that Homoeopathy Doctors in Tamil Nadu are functioning under different names and banners without unity or solidarity and that is not in the interest of the homoeopathic system of medicine. Therefore this Conference calls upon each and every organisation of Homoeopaths to come under one banner viz. the Tamil Nadu Homoeopathy Federation and strengthen the cause of Homoeopathy.

2. Resolved to extend the moral support to the students of the Government Homoeopathic College., Thirumangalam who are struggling for the basic amenities in their college for a long time. This conference extends its whole hearted support to those students.

3. It is really anomalous that the City of Madras, Capital of the State and one of the four Metropolitan cities has no homoeopathic college. To fulfil the objective of the State "health for all by 2000 A D", this conference calls upon the State Government to establish a homoeopathic College supported

by a Homoeopathic Hospital in Madras.

4. (a) This conference calls upon the State Government to set up a homoeopathy section in every primary health centre, Taluk and District Head Quarters hospital.

(b) To man the said dispensaries, the Government may appoint the various homoeopathic practitioners, registered with the State Homoeopathic Council under B and C class.

5. This conference is disappointed at the inaction of the Tamilnadu Homoeopathic Council in giving registration to hundreds of traditional homoeopathic practitioners, who have applied for Registration even before the Registration was closed in 1976 by the Council.

6. This conference calls upon the State Government to provide old age pension to those Homoeopathic Doctors who are about 60 years, just like the Government have ordered in respect of Siddha Practitioners. It is

pointed out that these Homoeopathic Practitioners are rendering yeomen service through the most economical efficacious system of medicine, homoeopathy.

7. This Conference calls upon the State and Central Governments, the State and Central Homoeopathic Councils to provide enlistment, just like their Siddha Brethren, to the traditional Homoeopathic practitioners as a last chance. This Conference of Homoeopaths assures the Governments and councils that these Homoeopaths who are given enlistment as stated above, shall go to rural masses in fulfilment of our Chief Minister's dream to provide effective medical relief to the rural poor.

8. It is curious that there are no qualified Pharmacists in Homoeopathy, to assist the Homoeopathic Doctors. To remedy the situation, this Conference calls upon the State Government to open Homoeopathic Pharmacy Colleges by itself or by allowing private organisations to open such colleges.

9. Till such time the pharmacy colleges are opened, the Homoeopathic Dispensaries under the Government may appoint B & C Class Homoeopathic Practitioners to function as Homoeopathic Pharmacists.

10. This Conference calls upon the State and Central Governments to allocate substantial funds for Research in Homoeopathic treatment of the much dreaded AIDS.

11. The State and Central Governments may award titles and awards to the outstanding homoeopaths every year under the scheme of the Government to encourage talents in various fields.

12. This Conference calls upon the State Government to establish a separate department with a Secretary for Homoeopathy.

13. Though Homoeopathy is recognised as an effective medical system, medical certificates given by Homoeopathic Doctors are not accepted by some of the departments. Therefore the State and Central Governments are requested to pass an order that the Registered Medical Practitioners in Homoeopathy can issue sickness and fitness Certificates.

14. This Conference calls upon the Government to give priority in homoeopathic colleges for admission of the children of the Registered Homoeopathic Medical Practitioners.

15. This Conference calls upon Nationalised Banks to Advance professional loans to Homoeopathic practitioners just as the other professionals are given.

WHAT POTENCY

Dr. P.L. Ramachandran, MA, DHBM

The following is a lecture delivered by Dr. P.L. Ramachandran, M.A., D.H.B.M., on 'Homeopathic Practice' at the Madras Presidency Homoeopathic Association, on Sunday, the 14th August, 1988.

Regarding the methods of practice we find a number of variations. Even as regards the size of pills there are differences. The tallest among us use only the smallest size namely no.10 with saclacs as small as a poppy seed. The late Dr. Narasimhamurthy recommended only the No.10 pills. There are others like myself who use the 20 size. There are still others like the Homoeo pharmacists who use only the 30th size. Again you find some practitioners who

show a special liking for the biggest pills i.e. no.40. These are mere individual predilections but I find the no.20 really convenient. I may also mention here that there are many homoeopaths as in Delhi and elsewhere who do not use the pills but only the dilutions—a few drops in water for a dose.

As for potencies anything from the 6th to 1000th higher is used according to the nature of the disease the patient and the vagary of the practitioner. It is true that some have some special liking for some potencies and this is mainly due to their long experience as Doctors. I generally use the 200th the 30th in the case of children and in special cases to 1000th. This has served

16. The State Government may direct that the Homoeopathic free health camps may be included by the State Government under the Chief Minister Free Medical Check up camp schemes.

17. This Conference beseech the kind hearted, benevolent Chief Minister of Tamil Nadu to provide livelihood to the thousands of poor Homoeopaths by allowing them to be registered with the State

Homoeopathic Council "As a last Chance", because every Homoeopath has to feed atleast 7 to 10 members in his family and he has to mainly depend upon Homoeopathy for his livelihood.

18. This humanitarian relief, if granted by the Chief Minister, it will go permanently in the history of medical services and the Chief Minister will be remembered and revered for all times to come. ■

me well over these several years. In some acute or chronic cases the higher potencies give quicker action a headache, a pain some where, a painful boil or haemorrhoids etc. Here one's experience is the true guide.

Repetition

Now coming to repetition of doses we have a lot of controversy. The theoretical position is medicines must be stopped when improvement begins. All are agreed on this but in practice this is not always possible use of Nux Vom for a week may bring bowel conditions to fairly normal but withdrawal of the drug for long may land the patient in trouble.

Similar is the case with sinusitis, peptic ulcer, some headaches, piles etc. Even the use of anti-psoric etc. do not help us much in this directions. So, it is for the discriminating doctor to use his description in the matter of repetition of doses. In acute cases like cough cold fever etc. once improvements starts number of doses can definitely be reduced with advantage.

Mixtures

Another important aspect in general practice is the use of mixtures of Homeo or Bio-medicines. Most of the manufacturers

Pharmacists are marketing Homoeo mixtures for any and every ailment. Mixtures are there in other countries also. To give you some examples "Gazgen" is for gas trouble contains China, CV colchium etc. Wartex contains Thuja and Causticum in the 200th potency-Tonsilon contains Thuja Hep Sul, Bell, Kali Bi, Baryta carb etc and Asthma mix contains Ars, Ant Tart, Hep Sul, Yaba Saula etc. All these work well in practice, you have a host of these mixtures and they are all very useful for those who do not want to spend their time and energy in mastering our vast Materia Medica. I personally neither use nor recommend the use of any of these mixtures. That use of mixtures may be an easy way but not assured way and the relief gained from them may not be complete.

Combinations

I have a few words about alterations very often I make use of 2 or 3 drugs at a time. This is based on sound experience for example in gas troubles I have often given Lyco CV and some times China also at a fairly long intervals with good results. Again in cases of stomach ulcer Sulpner NP and Arg N have contributed to significant success. In sinusitis a trio of KB, By, Sticta has served as well and sometimes one or the

other of these drugs may be withdrawn or changed. By using more than one drug at a time have not known any failure at all and I have achieved uniform success. Here again description is the key note, Biochemical mixtures are very popular as you know the Bioplex compounds 1 to 26. There are homoeopaths who mainly depend on these compounds. A mixture of all Bio Salts no.28 acts as a tonic. The 'Five PHO's is very useful for growing children and weak adults and old people. No.27 is a good heart tonic has cured Angina Pectoris and heart pain. It is often known as collapse powder.

Tincture not Homoeo

I like to say a few words about mother tinctures. These are not in my opinion strictly homoeo-drugs but they are in use for a variety of diseases and have attained some reputation. A doctor, I think in Vijayawada, has written a book on the miracles of cure effected by mother tinctures. I have used and also using some of these mother tinctures with very good results. Say calendula in wounds, syzygium and Gymnema in blood sugar, chellidonium in Jaundice and gall stones Phytolacca & Fucus Ves in obesity, Sabal Ser in urinary complaints etc. It is for you to study and put to use the mother tinctures.

Now coming to some important aspects of the study and practice of Homoeopathy it is very essential to develop an analytical mind we have to group and classify the remedies according to their essential features and curative action. For a beginner or a busy practitioner it is advisable it is useful to have them at his finger tips as acute remedies chronic remedies, restless remedies, chilly remedies etc. pain remedies and so on and so forth. You may also classify the diseases as common complaints which come to us every day such as cough, cold, fever, diarrhoea, dysentery, body pain, boils, injuries etc.

Miasmatic Remedies

Another division may be chronic ailments in the treatment of which more care should be exercised—miasmatic remedies may have to be used and repertorisation may also be necessary to get at the correct drug.

Next we have the peculiar cases viz., (1) Vomiting on brushing the teeth, (2) Infra scapular pain, (3) frequent boils on the tip of the nose, etc. A number of these can be collected from our materia medica and snapshot prescriptions can be made with great profit. Another grouping can be made of diseases for which there is no effective remedy in the other

established systems. Many of the skin diseases come under this group. I shall list a few here and show to you how I have been successful in tackling these cases. First I shall mention cases of Psoriasis. This is a skin disease characterised by round eruptions with peeling off of the skin and intense itching, spreads over the whole body, head etc. I have cured many cases with a few drugs like Ars Alb, Hydrocotile, Meze, petroleum and some time placibo was added. The cure is rather slow anything between six months to one year and a recurrence is not completely ruled out and the same medicines may again be continued with success. Next comes, what you call purpura Haemorrhagia which is characterised by red, blueish and black spots all over the body. There is itching and sometimes these spots collide into bigger ones. A number of cases were cured with Arni, Phos, Ham, Sulphuric Acid, Terebenthina. The latest I have cured is really miraculous—fever glands anorexia—sleepless etc. Systemic erythrocytoses. In fact this cure created a sensation in area from where the patient came. Alopecia is another tough disease. It takes about 5 to 6 months to cure this malady—Nat. Mur. Selenium. Varicose Veins and Ulcers are really formidable and Hamma, Fl. Acid etc. have been valuable remedies.

Urticaria is another allergic condition which can only be cured by Homoeopathy. Sometimes it takes a long time for a cure—Apis, R.T. Aco, HP, Puls etc. Another important ailment for which there is no cure in other systems is Migraine. We are tackling this effectively with remedies such as Nat Mur Silica, Sang Can, Spig, Iris. Swelling and induration of glands is another special field for Homoeopathy Leucoderma is another complaint which can be effectively handled if the patient presents himself sufficiently early. There are many other diseases for which medical cures are not available elsewhere. I shall list a few. 1. Septic Tonsils 2. Ear discharges, 3. Tinnilus aurium, 4. Shoulder rheumatism, 5. Spondylitis 6. Wrist drop and ganglia, 7. Weak joints 8. Corns and warts, 9. Varicose veins and ulcers 10. discoloration of skin etc. All the above mentioned have been treated by me successfully and in almost all cases I have used more than one drug at a time.

Misconceptions

I would like to remind you there are many misconceptions about Homoeopathy among the lay public and even among some medical men. Some suggest that after taking Homeo drugs allopathic or Ayurvedic medicines may not work and the system may

become immune. Many are of the opinion that an aggravation must necessarily precedes a cure. Many still believe that Coffee or tea should completely be avoided and every patient who is new to Homeopathy firmly believes that a cure is very slow and one should take allopathic drugs to get quick relief. As far as my experience goes our drugs act much quicker and I can give a number of examples where our potencies have acted better. It depends upon the nature of the disease which decides whether the cure is slow or quick. Many people put the question why Homoeopathy is not very popular. The answer is not far to seek. Many Homoeopaths do not practice the system as a whole-time profession. It is a hobby with them. With many there is no systematic study. Another reason is that some secrecy always maintained by every Homoeopath. When a patient goes and consults them a few packets are given and the patient is asked to appear again after a week or so. The

patient perhaps coming from a distance, loses all interest and goes, with the idea that Homoeopathy is not suitable for him. You will note that every manufacturer of Homeo Drug specifies the action beyond expectation. His preparations reach every town and village. People ask for the specific of their choice and they are satisfied. Nothing is lost if the nature of the drug is given out when a specific request is made. Top men in the field and they are very few, can maintain this sort of secrecy but not the ordinary practitioner. All these are suggestions for your thought. I like to place before you another important point. Every Homeopath should maintain good public relations. He must hear his patients patiently, understand their problems and talk to them with sympathy. I have known doctors who do not talk to their patients and not even care to answer their anxious questions. That is generally the way of allopathic fraternity. But there is no reason why we should follow their example. ■

**PLEASE PAY YOUR
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CAN ALLERGY CAUSE DEATH?

Doctors in the United Kingdom have issued an allergy alert after a 16-yr-old school girl is believed to have died after eating a peanut biscuit recently.

Michaela Mortimer, who had a severe allergy to peanuts, reportedly died within a hour of eating the biscuit at Bryanston School, Blandford, in Dorset. The boarder, in her first term at the school, took a bite of the biscuit, without realising that it contained peanuts.

In the past, some died after being stung by deadly wasps and now with the current death, fear of food and allergy risks are attributed to various fatal food reactions, which include burgers and nuts.

Naturally, Michaela's death brought about a sudden fear of food and various other allergy risks involved. Deaths from allergies, according to the medical profession, are usually caused by anaphylaxis, a severe life-threatening allergic reaction. This occurs in those with extreme sensitivity to a particular substance. This could be triggered by food or by an insect bite. Moreover, people can suffer a sudden attack of this nature, even if they have no history of any allergy condition in the past.

The symptoms can vary from person to person. These range from fainting to death. In some cases, a few can recover within a few hours. Among the foods that are known to be high risk to sufferers are cakes, pastries, cereal, peanuts, eggs, cheese and milk.

In July this year, an 18-yr-old schoolboy was awarded £3,000 (approx. Rs. 1,50,000) compensation from his school when they forgot he was allergic to wheat flour and served him a meal which caused him eight months of health problems.

In May 1992, a 12-yr-old boy with an allergy to milk products died within half an hour of taking a single bite of cheese on toast.

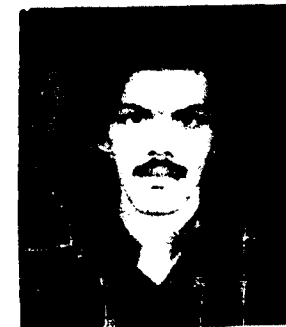
A woman, aged 23, collapsed after eating a falafel burger. Her reaction was eventually traced to the sesame seeds contained in the burger.

A man, in August 1990, with an allergy to wasp venom died after he was stung by a wasp. In 1990, the British Medical Journal recorded the death of two adults after eating meals which contained peanuts.

AUTO IMMUNE DISORDERS

— Dr. T.S. Chandrasekaran, D.H.M.P.

Imperceptible fact of life, which life expresses through the material body is that physiochemical phenomena are inseparably mixed with vital phenomena, which animates the material body. Thus it is a combination of material and immaterial entities. These both sets of phenomena exist together in a perfect rhythm—Health.

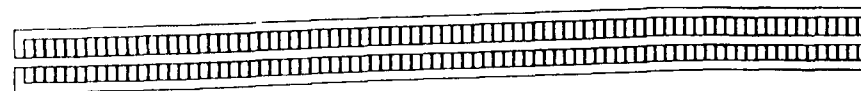


The source of life and energy is not material, it cannot be touched or felt, but it animates the body which is physical.

Suffering is a qualitative state of organism. The disease is an altered state of the organism. Thus disease has no separate physical existence which needs physical removal from the body. The source of disease is not material

but the basis; the foundation on which life stands is physical. Hence while considering diseased individuals, we consider both physical and material parts together and not the immaterial animating power-Vital Force only.

Each individual life has an inherent capacity to react to the stimulus in the environment which is also called as 'Susceptibility'.



Admittedly, reaction to peanuts can be severe, and, therefore, urgent treatment is often needed, if the patient's life is to be saved.

causes the problem. When it does, it can cause the larynx to swell, which in turn causes choking and arrests the breathing. ■

It is stated that in some cases, it is the oil in the peanut that

Courtesy—The Hindu.

In higher forms of life, material systems of the animated body, the neuroendocrine system represents the homeostatic control on the process of anabolism and catabolism and hence control over assimilation. This fine regulation is possible only when predetermined response follows a given stimulus. This is feasible when a cell-unit of life exhibits susceptibility. The susceptibility determines the hereditary plan of each organization. This capacity-susceptibility of each individual is different and so are the manifestations. Thus each individual represents/identifies with a particular set of manifestations.

Each individual recognises stimulus to initiate process of assimilation coming from his own tissue and his immune mechanism recognises an individual's own tissues. His immune system forms very few antibodies or sensitized lymphocytes against his own antigens. This phenomenon is called as 'Tolerance Mechanism.'

Failure of Tolerance Mechanism leads to development of Auto-immune diseases. It is when there is a loss of some of the immune tolerance to one's own tissues, usually resulting from destruction of some of the body's tissues, which releases considerable quantities of antigens that circulate in the form of either sensitized lymphocytes or antibodies. These

antibodies attack the body's own tissue and cause destruction.

In auto-immune diseases, the antigens (own tissues) are not abnormal, but there is emergence of a population of immunologically competent cells that are not susceptible to the normal process of homeo-static control. So they proliferate and produce harmful autoantibodies. This "nonself" is recognized and destroyed by an orderly progression of:

- (a) Immunological recognitions.
- (b) Amplification of immune reaction.
- (c) Accumulation of inflammatory cells and finally.
- (d) Destruction of the agent.

This phenomenon is called as immunologically mediated inflammation.

To recognize "nonself" a stimulus is required-which is reacted upon by an individual only due to the presence of susceptibility.

The factors which determine whether a given inflammatory response will be protective or destructive to the host depends upon genetic make up, i.e. the constitution of the individual and immunoregulatory competency, that is susceptibility of the host.

There are four types of expected responses:

- (a) Allergic : ex : Asthma, Allergic Rhinitis
- (b) Cytotoxic
- (c) Immune Complex : ex : Rheumatoid Arthritis
- (d) Delayed hypersensitivity :

There are two types of sensitivity to the foreign antigen depending again upon the particular individual constitution and susceptibility :

- (a) Indirect Sensitivity
- (b) Direct Sensitivity

An Indirect sensitivity to foreign antigens

Indirect type of reaction to foreign antigen involves antigenic cross reactions between Antigen and autologous tissues. In this situation an immune response is stimulated by a foreign antigen such as a bacterium, but since a constituent of the host immune reaction damages the host tissue it is a reaction to the "nonself".

The formation or deposition of certain types of immune complexes in local tissues produces an inflammatory response characterized by the accumulation of polymorphonuclear leukocytes

followed by influx of macrophages. If the amount of immune complex deposited is large, permanent tissue destruction ensues because of the lysosomal enzyme present in polymorphonuclear leukocytes and lymphocytes. Autoantibodies which in most of situations appear to be without harmful effects, are immuno coglutinin or antibodies to the compliment, the anti gamma globulins—frequently termed as Rheumatoid Factors.

No evidence is available to suggest that Rheumatoid factors play a direct role in the arthritis however there may be indications of an as yet undefined immunological reaction. And the fact that they are produced at least in any part of the synovial tissue of the joints from local accumulation of the plasma cells adds some weightage. Rheumatic factors could develop as a response to some type of foreign organism. Antibodies to the organism following reaction with a particular Antigen or fragment thereof would form secondary antiglobulin to these Antigen-Antibody complexes—a stimulus to the susceptibility.

In Rheumatoid Arthritis, inflammatory reactions are initiated either by specific or non-specific means of recognition of unique

determinations of antigen by antibody as well as by receptors on small lymphocytes initiates immunologically mediated inflammation.

Non specific recognition can be initiated by certain components of the immune systems which are able to bind to material based on charge or hydrophobicity rather than on unique antigens. Thus nonspecific recognition is mediated by phagocytic cells—Neutrophils.

Hence, in specific recognition, stimulus to the individual susceptibility is obtained by recognition of antigen by the receptors of small lymphocytes while the same is achieved in non-specific means by polymorphonuclear Leukocytes.

Antibodies thus produced circulates throughout the body and the manifestation of the disease is all over the body. That is development of constitutional symptoms.

As the disease advances, there is chronic proliferative inflammation of the synovial membrane, leading to irreversible damage to the joint capsule and articular cartilage. These structures are replaced by granular tissue.

Considering the manifestations of the disease, they are

Polyarthritic with predilection for small joints. A peculiar sign being symmetrical affection.

The onset is insidious—a chronic type because of the synovitis, there is stiffness of the joints and pain, which are aggravated in the morning, associated with skin erythema and other constitutional symptoms like weakness, fatigue, decreased appetite, coldness, paresthesia, lymphadenopathy and splenomegaly in association.

The precipitating factors are environmental change, super-added infection and emotional stress but these factors have their effects, depending upon the temperament, diathesis and disposition of the individual patient.

(b) Direct sensitivity to foreign antigens

In most of the human allergies, the exact mode of sensitization to external antigens is not directly apparent. Numerous factors, such as heredity, intestinal absorption, respiratory secretion and even emotional state, appear to be involved, thus individualizing a case in such sensitive or atopic individuals. The reaction to foreign antigen is, more commonly, of the anaphylactic type—Local anaphylaxis results from the association or passive absorption of antibodies with local sites that come in

contact with antigen gamma-E-class of immunoglobulins is primarily involved.

The antigen, in turn, reacts with the antibodies and injures the cells, which then cause release of histamine and other pharmacological mediators into the tissue fluid and circulation. In skin, this gives rise to the wheal and erythema at the site of antigen introduction. Hay fever and allergic asthma are local manifestations of such reactions.

Many antigens gain entrance into the body via the intestinal tract through consumption of food, thus assimilation of the particular individual is to be blamed.

In hay fever or allergic rhinitis, it is a reaction of nasal mucosa manifested by oedema, sneezing, itching and increased mucus secretion resulting from allergy to some specific antigen that is pollens.

There may be chronic oedema of nasal mucosa due to non-antigenic irritants, in some cases due to neurogenic and psychosomatic causes.

Neither the particular disease manifestation nor the allergy to a specific antigen is inherited, only the tendency to become allergic to antigens to which the individual is exposed. Here, as the chief

function of nose being to warm and purify the inhaled air, large portions of suspended dust particles are deposited on its mucosa which is therefore, peculiarly exposed to inhaled allergens. It gives rise to Antigen-Anti body reaction leading to engorgement of blood vessels, oedema, increased secretion of watery mucus and itching that gives rise to sneezing. This reaction results mainly from histamine release.

Although symptoms produced are localized to mucosa, the sensitization is systemic. It may elicit constitutional reactions.

Recurrence of the symptoms periodically every year or the same season is well marked with the beginning of pollination. Severity of symptoms vary considerably from year to year, depending upon the weather.

During the season, symptoms are worse on dry windy days and decrease during heavy rains. Worse in mornings.

Sneezing is in severe paroxysms and rapid successions.

Congested mucosa gives rise to watery mucous nasal discharge red and itchy conjunctiva with increased lachrymation.

Another example can be stated : Asthma. It is a disorder

characterized by increased responsiveness of trachea and bronchi up various stimuli resulting in widespread narrowing of airway—The response to the stimulus is the same in almost all the diseased individuals but reactions to the stimulus is determined only by susceptibility.

Classification of asthma helps to know external allergens (if any), the age of onset of the disease. And on the same basis two types are described as (a) Extrinsic where there is a certain known external allergen with a childhood onset of the disease, showing a definite seasonal variation, in intermittent attacks and having family history of multiple allergies—hereditary plan of the individual while (b) Intrinsic has no known external allergens, and is probably psychological—where temperament of the individual plays its role more of a continuous in nature and adult onset.

The pathology of Asthma shows markedly distended lungs which fail to collapse, occlusion of

bronchi with thick, tenacious mucous, and mucosal oedema. Bronchial smooth muscle hypertrophy and also thickening of basement membrane leading to lowered percussion of 02.

Clinical feature of asthma shows non productive cough which is copious, and at the end of the attack, expectoration of thick mucus plugs and casts the colour and a taste and odour of the expectoration individualize the case.

Wheezing is heard with sensation of tightness in chest and dyspnoea.

Attack comes more at night and during sleep. Some cases aggravate during damp cold season while some are better. Some cases better by absolute lying down while some are not.

Ref.— 91) Guyton's "Text of Physiology"

(2) Cecil Loeb "Text of Medicine"

(3) (Homoeopathic Philosophy" by Dr. Dhawale. ■

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WHAT BOOK TO READ?

— Dr. P.L. RAMACHANDRAN

A few words about the books we should be constantly reading so that we may keep our knowledge of our great materia-medica ever fresh in our memory. The first book which I began reading when I made up my mind to learn Homoeopathy was "Hand Book of Materia-Medica" by Dr. K.L. Narasimhamurthy. In this book the learned Doctor has presented the subject in such a clear and simple manner that one cannot but develop great devotion and love for the subject. Every drug is treated exhaustively, case taking being taken to make it easy for the beginner. Another great book which gave me inspiration is Dr. Nash's "Leaders" you can read

this any number of times and yet derive great benefits.

Now coming to another book Dr. Allen's Key notes, I may say this is a marvellous compilation of all important and proved symptoms. Every Homoeopath should read this over and over again—a daily parayana and mark the symptoms which he is likely to come across in his daily practice.

The other books quite a lot like Kent, Tyler, Farrington, etc. all are highly useful but too exhaustive and a beginner may find himself almost lost in a wilderness. The three books which I mentioned should be your constant guide and companion. ■

NEW CLASSES IN HOMOEOPATHY

The Madras Presidency Homoeopathic Association, in the 57th year of existence, announces the commencement of New batch of Homoeopathy Classes at 2 P.M. on Sunday, 10th April 1994 at the Kesari Higher Secondary School, Near Jammi Buildings, Mylapore, Madras - 600 004. It is a three year course. The classes will be every Sunday between 2 and 5 P.M.

For further particulars regarding fees, qualifications, application from etc. please contact (10.30 A.M. to 12.30 P.M. and 5.30 P.M. to 7.30 P.M.) Madras Presidency Homoeopathic Association, 191, Royapettah High Road, Mylapore, Madras - 600 004. ☎ : 4996603.

HOW TO KEEP CATARACT AWAY?

Regular use of dark glasses on sunny days and eating greens, fish liver oil, eggs and suchlike might well keep cataract away, the latest research findings say.

Blindness due to cataract is a problem in tropical countries. There are four million cataract operations done in India annually, and even at a ridiculously low cost of Rs.100 per surgery, the expenditure comes to Rs.40 crore.

Several studies have shown that increased exposure to ultra-violet (UV) light brings on cataract by causing light-mediated oxidant damage to the crystallin proteins that make up the eye lens. free radicals, a highly reactive species, are generated endogenously in cells as a result of normal metabolic processes. They can also be produced extra-cellularly by factors such as natural radiation (sun-light), pollutants and pesticides. The body has an effective anti-oxidant defence system, but this is not adequate if the attack is repeated or prolonged.

Protecting your eyes with dark glasses on bright days might be a way of minimising the effect of UV light, but even more effective will be the regular eating of food with anti-oxidant properties, says

Dr. D. Balasubramaniam, Director, Centre for Cellular and Molecular Biology (CCMB), Hyderabad.

Cataract is a disease related to ageing: it rarely occurs in the young. When a baby is born, its eye lens is clear and colourless. By the age of 30, the lens becomes light brown in colour, and at twice this age it is dark brown and opaque. To study the mechanism by which these changes occur, Dr. Balasubramaniam and his group at the CCMB collaborated with the L. V. Prasad eye institute, Hyderabad. They focussed on two aspects—studying lenses affected by cataract and comparing the healthy lenses of Indians with healthy lenses of Americans. The eye lenses were ground, the compounds present in them isolated and identified by spectroscopy. Substances called kinuremines and quinolines were found in the cataract-affected lenses. These substances are produced due to light mediated oxidative damage. Also, the levels of normal, unmodified crystallins (the lens proteins) present in the cataract lenses were reduced, giving rise to blue, yellow and brown colours. Significantly, the accumulation of coloured pigments in an intact eye lens from the U.S. was found to be

less than in a correspondingly age-related lens from India. The altered oxidant-anti-oxidant equilibrium in the lens is then the main underlying factor in cataractogenesis. Apart from UV rays, what else can cause this harmful change?

According to Dr. Balasubramaniam, smoke, whether from cigarettes or cooking fuels, has a similar adverse effect on the eye lens. The damaging factors are oxyradicals again -- the polycyclic aromatic hydrocarbons and their derivatives present in the latter and the reactive oxygen species found in the former. The research work at the CCMB has shown this, and has also revealed that stopping smoking correspondingly reduces the risk of cataract.

An important factor is that unlike some parts of the human body -- the red blood cells for instance -- which are rejuvenated periodically,

the eye lens cannot repair itself. This is why age becomes important in cataract. The longer the exposure to UV light or smoke, the higher the chances of lens opacity.

Once the cause is determined, prevention is easier. To determine whether anti-oxidants taken orally have a salutary effect, studies have been conducted by different agencies on animals. Cataract is first induced by increased oxidative stress, followed by administration of anti-oxidants like riboflavin, Vitamins A and E and other carotenoid. Total reversal of changes has been reported, suggesting that the bio-chemical changes observed during cataractogenesis can be normalised by anti-oxidant therapy. ■

Ambujam Anantharaman
— Courtesy The Hindu

COVER PHOTOS

1. M.P.H.A. Vice President Dr. Janaki Bai was awarded the prestigious WISDOM AWARD being adjudged as the outstanding Homoeopath for the year 1993. She received the award at a grand function organised by the Rathna and Rao Wisdom Trust.
2. The photo on the cover, A GROUP OF OFFICE-BEARERS, of the celebrations of Golden Jubilee of the M.P.H.A. Dr. C. Sriramulu was the kingpin of the celebrations.

REPERTORY AND REPERTORISATION

—Dr. V.K. Sivaraman.

Repertory may be defined as an index of symptoms arranged alphabetically based on a plan and some guiding principles to select the right remedy correctly and easily. It is an index of symptoms with their corresponding homoeopathic medicines arranged systematically. Homoeopathic physicians of former days were toiling very hard to pick up the right remedy. They had to work on laboriously with the entire study of the materia medica, remedies beginning with A and ending with Z. The first repertory was prepared by Dr. Hahnemann himself in a short form with some of the leading symptoms. Though technically Dr. Hahnemann was the first repertorian, the credit of publishing the first repertory goes to Von Boenninghausen. He published his repertory of Antipsorics in 1832 which grew into Boenninghausen's Characteristics and Repertory. His another masterpiece Therapeutic pocket book and bedside repertory was published in 1846. Dr. Hahnemann was the Founder of Homoeopathy but it was the hand of Boenninghausen behind him, developed the art of Homoeopathy to a perfection. Later Dr. J.T. Kent approved with

a slightly different philosophical outlook, gave a new look to the practice of Homoeopathy with the publication of his three masterpieces, namely Lectures on Homoeopathic Philosophy, Lectures on Homoeopathic Materia Medica and the Repertory of the Homoeopathic Materia Medica. Dr. Constantine Hering published the first repertory in the English language in 1838. Later Dr. Constantine Lippe prepared his repertory of the more characteristic symptoms based on Dr. Hering's Guiding Symptoms, Boenninghausen's Repertory and several other repertories.

Precision

Repertory is our chief instrument of precision. Eventhough it appears to be a mechanical method, it is most scientific, authentic and intelligent method which requires deep understanding. The subject of repertory is very much neglected in many places, especially in our country. Repertorisation becomes a laborious task to the homoeopath who does not know the correct process of doing the same. Success in repertorisation depends on the

ability to deal with the symptoms and this has to be taught; it is not innate. People all over the world wasting their lives working out cases at enormous expenditure of time and minutest care for comparatively poor results and all for want of a little initial help. The process of repertorisation is also an art and it requires continues practice, patience and proper attention to be a master in this art. Unless we use it in our daily practice, we cannot master this subject. It is a practical study and it is the only special method to choose the correct medicine. The more we use it, the more good results we will get in doing it.

Advantages :

It helps to discover a remedy which one had not thought of. It helps to select the right remedy easily, quickly and correctly. It helps to point out 2 or 3 similar remedies out of which the right remedy has to be selected. It helps to compare and contrast between several similar remedies and make him to select the correct one.

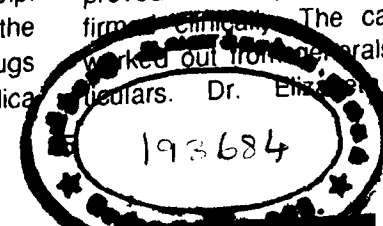
Limitations :

In one sided cases with paucity of symptoms, it will not help. The repertory does not give the symptoms of unproven drugs whereas the materia medica

gives the symptoms of proved and unproved remedies. All the repertories are now backdated as the symptoms of the new remedies are not included in the latest editions that have been brought out. Repertories do not carry many symptoms belonging to causation, such as ailments like typhoid, whooping cough, measles, influenza, etc. selection of the right remedy are available and if these views are not fully known to the homoeopath, he will find it very difficult to repertorise. There are other methods of selection of right remedy such as the basis of genus of epidemics, the basis of singular, striking, peculiar and uncommon keynote symptom, the basis of pathological characteristic symptoms, etc. Whatever be the method, the final selection of the similimum must be decided on the basis of the study of materia medica.

As many as 100 repertories are existing, covering different systems of the body. When the general repertory fails to reveal the remedy, the special or regional repertory may provide a clue to the remedy.

Among the available repertories, Dr. Kent's Repertory is the best one. It is a general repertory containing all the remedies proved homoeopathically or confirmed clinically. The cases are worked out from generals to particulars. Dr. Emerson Wright



Hubbard in her book 'A Brief study course in homoeopathy' advises to study the Kent's method first, last and all the time

The second best repertory is Dr Boenninghausen's Characteristics and Repertory edited by Dr.C.M.Boger. This is also a general repertory which has some peculiar rubrics not found either in Kent or in other repertories. Each section has separate modalities of that particular region at the end of the section with concomitants. It has materia medica also for easy reference.

Dr. Boenninghausen's therapeutic pocket book is another repertory which is divided into 7 parts. Each part is complete in itself but each one gives a portion of a symptom which can be completed only in one or several other parts, for example, the seat of pain is found in the 2nd section, the agg. and amel. in the 6th and the necessary concomitant in the various sections. In this repertory we cannot find many symptoms and mind section also consists of only a few rubrics.

Boger's synoptic key presents many important general symptoms. He was using this repertory for daily reference for acute cases. On the basis of this he prepared a Card repertory. Now, card repertories by Dr. Sankaran, Dr. Jugal Kishore and Dr. Sharma are

available. Boger's synoptic key also has materia medica, along with repertory.

Boericke's repertory can be actually carried to the bedside of the patient. This also has materia medica with repertory for easy reference. You cannot work out a case on a symptomotological order but clinical diagnosis can be made very easily as it has many technical terms as main headings. Many remedies are covered by this with pathology and diseases which is very useful to allopathic converts. There are other repertories like Lippe's Clarke's Jhar's and Knerr's and others. Small repertories on various organs are also available. Each is important in its own way.

Various methods of repertorisation are followed depending upon each repertory. In Dr.Kent's method the cases are worked out from generals to particulars. Here, mental generals are most important and then comes physical generals and then particulars. Most chronic cases can be worked out on mentals and physical generals and then particulars. In yet another method, one striking peculiar unusual symptom is taken as key symptom and thereafter other symptoms. These different methods appeal to different types of minds. The ideal repertory should be one that has general characteristics, keynotes,

peculiar symptoms, pathological characteristics, cuasations and concomitants. Synthetic repertory by Barthel and Klunker in 3 volumes has these items included to some extent. Even this is incomplete since symptoms from Robert's study of remedies by comparison and some other books have not been included.

Coming to the point of repertorisation I like to inform that I use Kent's repertory as the main book of reference and most of the other books for some special rubrics which are not found in Kent. In repertorising I usually take the leading symptoms of the patient or case and not all the symptoms of the patient. I omit the common symptoms which are of no use in repertorising. Generally I do not give marks or grades to the remedies in working out the cases. If a remedy covers the symptom, I take it into account, whether it is printed in ordinary type, or italics or boldtypes. I also like to inform you that most of my cases work out to polychrest remedies, that too only a few remedies. I also must confess that the polychrest remedies have helped me in more cases. They are better represented than the minor or rare remedies in all our repertories. When you get a rare remedy, you have to go to the materia medica and see whether that remedy fits the case. The repertorian will in

course of time learn the limitations and pitfalls of the repertory and will be able to use it intelligently.

Symptoms are of two orders:

1. those general to the patient as a whole which are Kent's Generals and 2. those particulars, not to the patient as a whole, but to some part of him which are Kent's Particulars. What is general? A general is one that refers to the patient as a whole and of which he can say 'I' instead of 'My'. I feel the cold frightfully, I dare not move hand or foot in thunderstorm; I simply could not be alone; I just cannot stand the heat; I like sweets very much; I hate him like anything; I love music very much; I feel worse in an airconditioned room; these are all generals. In these the patient expresses himself. He is the sum of many lives, building up many tissues and organs of diverse function. Through the generals the Dweller in the house speaks through the Mentals and Generals. The whole is greater than its parts and so it is scientific to deal with the Whole first. When the patient says 'My' instead of 'I', there you have a Particular. My headache is awful in the house, the only thing for it is to go out and walk about. My indigestion is better for hot food and drinks; cold drinks and cold things always disagree with me, meaning my stomach. The symptoms that are

predicated of a given organ are things in particular. In some cases the generals and particulars may not only be quite different, but they may be flatly contradictory in the same patient. So it is very important to get them clearly. Arsenicum is better from cold in headache but it is worse from cold generally; so also Lycopodium is a warm remedy in the main but its stomach symptoms are better by warm food and drinks. Phosphorus is a very cold person but its stomach symptoms are better by cold drinks.

The two most important sections of Kent's Repertory are found first in the book (Mind) and last (Generalities). Many of our chronic cases may be worked out from these two sections, from the mentals and the generals, as when these are found to be covered by one remedy, the particulars which have been observed and many of the common symptoms, will be found to fit in perfectly.

Among the generals, the symptoms of the first grade are, if well marked the mental symptoms. These take the highest rank and a strongly marked mental symptom will always rule out any number of poorly marked symptoms of lesser grade. The Mental symptoms always provide that they are very definite and well marked are the most important

symptoms of the case. Sometimes you have to combine two rubrics that practically amount to the same thing and yet do not give the same list of drugs.

After the mental, his reactions to mental environment, come, if well marked, second in the grade. His reactions as whole to bodily environment to time and seasons, to heat and cold, to damp and dry, to storms, to positions, pressure, motion, touch etc.

Cravings and aversions come next. They should not be mere likes and dislikes. The menstrual state, i.e. general agg. of symptoms before, during and after the menses in women comes next. The question of early, late, and excessive menses, are of lower rank.

Finally you come to the Particulars, the symptoms for which the patient has come to you actually for consultation. You take them first with utmost care in detail but consider them last for these symptoms are really of minor importance from our point of view, certainly in chronic cases, because they are general to the patient but only particular to some part of him. For instance, start treating an eczema and cure it, to find yourself confronted with asthma; prescribe for that and the patient comes to you with a new disease, say rheumatism. Cure

that, the heart gives out. Instead, treat the patient as a whole, the patient who was all along capable of eczema, asthma, rheumatism revealed by his general and mental symptoms, deal with him according to the Law of Similars and he will do the rest, provided that the thing has not gone too far, that the tissue changes are not too gross, he will even undo the rest, step by step backwards, to the initial complaint. The whole is greater than its parts. Never juggle with particulars at the expense of the life of the whole. When the drug has been chosen on general grounds, the patient will return and tell you, not only 'I am better' and the trouble for which he consulted you is better.

Among the particulars, the first grade symptoms will always be anything peculiar or unusual or unexpected or unaccountable. Next you must know how your patient as a whole reacts to environment, how his head, his stomach, his lungs and others stand heat and cold, damp weather, and dry, react to stuffy atmosphere,

desire or resent movement. One headache may require extreme care, another headache will demand a bolt upright position, while another one has to kneel up, while it is pressed low into the pillow. When stomach is sick, phos patient craves for cold water, which is vomited as soon it gets warm in the stomach, which is a priceless particular, because it is peculiar to Phos.

Then you have common symptoms. A symptom may be common to all cases of a certain disease and therefore of no great importance in picking out the individual remedy for a particular case of that disease. Or it may be common to a very great number of remedies and so of very little use in repertorising. 'I am terribly thirsty' If there is nothing to account for the thirst, it may be an important symptom, though common to a great number of drugs. Absence of thirst with a very high temperature is very important. The more uncommon a symptom is, the more valuable. ■

— Continued

CHANGE OF ADDRESS

Kindly inform any change in your address-to get the journal and othe circulars of the association promptly.

'STONE IN KIDNEY'

—Sri K.L. Narasimhamurti

Some years ago a gentleman of Madras, who was employed in Government service in Andamans and who had a stone in the Ureter was sent by the doctors of Andamans to Madras for operation. He was admitted in a hospital for operation. On the morning of the day fixed for operation, he got himself discharged, as his wife and children cried before the doctors. He wanted to be treated with Homoeopathy. The patient and I accidentally met at a Homoeopathic medical shop in Madras. He described his case and I said that he may take Lycopodium 200—One dose first. Next morning he came to me with a small bottle of tincture of Lycopodium 200 original B and T (2-drams). After retirement from service in Andamans, he returned to Madras City and he is to-day residing in Madras.

Symptoms : He had pain in the ureter (right) and it was very severe at the time. He said that a red deposit was seen when it was kept in a glass. It is not known whether there was one stone in the ureter or more than one. Urine has stopped to a certain extent. Lycopodium 200 one dose—a glob-

ule of no 10 size was dissolved in water and given. After a few days a second dose of Lyco 200 was given to him after dissolving in water and stirred vigorously three or four times in order to raise the potency by 1. (now potency may be 201). He felt no more pain. One dose of Sulphur 200 was given. After 7 days one dose of Lycopodium 1M was given to him in split doses (6 doses—one dose in 1/6th every morning after vigorously shaking 3 times to raise the potency every day as the Life principle does not take the same medicine in the same potency twice). He was cured. When he found that he was improving with Homoeopathic medicine without operation he purchased "Nash Leaders in Therapeutics" and began to read it.

When he went to the doctors for a medical certificate of fitness to return to duty, they questioned him how he could get rid of the stone. He showed to them what was written in the book under 'Lycopodium' and a dram bottle of the same medicine in globule common in men than in women. It may be single or multiple, and

may remain in the kidney and pass down into the bladder. During its passage along the Ureter, it excites violent spasmodic contractions which are responsible for pain of renal colic. The large stone is unable to enter the ureter and is therefore often a silent stone. It is the little stones, like little dogs, that are likely to make the most noise.

If the stone is impacted in the ureter so as to cause complete obstruction, they may be anuria and atrophy of the kidney. (anuria = failure of kidney function). Infection is a common accompaniment of calculus, and by altering the reaction of the urine it may alter the external composition of the stone. Pressure may be destroyed in this way even without much infection.

Stone in the Ureter:

The calculus may be arrested in the ureter as it passes downward. This usually occurs at the upper and or at the lower end where the ureter is constricted in its oblique passage through the bladder wall. The pressure of the stone causes ulceration of the wall. The ureter above the obstruction becomes dilated and impaction of a Ureteral Calculus is the cause of some of the most extreme forms of hydronephrosis. (= Collection of Urine in the kidney pelvis owing to the obstructed flow

forming a cyst by production of distention and atrophy of organ).

Stone in the bladder:

A vesicle calculus may form in the bladder, or it may originate in the renal pelvis, pass down into the bladder, and there grow greatly in size. There may be one or more stones. A vesicle calculus may reach a very great size. The effect on the bladder is the same as in renal pelvis. The most characteristic symptom is hematuria, (blood in the urine) owing to the irritation of the mucosa each time the bladder contracts.

Tuberculosis of the renal pelvis occurs at an early stage of Tuberculosis of the kidney. In the Ureter the infection spreads in the submucosa, the ulceration of the overlying mucous membrane and eventual cicatrization (= healing by scar formation). The entire wall is rigid and fibrosed, and ureter may remain wider than normal instead of being stenosed. (The ureter is considerably thickened). The chief lesions are usually in the upper or the lower third.

In the bladder, the infection is usually secondary to renal tuberculosis, but it may come from the prostate, seminal vesicles and epididymis, and in rare cases from adjacent pelvic organs, e.g. Fallopian tubes. ■

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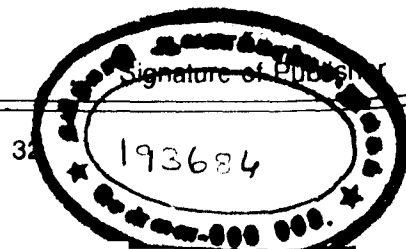
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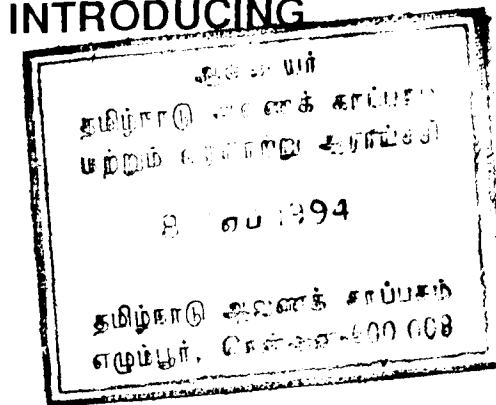
I, Dr. K.S. Bhaskaran Nair, hereby declare that the particulars
given above are true to the best of my knowledge and belief

(Sd) Dr. K.S. Bhaskaran Nair

Date : 25.2.1994



INTRODUCING



MARUTHI

HOMOEOPATHIC TOOTH PASTE

FOR TRADE ENQUIRIES CONTACT:

SKN HOMOEOLAB

PLOT NO.19, V.O.C. NAGAR

II CROSS EXTENSION

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