

*Koppikar's*  
**Clinical**  
**Experiences of**  
**70 Years**  
*in* **Homoeopathy**

DR S P KOPPIKAR





# CLINICAL EXPERIENCES OF 70 YEARS IN HOMOEOPATHY

by

DR. S. P. KOPPIKAR

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## **CLINICAL EXPERIENCES OF 70 YEARS IN HOMOEOPATHY**

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### **Note from the Publishers**

Any information given in this book is not intended to be taken as a replacement for medical advice. Any person with a condition requiring medical attention should consult a qualified practitioner or therapist.

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## Dedicated To

**DR. D. N. KOPPIKAR**  
Who Made Me a  
Homoeopath



**And**



**DR. MALINI**  
My Beloved Wife, Friend,  
Philosopher and Guide for  
Nearly Fifty Years

**BORN 30.01.1928**  
**DIED 11.03.1993**



Dr. S.P. Koppikar receiving an Award from former Vice President Shri Krishan Kant.

# **ACKNOWLEDGEMENT**

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To Dr. Premnath and Mr. Kuldeep Jain, my publishers.





# FOREWORD

## **DR. JUGAL KISHORE**

B. Sc. D.M.S., M. D. (Hom.)

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- ◆ Member New York Academy of Sciences.
  
- ◆ *Formerly* President Central Council of Homoeopathy.  
Hony. Physician to The President of India.  
Hony. Hom. Advisor to The Govt. of India.  
National Chief Executive International  
Homoeopathic Medical Organisation (Geneva).  
President Asian Homoeopathic Medical League.

**I**t is indeed a great privilege for me to write a few words for Dr. S. P. Koppikar's *Clinical Experiences of 70 Years in Homoeopathy* because I enjoyed a rare fragrance of wisdom and experience.

Dr. Koppikar is the oldest living practitioner and teacher of homoeopathic medicine in India and is the most respected one for his contribution to homoeopathic literature.

In his introduction, there is an excellent depiction of his advice to young homoeopathic physicians, as he has given very useful

tips for not only conducting themselves properly for the treatment of his patients, but he has also given suggestions for study for acquiring the specially needed knowledge of Homoeopathic Materia Medica from different sources.

It is very interesting to read about his early experiences as a student, teacher and practitioner. Stories of his different clinical cases are very educating, as they stimulate us for further study of Homoeopathic Materia Medica. He observed individual cases of sickness very minutely, which is illustrated by prescription of *Insulin 30* in a case of severe weakness caused by very low blood-pressure precipitated by an injection of Insulin. It was a very successful adventure without any apparent proving of Insulin. He seems to have developed such intuitive faculties because of his deep involvements in study of Homoeopathy. He has cited stories of other noted practitioners using very high potencies and his own experience of alternation of medicine in certain situations.

He has given a very short but very absorbing account of the great early masters like Boenninghausen and their wonderful contributions to the Homoeopathic Repertory and Materia Medica.

The author has made a very relevant reference to the use of medicines of our Materia Medica by different so called schools of prescribers. Those who prescribe only the polycrests by using the Repertories or Computers miss the use of rare remedies, which have definite and well-known actions in certain pathological states of tissues, and have provided the relief to the sufferings of the

patient, especially in one-sided pathological indications. They were ridiculed erroneously as pathological prescribers, without understanding the rationale and beauty of the prescription.

The author made at times very unique application of medicines of *Materia Medica*. He once told me an interesting story of combining *Carbo veg.* and *Ignatia* which became a very useful new remedy in certain conditions and I have verified myself the new entity in a number of cases.

Similarly, he prescribed the use of *Tuberculinum* and *Drosera* in cases of backward children, for whom we usually prescribe *Baryta carb.*, as he found these drugs more useful.

In this piece of literature, the author has given interesting and useful hints about various remedies which are hardly known or noticed by the Homoeopathic prescribers.

In a nutshell, the author has given account of all aspects of prescribing of homoeopathic medicines, case taking, case analysis, study of *Materia Medica*, repertorisation, doses of medicines and their repetition. He has illustrated these points by citing his own cases as well as the cases of other well-known prescribers.

The author has finally dealt with the cases of chronic diseases, the role of so called miasmatic back-ground, and use of nosodes in such conditions.

He has given very useful hints about certain remedies in cases of Asthma, Renal Calculi and Gall Bladder Calculi, Tuberculosis.



This could be of great use to both students and even seasonal practitioners.

In this comparatively small book, the author has covered briefly but very wonderfully, all aspects of homoeopathy and treatment of the sick by homoeopathic medicines. All these narrations prove that he has been an excellent teacher.

I feel that this book should be an addition to everybody's library as it will continue to be a source of learning. ■ ■





S. P. KOPPIKAR

## **PREFACE**

**A**fter enjoying nearly seventy years of Homoeopathy and after attending over two hundred conferences and seminars, I am presenting a collection of my experiences and thoughts before the Homoeopathic fraternity. I hope you will enjoy reading and get some benefit from them.

I have been extremely lucky in my life. I might have become an automobile mechanic but for a chance meeting with my uncle D.N.Koppikar that made me a homoeopath. And just cycling together one day brought me in contact with my friend Mr.Betrabet, who helped me to complete my homoeopathic course in the Bengal Allen Homoeopathic College. But my biggest luck has been that my patients become my life-long friends, take interest in and learn homoeopathy. And many of them have turned out to be better homoeopaths than me.

I know that thousands of homoeopaths are economically not so well placed and feel a want of confidence in themselves and in homoeopathy itself. I entreat them all to be up-to-date in all matters, especially medical. Even popular periodicals print very good articles on the latest advances in medicine and collateral sciences.

Knowledge of general medicine enables us to convince other doctors that we know what we are doing and that our way is perhaps more scientific. The latest discoveries in medicine only confirm the wisdom of Hahnemann.

The great bugbear for a large number of homoeopaths is the number of taboos in the "Pure or Orthodox Homoeopathy". What would happen if a patient took coffee or tea during treatment? Suppose he took an aspirin one day, will all the good done to him so far by homoeopathy vanish? Will our remedies refuse to work if given side by side with medicated oil-bath, ultra-violet rays, etc? I have not been prohibiting my patients from taking coffee, tea, etc. for the past many many decades.

I have learnt that there may be quite a number of homoeopathically suitable medicines capable of curing any given condition in one patient. If the parents were tubercular, when the child got measles, and the attack was precipitated after an exposure to rain etc., and in this attack of measles, pneumonia was prominent, any one of the following might set right the condition and act quite curatively too. *Tuberculinum* (aviare preferably) 200, *Rhus tox.* 200 or 1M, or may be *Ant. tart.*, *Phosphorus* or *Morbillinum* 1000 – only 2 or 3 doses being needed.

With this direct help of the homoeopathic medicine, it is the body or vital force that cures. Let us have faith in these powerful drugs – and also the belief in our prescription. I have not yet come across a single homoeopathic prescription without a reason behind it (or indication as it is called). I am sure this attitude will prevent

our criticising or pooh-poohing prescriptions of other homoeopaths, both professional and lay.

Lastly, one more suggestion. In very bad cases we must not merely go on bragging about the greatness of our treatment or promising to cure. We should set a deadline for trial of our system or treatment – a time limit – after which the patients must choose eventually whether to continue our treatment or change the doctor. This will prevent any misunderstanding and avoid getting us a bad name in case the patient does not recover.







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# INTRODUCTION

**H**omoeopathy is a unique system of medicine. It is both a science as well as an art. The *Law of Similars* is simple and has proved itself in thousands of cures even in the hands of lay practitioners. But applying the similar remedy, its selection and dosages, especially in tough, chronic cases is an art that calls for experience and also has to be arrived at scientifically.

But this art and experience need not necessarily be our own. We can gather a great deal by studying the techniques of the experts and the masters and their case reports. Luckily for us, these early masters, who had to fight extremely serious diseases successfully, have left enough literature as to how they did this. We can study and make these techniques our own. **THIS IS WHAT THIS BOOK IS ABOUT.**

The first few chapters explain how I learnt this art, especially how to study our great *Materia Medica*. Next chapters are about how to apply this in our practice.

I have especially brought in the various misconceptions that have dogged our development including our prejudice against all other medical systems and experiences. We have to shed them to be able to take care of public health and do really good social work.

I do hope that younger doctors will benefit a lot by a study of this book and that seniors will approve of it.

Hahnemann said: "When we have to do with an art whose aim is the saving of human life, any neglect to become masters of it becomes a crime."

*LONG LIVE HAHNEMANN*  
*LONG LIVE HOMOEOPATHY*

Suggested list of PEP books which MUST BE ALWAYS IN OUR LIBRARY and read often to cheer us up.

1. Miracles of Healing: *J. Ellis Barker*
2. Testimony of the clinic: *E. B. Nash*
3. FIFTY reasons for being a Homoeopath:  
*J. Compton Burnette*
4. What is Homeopathy: *Charette*
5. Magic of the Minimum Dose:  
*Dorothy Shepherd*
6. More Magic of the Minimum Dose:  
*Dorothy Shepherd*

Please do not lend your books. They never return! ■■

## **A DAILY PRAYER**

**M**ahatma Gandhi used to have daily prayer meetings morning and evening. Lakhs of people attended them wherever he happened to camp. It was at these prayer meetings that he could give out his thoughts, leading the nation to purity of life, unity, love, service, sacrifice and courage to fight for independence through non-violence. In this there is one Sanskrit “sloka” (couplet) which was one of the Mahatma’s favourite and is as follows:

*“I neither desire a kingdom, nor heaven nor rebirth, I only desire solace and happiness to those burning with sorrow.”*

It is a prayer to God within us not only to give us strength to help the ailing but to inspire us, guide us, lead us to do such work automatically without fuss or show, with sympathy and plenty of love.

All the great religions have stressed the greatness of love towards all, especially the downtrodden. The help that is rendered with the least expectation of any thanks or return is indeed of great value to the giver. It ennobles him. The more we, as homoeopathic healers, sympathise with the suffering patients, the better we can understand them and are able to find appropriate remedies.

Ours is no doubt a profession, but a noble one. We have to charge proper fees and earn our living. But there may be patients

where a stiff, unsympathetic attitude may be wrong; the patient may be too poor to pay, he may have so many troubles and problems, which only a loving attitude of the doctor may help to clear.

May God and Hahnemann inspire in all of us those great qualities of the only aim advised in the first section of the *Organon of Medicine* by our master!

“The physician’s high and only mission is to restore the sick to health, to cure, as it is termed.”

“He is likewise a preserver of health if he knows the things that derange health and cause disease, and how to remove them from persons in health.”

# **ADVICE TO YOUNG HOMOEOPATHS**

**W**hen a young Homoeopath starts his practice in a place, the first patients he get a chance to cure, are infants and children. Surprisingly the veteran Homoeopath also can count children upto 50% of his patients. Of course, these figures may vary from doctor to doctor, but generally the pattern is same. This is because, all over the world, it has become accepted that Homoeopathy is the best, surest and least harmful treatment for children and because, being all sugar pills and powders, is easily loved by the small patients themselves. No child will like an injection doctor, or a nauseating nostrum.

Now, if we study the work among children, we find that indigestion, flatulence, diarrhoea, and vomiting take up more than 60% of the illnesses of childhood. Some may be respiratory disorders, like colds, sore throats, bronchitis, wheezing and so on. Seasonal acute infections like measles, and then constitutional, hereditary or dietetic illnesses will make up the rest.

How should the young homoeopath go about becoming the friend of the children, guide of the mothers and philosopher among the elders?

1. First and foremost he must love his work and have a liking for children. As he grows older, he can buy or borrow books on

*Child Psychology*, but to begin with, treat all children, good, bad, crying, dirty children as his best friends. He should never feel disturbed by their crying, noises, pranks or breaking things.

2. As stated in a wonderful article by the famous Dr. Foubister, the mother is the source of almost all information about the child. The homoeopath must attend carefully to what she says and make her reveal things, which she might not give out without gentle coaxing.

3. He must keep his eyes and ears open without prejudice. He will be surprised at the extremely useful things the old grandmothers know, especially about simple home remedies, emergencies and so on. He must give them full respect and learn from them. He may not know how to handle a dehydrated baby or hyperpyrexia, but the old ladies have seen such things and have learnt how to tackle these things. Not by showing off knowledge, but by appreciation alone, homoeopath will win respect and appreciation and good practice.

4. He should master, and even learn by heart, the leading indications about indigestion and diarrhoea of about forty to fifty important remedies specially noting comparisons and differences among them. Interleaving Allen's keynotes or Johnson's Therapeutic Key (or any book of daily reference) and noting down important comparisons are extremely helpful and time saving.

5. Most of the illnesses of the children are simple indisposition, wrong feedings, unclean habits, not helping proper burping (belching) after feeds, etc. A little of medicine and a good, proper advice is enough.

6. It must be a motto for life—never to speak ill or disparagingly of any other physician of the place. He must make friends not waiting for their first approach. It will be lucky if there are a number of amateur homoeopaths in the locality. He must cultivate their friendship, and be on equal terms with them. They are never to be considered as competitors. They are not.

7. There are very fine books in our literature, which, it is a pleasure and profit to read again and again. In the books of Nash, H. C. Allen, Burnett, Clarke, Tyler, Dorothy Shepherd, Ellis Barker, Cartier and quite a few others we can actually feel like close observers of the doctor's struggles, studies and the cures. It is almost a rejuvenating of our enthusiasm for Homoeopathy to study the works of old and not so old masters, many of them members of the International Homoeopathic Association, who gave out all their knowledge and EXPERIENCES freely and openly.

8. Above all, he must have full faith in the fine and powerful medicines at his command. They work and do their duty well, always. ■ ■





# PERCEIVING THE SIMILIA PRINCIPLE\*

**T**he great sages, seers and saints of India were so intensely engrossed in contemplating upon the all-pervading God that they perceived His presence in all things in creation, animate and inanimate. There is a true incident in the life of Eknath, the saint from Maharashtra. One day Saint Eknath saw a dog running away with a roti (Unleavened Bread) prepared as an offering to God, and ran after the dog with the ghee which he had not yet applied to the roti. Eknath saw his God in the hungry dog.

Now, a true devotee of homoeopathy can perceive and recognise the Similia Principle in EVERY good cure, be it by his own prescription or by a follower of another system.

In the earlier pioneering days of homoeopathy, the homoeopaths of America did study the cures brought by the Red Indian "Squaw"(Old Woman's) Herbs and added them to our Materia Medica after proving them on themselves or their relatives just to find out the differentiating characteristics. The diseases in which these remedies would be serviceable were already known. We have also collected a large number of "Eclectic" drugs, developing each one of them by OUR METHOD OF PROVING AND POTENTISING.

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\*The Homoeopathic Heritage, Vol. XIII No. 6, June, 1988.

That is how, from about a hundred drugs proved by Hahnemann, the number went upto nearly 1000. Remarkable accounts of these are found in books by Drs. Hale, Anshutz, Clarke, Boericke, Burnett and others.

Our ancient Indian systems of Ayurveda and Siddha have indeed a great many well known and long established curative remedies.

Though Dr. Sarat Chandra Ghosh and one or two other pioneers introduced them to homoeopathy, they have not been used by homoeopaths, especially those whose working depends upon Repertory Totality. It is rather a few Homoeopathic Pharmacies, which are popularising such drugs like Bauchi, Hydrocotyle, Cynadon and others individually or in combinations. It is high time these great drugs are BAPTISED properly by OUR leaders and used more often and popularised among ourselves.

But most important of all is the duty cast upon US to keep our minds open to study the work done by a few 'dare devils' who have had to use more than one drug to cure cases of tough rare diseases.

Let us appreciate the reports rather than condemn them outright as 'Unorthodox' or 'Unscientific'. Let us recognise the pains taken by them, and enquire carefully into the reasons or indications for each selection. There will be so many occasions to try out these discoveries in our practice.

Like the saints, homoeopaths should perceive the Similia Principle at work in every curative action of drugs. ■ ■

# Memories



# **NOSTALGIC MEMORIES**

**I**t was more than sixty five years ago, September end 1937, that I started Homoeopathic practice in Madras. I had no money for a showy dispensary. The entire “capital” was my immense faith in our Law and Materia Medica. The only “Recognition” asked for was from the cured, satisfied patients, most of whom became my friends, and quite a few became amateur Homoeopaths.

The happiest memories that come to my mind, as a panorama, were those associated with my being received with kindness and open arms by some of the greatest of the homoeopaths of the early years. I wish to share a few of these with readers.

After 1st year in Bengal Allen, in 1934, I was the only student who could talk to and visit the posh consulting rooms of Dr. N. M. Choudhuri and Dr. S. N. Sengupta and Dr. Hazra—three of our greatest teachers. Perhaps it was my enthusiasm that pleased them.

The redoubtable Dr. L. D. Dhawale, M. D., of Bombay would not even consider looking at any Homoeo student or graduate. For him, only M.B.B.S. doctors were colleagues. Well, it was indeed a surprise that I was treated with full respect. I learnt a lot from him and his best student Dr. N. M. Jaisoorya of Hyderabad, who was in touch with me for years.

What a pleasure it was to meet, and correspond with Dr. Diwan Jaichand, the tallest Homoeopath of Punjab and Delhi.

I had the opportunity of meeting many illustrious homoeopaths, thanks to the various Conferences and Seminars I was able to attend. The “spare time get togethers” in the nights of the conferences were fully taken up with wonderful discussions, stories of unexpected cures and so on, making new friends every time.

The happiest days were those I could spend with my friend Dr. P. Sankaran. He and Dr. Sarabhai Kapadia were my chums and the ONLY binding thread was Homoeopathy. I should also mention late Dr. A. R. A. Acharya of Bangalore. I cannot but mention my life long friendships with late Dr. Haldipur, Dr. K. G. Saxena, Dr. Jugal Kishore, Dr. Diwan Hārish Chand, Dr. H. L. Chitkara, late Dr. Kanjilal, Dr. K. P. Majumdar, and Dr. R.P. Patel. ■■

# MY TEACHERS IN CALCUTTA \*

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DR. N. M. CHOUDHURI, M. D.

He was the most wonderful lecturer on *Materia Medica* picturising every keynote, if possible with an example of a patient. His weekly lecture hour where he took only one main remedy *Lachesis* for the entire session, was a superb comparative study of numerous remedies. This was an improvement on *Allen Keynotes* and *Farrington*, with his experience on this. I can never forget two examples of his teaching.

In the class: "I had returned from America and gone to our village. Our schoolmaster, fairly old, came to see me. We walked back to his house about a mile away talking all the time. Suddenly there was silence. I turned and saw our Master standing rigidly about twenty yards behind! I walked back and asked him what happened? He said he was having a diarrhoea, and was afraid he would pass stool if he moved one step absolutely afraid of the involuntary surging of the stool. Of course, I cured him with one dose of 200. What was the remedy?" After getting various names from us he explained beautifully that *Croton tig.* and *Aloes* were indeed very similar but "want of confidence" in *Aloes* makes the person afraid to move. Both are worse by eating and drinking. He

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\* The Homoeopathic Heritage, December, 1992

brought in for comparison almost all the great diarrhoea remedies like *Nat. sulph.*, *Podo.*, *Thuja*, *Jalapa*, *Jatropha*, *Trombidium*, *Sulph.*, *China* and others with descriptive differentiation.

Dr. Choudhuri had a large number of European clients. One day as I was quietly sitting in a corner watching, a large bulky, gentleman came and sat down in the patient's chair. After taking the case, Doctor Choudhuri wrote a prescription and sent him down. When asked, I could not even think of any suitable drug he said, "Shanker, did you see how he sat down? He almost fell down into the chair. Do you know that **Stannum** is the only remedy that sits down like that?" Indeed I found that it had cured the patient.

Once the students demanded more classes for Anatomy, Surgery, and Midwifery, etc. in the college. We were having the Materia Medica lectures from different professors and quite a number of classes on that subject. Dr. Choudhuri gave us his advice thus "you know my brother-in-law finished his medical study in America along with me. He stayed on and got high diploma in midwifery in Dublin. See the difference in our practice, status and income. I am not comparing just to belittle his speciality. Homoeopathic Materia Medica has made me what I am. Which patient cares how much anatomy I have studied or whether I am an expert in surgery? They come to me because my Materia Medica teaches me how to select the right remedy and cure. It is good to know all the medical subjects, but the subject which will give you bread and butter, and everything in life will be only your Materia Medica."

No wonder, he was the son-in-law of Dr. P. C. Mazumdar and the most loved favourite of Dr. H. C. Allen, who sent his entire



library to him at his death. His "A study of Homoeopathic Materia Medica" is a masterpiece of lectures and comparisons.

I learnt to mug up and digest keynotes and also to have fullest confidence in Allen's keynotes and our remedies.

### **DR. R.N. GHOSH, M.B.B.S.**

Dr. R. N. Ghosh was our professor of Materia Medica and also in charge of the hospital; he had a unique method of prescribing. He was the only teacher who combined a pure artistry of etiological prescribing with very rational pathological study. On his advice I studied the great work Richard Hughes's Pharmacodynamics. I was lucky in one serious problem. In May 1936, I was in Bombay helping to nurse my aunt who was suffering from tongue cancer. She had had radium treatment in Berlin and was now suffering awfully from cancer pains. As all the top allopaths could not relieve her, my uncle asked me to consult a famous Homoeopath. He came, examined and took the case thoroughly, and prescribed. He would not treat me as a brother homoeopath and did not tell me the names of remedies. No relief at all. In the only book I had then with me, Pharmacodynamics, Dr Hughes suggested *Silica 3x* as a remedy for pains of cancer. I quietly went and brought some and gave tablets every 2 hours. The relief was quite wonderful. She had a peaceful death (by a sudden, severe haemorrhage, but no pain). That book helped me to understand the other books from Teste, Farrington, Hale, and later Burnett. ■ ■



# **MY GURUS\* AND HOW THEY MOULDED MY WORK**

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**W**hat kind of homoeopathy do you follow? Do you use the 'Classical' method in taking down the cases and repertorising from Generals to particulars and single high potency doses and observing the patient on the lines laid down by Kent? Or are you a 'snap shot' keynote prescriber? Do you give single remedy always or mix or alternate and so on? And how do you study and remember the *Materia Medica*? Do you learn everything yourself from books or did anyone teach you what you know? And what is the book or what are the books you refer to either for study or prescribing?"

Students and the struggling practitioners who have started their practice ask these and many more questions from any senior homoeopath. The great pioneers left a lot of teachings and essays for our guidance. I hope the story of my conversion to homoeopathy and the lessons I learnt from my Gurus will supply some answers to the above enquiries.

## **MY FIRST GURU AND HIS TEACHINGS**

My uncle, Dr. D. N. Koppikar, had been cured of a hopeless illness - Malaria, which he had acquired as a Forest Ranger. As a

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\* Hindu Spiritual Teacher (Oxford Dictionary); Guide

boy, I had seen him carried by four persons in a sort of palanquin - a ghastly, pale man, emaciated except for a prominent abdomen with enlarged liver and spleen to try homoeopathy at Father Muller's Homoeo Dispensary at Mangalore. **Nat. mur.** 1000 had cured him outright and he became a new man. The doctor advised him to learn homoeopathy and help other sufferers in his forest area. He became intensely interested, studied Nash, Allen, Kent, Clarke and Choudhuri and had become well known all over the district. In one night, I was converted from a would-be automobile engineer to a homoeopath. The three months I stayed with him, full of daily lectures and brilliant cures, taught me the first and the most important lessons:

*Learn to picturise the Keynotes as you read, imagine yourself as a patient or prover suffering from that symptom complex, dramatise this mentally.*

Loga was supposed to be dying of cholera and when we reached his hut, he was still vomiting and purging large, rice watery matter; extremities ice cold with cold sweat, no urine for more than eight hours, completely collapsed, dehydrated and crying out with cramps in the abdominal wall and calves of legs. Uncle observed him for full three or four minutes and asking him to open his mouth, dropped **Verat. alb.** 200 (liquid) about three or four drops into his mouth. He got some jaggery (country sugar) dissolved in water, and asked the wife to feed him with that. **NO MORE VOMITING AND PURGING!** We returned after about twenty minutes.

Immediately after returning home, uncle told me to open Allen, Kent, Clarke and Choudhuri Materia Medicas. We read not only *Veratrum*, but also *Cuprum*, *Ars. alb.* *Podophyllum*, *Secale cor.*, etc.

Within a fortnight, we rushed to another house where a dark, strong man was lying almost bare-bodied on the cool floor, shouting that fire was burning inside (for which he demanded large quantity of cold, pot water) threatening to jump into the well to cool himself and rolling along the floor to cool his burning body, as any place he lay on felt hot in half a minute. The people were afraid to give so much water. Uncle took out **Secale cor.** 1000 (his 200 was not available) and gave him 2 doses at 10 minutes interval. Every complaint got all right and we found him sleeping comfortably within half an hour and returned home. Uncle told me why it looked like *Ars.* but needed *Secale*. The patient wanted everything COLD. Well, he took this opportunity to show me in the keynotes how *Opium* finds the bed HOT, how **Sulphur** cools his feet, like *Medorrhinum* and *Pulsatilla* how *Arnica* finds bed HARD; and should be differentiated from *Baptisia* (the part lain on feels sore), a full two hours of study by comparison and picturising. How can I forget that *Secale* rolling along the cool floor?

Krishna was a wayside tea shopkeeper, who used to get malaria regularly every three days before midday, time varying from 7 a.m. to 12 noon for the chill. Lots of quinine had proved useless and every prescription of uncle based on time modality etc., etc., failed to stop the attacks. One day we both were walking along the road about 9 a.m. and uncle was surprised that there was no one in the shop and a lot of loud quarreling or talking was going on just behind the partition, which separated the living quarters. Was there some quarrel? We peeped in and saw Krishna, alone, lying on a mat, shivering and talking in delirium. We rushed back home and uncle sent me back with **Podophyllum** 200 in a bottle of cold water, to be given to the patient every 2 hours just a tablespoon per dose.

He NEVER GOT ANOTHER MALARIAL PAROXYSM (at least till I was there).

Uncle showed me how **Podophyllum** is the REMEDY for loquacity during chills; *Lachesis*, *Teucrium* were the remedies for loquacity during heat and *Caladium* was the remedy for loquacity during sweat (sweet smelling).

### POST SCRIPT

The most important point demonstrated by uncle was that, if we are lucky, we may come across a keynote in a patient, BUT NOTING IT AND MAKING USE OF IT DEPENDS ONLY ON OUR KNOWING OUR MATERIA MEDICA. Dr. Lippe was the GREATEST OBSERVER of such rare, peculiar symptoms, because he almost expected them in the patient or hunted for them. Those discoveries are done everyday by us, without knowing their value because we do not know the remedies for them and so these symptoms are by-passed.

Uncle saw a small girl crunching and enjoying pieces of charcoal. He took out his bottle of *Cicuta* 1000 and put 2 pills (globules No. 10) on the tongue of the child. The mother did not even notice this. But the child stopped this habit of eating charcoal in a few days.

When I asked him the reason for his prescription, he asked me to see the various cravings in Kent Repertory, and made me copy them on a page and MUG up the important remedies for each peculiar craving.

HOW RELIABLE ARE KEYNOTES? Uncle started by teaching me that if a symptom is given in Keynotes; it can be

absolutely depended upon to give the remedy, but WE MUST UNDERSTAND EACH WORD OF THE SYMPTOM AND THINK ON IT. TO THAT WE MUST ADD OTHER KEYNOTES IF NOT FOUND IN ALLEN'S.

Uncle's residence was about fifty meters on the east side, being paddy fields dotted with cottages. We saw one day a car of a doctor from the big town, parked opposite our house. After about half an hour, the doctor had gone back. Someone came to uncle, saying that he should save his sister from death. It seemed she was a primipara, and her pains had stopped and she was tired, drowsy and slowly sinking. The doctor who had come ready to apply forceps, etc. had suddenly given an excuse that he had left some instrument and had gone back saying he would bring it. As he had taken away every bit of his kit, they were sure he had run away. Uncle sent him with 2 doses of *Gelsemium* 1000. He rushed home with that. About twenty minutes later, another man came RUNNING desperately, saying that within five or ten minutes the girl got nice pains and delivered normally, but had got fits just after that. On hearing this dreadful news, my uncle ran to the toilet, shouting to me to give one dose of **Amyl nitricum** 1000, to be rubbed on her tongue at once. I did so. Well, in another fifteen minutes we went and saw that she had no more fits and was quite all right. In the intense excitement, which made him run to the lavatory (*Gelsemium* patient), how did uncle remember *Amyl nit.* I asked him. He said, "Open the keynotes and see". Under *Amyl nit.* it was there, the last line in ordinary type. "Puerperal convulsions immediately after delivery." When and why he had mugged it up, I did not know. He not only told me, but also showed me that *Hyoscyamus* and *Cicuta* should be carefully studied, each with

special word “during”, “continuing”, and so on; and “pictured mentally” the whole situation. He showed me that the *Gelsemium* symptom “ceasing labour pains” he had added to keynotes and found very reliable.

### A LATER LESSON FROM UNCLE

Uncle was a great admirer of Clarke’s Dictionary and found the first portion “Characteristics” containing a mine of information.

In 1935, Uncle had the misfortune of slightly hurting his shoulders by supporting himself while about to fall. Both the shoulders gradually got extremely painful and stiff, to that he could not put on his uniform khaki coat. He tried all sorts of treatment, but was told that his osteoarthritis, which was a BONY GROWTH at the ends of the bones like spicules, was incurable. After giving enough time to prescriptions of top homoeopaths of Calcutta (my professors and Dr. Choudhury) he read one day in Clarke, the first sentence under **Aur. met.** “Gold is a great solvent...”. He took one dose of CM, and left it to work. Nothing happened for six weeks. Then every bit of trouble got cured in one week.

This is the “latent medication,” words coined by P. P. Wells. Of this lesson I shall deal later.

Absolute faith in homoeopathy, intensity of study of *Materia Medica*, always picturing the keynotes and other Kentian pictures and keenest desire to cure the patients made my uncle one of the finest prescribers of the time.

His enthusiasm supported me in the darkest hours and guided me to master the keynotes ON THE LINES HE HAD FOLLOWED. ■■



# HOMOEOPATHY IN MY PRACTICE\*

**F**rom my earliest days of observing or studying homoeopathic cures, from 1932 July, I had admired the magical improvements and cures of serious ACUTE diseases like Cholera, Malaria, Flu, Dysentery, Diarrhoea, Pneumonia and even 3 or 4 cases of Diphtheria, both in recorded cases in the old journals of the time of Lippe, Allen, Wells, Dunham, Nash and others as well as the beautiful, snapshot "hits" of the right remedies by my uncle and also my teachers in Calcutta. I found out that *Allen's Keynotes* and *Boger's Synoptic Key* held the "KEYS" to these remarkable cures. I was a serious and thorough student of *Materia Medica* and almost learned by heart the "keynotes". At least by referring a few pages, I could find the right symptoms for my prescriptions.

It was a joy to be able to help hundreds of patients through this method. But a few problems were so urgent and serious that this method was not enough. For example, real pathologically affected problems like hydrocele or elephantiasis, tuberculosis, locomotor ataxia, fibroids, tubercular glands and really bad tonsils and adenoid growths, rheumatoid or osteoarthritis, bony growths, even warts of some varieties and tumours, naevus, leprosy and such destructive or proliferative diseases were NOT CURED WITH THIS TYPE

OF PRESCRIPTION. And after attending more than a hundred or two seminars, conferences, lectures and also discussing with honest senior homoeopaths, I think these and quite a few diseases are NOT cured by Homoeopaths trying either the Keynotes system or the Holistic, Psychosoma based, Mental hunting, Classical Homoeopathy.

There was one serious disease of children especially of high caste (vegetarian), in Madras called Infantile Cirrhosis of Liver (and Spleen also affected). Two or three native medicine practitioners claimed to cure and did good work. I failed miserably for 2 years. Then Burnett gave me a hope and I got his liver remedies **Chelidonium**, **Carduus mar.**, **Hydrastis**, **Leptandra**, **Merc. dulcis** etc. and **Mag. mur.** and **carb.**, **Nat. sulph.** and so on, and on his indications used them in Q or low potencies - and I also got known as a curer of this dreaded disease. It was pathological homoeopathy AS ADVISED BY BURNETT.

Madras was famous for two other things Madras Summer Boils - also called Madras Boils and Madras Eye. Only after a purely pathological (?) prescription of 3 or 4 "specifics", I mastered the disease - Madras Boils with 100% cure rate and curing and aborting even ripe, deep abscess within a week. The standard prescription (with slight modification as needed by the constitution) was (1) **Arnica** 1000, (2) **Sulphur** 1000 or **Merc. sol.** 1000 and (depending on the maturity of the boils) **Hep. sulph.** 30 to 1000 and **Tuberculinum** 1000 (after 10 or 15 days). But the real secret I thought was in the use of **Gun powder** 3x - 3 to 4 doses daily in between the high potencies. I must have used pounds of this great *Gun powder*. I learned it from Clarke's Dictionary and his small booklet.

Whenever strangers meet us in trains or journeys, do we not get questions like this? "Doctor, my daughter (or some patient) suffers from ugly warts on face and neck and they are growing in number. "They say homoeopaths cure warts." Could you help?" The development of a wart or wen or a naevus is a peculiar pathology; and luckily for us, our master and others found their remedies. Hundreds of these have been cured by us with our *Thuja*, *Causticum*, *Natrums*, *Dulcamara* or *Acid nit.*, and other remedies, basing our prescriptions only on location and type of trouble - NOT based on the mental make up of the patient who may not even be seen by us.

Dr. Margaret Tyler, a perfect Hahnemannian Homoeopath gave us or publicised the three great remedies all based on thinking pathologically. The first one *Drosera* in Tuberculosis. It has CURED INNUMERABLE cases of Primary Complex in children and their Allergic Bronchitis; it has cured T.B. glands and joints. Please read about its discovery by Dr. Curie, in the "Drug Pictures". Next wonderful remedy is **Tarentula cubensis** in Carbuncles. The third was for me a great help. It was **Terebinthina** in kidney trouble. Well, with this, **Glonoine** and **Serum anguillarum**, we have some hope for kidney patients. I need not mention that her greatest work was in the practical use of nosodes of acute viruses and infections in extremely difficult and even incurable cases. Long live her memory and magic cures!

Some 'remedies' get into our Materia Medica by chance or fluke. One of my uncles, a user of fairly strong doses of **Insulin** injections daily, used to suffer severely from faintness, exhaustion, tremor, all gone symptom, sweating, etc. sometimes from an over

dose to be usually controlled by glucose water, but leaving him exhausted. One officer in a large company used to suffer exactly similar thing, accompanied by Low Blood Pressure, etc. giving a fright to him and others every time. *Sulphur* (11 a.m.) and other remedies were not working quickly or well. Once I saw him in the attack and being reminded of my uncle's *Insulin* symptoms, gave him 30th of *Insulin* - 3 pills. In 2 minutes he felt normal. I have tried this *Insulin* for similar "Low B.P." or "low glucose" conditions, with dramatic results. It is their standby 30th potency. I must mention that *Aconite* high is also great - if there is fear.

Well, I have given a few examples of pure Homoeopathic remedies doing their wonderful work, not basing on the type of person like blonde, brunette, tall, short with no reference at all to their so called temperaments or mental symptoms.

Recently my friend Dr.K.G. Reddy, M.B.B.S., who is studying a course for M.F. Hom. at Hyderabad, told us about a Homoeopathic Doctor who cured a case of a large angioma affecting the whole upper portion of right side of face down to nose, cured within a month or so by *Abrotanum*. "What? *Abrotanum*? How did you select it? What were the mental or other symptoms?" The Doctor opened his Boericke's *Materia Medica* and showed under face: Angioma of the face.

I can challenge any "Mental searching" classical homoeopath, to find this curative remedy, as Boericke being not on classical lines, would not be read by him. William Boericke is my last guru. We owe him a lot for his discovery of sixth edition of *Organon* and his *Manual of Materia Medica*—full of gold nuggets. ■■

# ALLAHABAD SPEECH\*

*Dear colleagues and friends,*

I feel happy and proud to be in such an august meeting. I have been asked to give my experience in the treatment of arthritis, which means any trouble, which makes the joints in our body either inflamed or weakened or painfully difficult to move. As almost cent percent of the members here are well versed in both the pathology and symptoms of the disease, as well as the common remedies in our materia medica. I shall not talk about *Bryonia*, **Rhus tox.**, *Ledum*, *Kalmia* etc. I would like to talk about some incidents and cases that taught me wonderful lessons in the technique of treating.

In the early days of my practice, in 1939, while working in the Ramakrishna Charitable Dispensary, a lean lanky weak, young man came for treatment of a peculiar vomiting – of every solid food – for almost nine to ten months. He was from a village and had been in the General Hospital for nearly a month with no benefit. In the outpatient work we do not get much time, but I usually asked for information as to how any trouble started, the incident that started it. It seems in the previous year his master had ordered him to cycle urgently to the next village about ten miles (16 km) away and get a letter. He started at about ten a.m. and returned by about noon in very hot sun. Tired and sweating he went to the well and

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\* Lecture delivered at All India Homoeopathy Congress on 28-12-2000.

took a nice cool bath drawing pots of cold water from the well, and sat for his meal. This was vomited. From that day the trouble had persisted. You all know the remedy. *Rhus tox.* 1000 one dose dry on the tongue, with a request to stay one more day in the city, as I wanted to know the result next day. He sat there for an hour and then went to a restaurant and took some tiffin – our idlies. No vomiting. Then the noon meal and night dinner was freely taken and next day he came and prostrated before me, cured.

Now this is not just joint trouble, but the lesson of the value of etiology was hammered on me so much, that even now after sixty five years, after writing down complaints one after another, I try to find out the etiology of the important complaints – and start treatment on this BASIS.

I hope you all have read the greatest example of this in our literature of case of an impotency and sterility of fourteen years, cured with *Lac. can.* CM by the great Dr Adolf Lippe, as the patient had suffered a bad case of Diphtheria, with the symptom of changing sides (case reported by Dr Wesselhoft). For example **Symphytum** never fails to heal the fractured bone. **Hypericum** never lets you down in nerve injuries, the total number of remedies for warts are not more than a dozen, of course each individualised on type, location etc. I hope the elders here will confirm this experience.

Next, lesson learnt from my uncle Dr D.N.Koppikar. It was he who had made me a homeopath instead of a car mechanic. In his 53rd year or so he got severe pain in both shoulders one after the other, some small fall when playing Badminton – it was diagnosed as Osteoarthritis. Treatment – both ours and allopathic did nothing. They said it was a sort of growth between two ends of bones in a

joint. After three years of suffering he read in Clarke's Dictionary of Materia Medica, under *Aurum met.* the first sentence "Gold affects profoundly the entire organism, exercising a *solvent action on the tissues* producing ulcerations and DISAPPEARANCE OF NEW GROWTH". He asked for one dose of CM from Roy & Co where he had been sitting and reading, and took it then and there. Nothing happened for nearly six weeks. Then in one week he was completely free from pain and no trouble till his death, 10 years later.

Our master says, "Knowledge of the diseases, knowledge of the medicine and knowledge of how to use this medicine are fundamental to the art of Healing." He condemned the prevalent method of basing pathology on theorising and stressing on obvious symptomatology. But now with vast improvement in diagnosing and aid of sophisticated instruments we can find out even hidden illness. To the diehards of Homeopathy, the word "Pathology" is taboo.

*Aur. met.* has worked magic in different types of bone diseases like calcareous "spur", unhealing fractures (due to wrong testing) and also uterine tumours (which are only growth, esp in its salt form of muriaticum natronatum).

There is one more truth which I believe in "If a drug has produced and/or cured a particular pathology, like enlarged liver, spleen, etc. in one person, it MUST be able to do the same in another case of the same pathology, irrespective of so called "Constitution", "Mentals" or "individuality" of the person.

Next experience, I grew up in a place called Udipi, famous for Krishna Temple. In my second year in Homoeo college 1934, when

I had gone home during Pooja holidays, I was asked to help a Brahmin lady about 35 years, fair and lovely, suffering from a severe rheumatism of almost all joints, bedridden for more than a year. The fingers especially were prominent with swelling, I felt **Medorrhinum** should help. As I was having no medicine with me and returning to Calcutta, I asked them to get *Medorrhinum* 30 from Kankanady and give 3 pills twice a day for some time. Now how long is some time? I saw her next year wonderfully healthy and fit and to my surprise she said she was still taking 2 pills once a day.

A similar experience I had later, one Mr. Mangesh Rao, an old friend of our family aged about 70 years, had painful swellings of both ankles, and every time there was aggravation, there would be a red rough rash around the joint, a typical streptococci problem, as I had read somewhere. I prescribed **Sulphur** 6, a small bottle of pills. As he was going to Bombay where his son was transferred, he phoned me to let him know the prescription, I met him at a wedding in Bombay, two or three years later, extremely healthy, no trouble of ankles. He also told me with a smile that everyone was asking him what Kayakalpa he was taking, as he was growing younger. He told he was still taking sulphur 6 two or three times a week.

I have seen this effect in quite a number of cases later. From what we gather from the study of case books of our master, published in Heritage November 1999, by Dr Rema Hadley, he was using the method and developed the millessimal potencies mainly for this.

Some of you, seniors, members must have come across



Dr. Magan Bhai Desai and his admirer, late Dr. Sarabhai Kapadia doing wonderful cures by repeated doses of high potencies for months, saving and curing desperate cases.

One Krishnamachari saw me first time in 1943 from Cuddalore on the Madras coast, 100 miles down south. The area is full of filaria and he had it in a bad way, getting the usual fever every fortnight (midnight) and a huge elephantiasis of his leg with sores and blebs. I gave him **Ars. alb.** 200 and **Silicea** 200 alternately every ten days and **Pulsatilla** and **Belladonna** 30s for acute phases, which controlled the fever. Then as he was far away gave a prescription of **Hydrocotyle asiatica** tincture 5 to 7 drops twice daily to be purchased in a nearby town. He used this regularly without intervals. It was a wonder for all of us to see him fit, and the leg becoming thinner and healthier month by month, year by year. He used to pay a visit to me once a year in summer and used to bring a huge jackfruit carried by a porter from the station, a regular pilgrimage for him until his death at age of about 80 years. It is this method, which has helped most of our patients of rheumatic arthritis, with severe deformities in joints and stiffness. I think this was the method of Burnett and others who cured such incurables.

Please note that I am narrating the lessons that I learnt and which improved cure rate as years rolled by. They are not chronological.

The next lesson had started in the college, Dr. S.K. Banerji, our clinical medicine professor read out chapter called "Focal Sepsis" in the text, and said that a condition called acute rheumatism with fever is always a heavy streptococcal infection. These germs are always there, somewhere in the body, like tonsils, colon, appendix

but when due to any reason like drenching, overwork, viral fever etc., the vitality is lowered, these germs suddenly start multiplying, causing even septicaemia, acute rheumatic fever, or even leading to endocarditis. You might know that in those days for some years there was a craze for tonsillectomy, appendicectomy, etc.

Some how, this did not impress upon my mind. I was going on treating arthritis with the usual *Bry.*, *Rhus tox.*, *Sulph.*, etc., but not quite successfully in relapses. I did not care about heart complications but it was routinely checked.

The first case that taught me something was my distant relative, a retired officer. His left shoulder joint was painfully swollen. The usual medicines, including *Ferr. met.* etc., did not help. Neither was allopathy doing better. He was advised to get an x-ray done. He went to his old friend, the best x-ray specialist who refused to take it, but took one of his jaws. There was a large pus pocket in the root of the molar; on his advice the tooth was extracted. The shoulder got well in a week or ten days.

Even this did not change my method of treatment. Once I had gone to Madurai for a conference and was asked to see a boy aged about 8 or 10 having acute rheumatic fever, being treated by the best homoeopath of that city. I was shocked to see his heart beating about 130 to 135 per minute. Sometimes an extra systole and slight murmur. I asked them to get **Pyrogen 200** (also 1000 for future use) and give it in spoonful doses from a tumblerful of solution. As usual as most patients, there was no news at all from them. Three or four years later, I met the parents and the boy at a wedding in Madras and then came to know the he had been cured completely by *Pyrogen* alone. It opened my eyes to the streptococcal infection

and the influence in Rheumatism and Arthritis. I get *Streptococcin* higher potencies and I am glad to say that it is at the head of the groups of medicines – *Sulphur, Tuberculin, Psorinum* and so on in the treatment and cure of chronic cases. We really cannot cure the repeated septic tonsils without this great remedy. Please use it more and see.

You know we homoeopaths get cases given up as bad by other systems. I must mention one, which has a lot to do with joints. In 1940s I saw Mr. Swaminathan, suffering from severe psoriasis. He was owner of a large nursery, spread over in a garden. His most troublesome problem in addition to skin was the rheumatoid arthritis – making him limp, very painful and deformed. It was only after struggling with various books, I came to know two remedies **Radium brom** and **Guaiacum**. With *Radium* 200 and later 1000, at biweekly, then monthly intervals and *Guaiacum* 3, or 6 daily, even while taking *Ars. iod.*, during his skin exacerbation period, his joints improved greatly and he could walk about in the large garden to supervise the work. He was my well wisher, guide and help till he died after a long life. This combination has helped a number of such patients to lead a fairly normal, useful life, walking about etc.

One experience in 1950 taught me that there is more to be learnt than simply prescribing the indicated remedy. I was called to visit an old couple, almost confined to their rooms. It was a fairly large house, and a large Marwadi family. Grand parents, their three or four sons, and their families all living together, of course with enough rooms and space. Being clever businessmen they wanted me to see nearly eight or nine patients. Well, most of them

had two things in common, large, painful joints especially knee and ankle and all seniors without teeth or with dentures and almost every one having bleeding, receding gums. On minute enquiry I found that they were extremely orthodox Jains, not eating anything without boiling and no vegetable growing underground except potatoes and no tomatoes (firangi food). There was a large glass jar on the table, with Rasiklal scented (broken) supari, which was just eaten off and on by everyone young and old. It pricked the already weakened gums due to chronic hereditary Vit C deficiency. I suggested them making at home similar supari of Gooseberry (amla) drying the pieces in sun, with salt and other spices added, as amla has large amount of Vit. C, also celin tablets 200 mg. everyday for all inmates. I was their family doctor for more than twenty years and found remarkable changes in health. Of course **Merc sol.** and **Carbo veg.** did wonders with teeth and gums too.

The next experience is even more interesting. One couple in their forties, were awfully constipated even leading to threatened piles. All my prescriptions were only temporary. Their main trouble of course, was rheumatism, with inability to use squatting position in Indian style latrines, and obesity. I think they got fed up and consulted an Ayurvedic Pandit and started taking – daily “Triphala Choorn” made of Harda etc as laxative. Their getting rid of constipation this way improved their rheumatism wonderfully.

We know that most joints are like hinges on doors, and get rusted and fixed, if not used or moved daily, inflammations acute or chronic bring about extra fibrin formation leading to painful stiffness. The more the pain, more the rest, and more this stiffness. Make the patient go on moving the joint, even with pain. In the

Panchakarma of ayurveda, massage with various medicated oils, hot rice gruel (like kheer) etc has cured chronic stiff joints, as you must have heard by Kerala specialists. Modern Physiotherapy must be used by us along with our homoeopathy. Please encourage the patients learning some physiotherapy and asanas and teach them.

Over doing or over strain is the greatest cause of joints getting sprains, strain, tear of ligaments etc. Dpn't hesitate to support the special spots like knees, ankles and neck with proper bandages, kneecaps, neck collars; lumbo sacral belt is a boon to persons like me.

Heat helps to loosen up the joints or inflamed parts and relieves pain. Fomentation, hot baths, infrared lamp, ultra short wave therapy are all helpful to hasten the cure. I have found a mixture of **mustard** and **neem** oils in equal proportion – the best for rubbing by patient himself before bath, after wiping off oil (to remove the smell). ■■



YOU CAN MAKE A BIG  
DIFFERENCE IN  
EDUCATION

# History





# **THE OLD MASTERS AND THEIR CONTRIBUTIONS TO HOMOEOPATHY**

**R**espected Chairman, President and members of the A.P. Homoeopathic Association, brother and sister Homoeopaths of Hyderabad. Ladies and Gentlemen, I thank the organisers of “Dr. Seshadri Memorial Lectures” for giving me an opportunity of coming to this great city and meeting so many enthusiasts of Homoeopathy. This specially brings to my mind the happiest days I spent in the company of my well wisher, late Dr. N. M. Jaisoorya. There was an idea of my migrating to Hyderabad and working with him as we had found so many things common that we liked. Anyway destiny kept me on in Madras. But I still have a nostalgia for Hyderabad.

Now, to our business. The subject for today is “The Old Masters and their contributions to Homoeopathy”. Today I have come here to praise and honour our greatest Homoeopathic Pioneers and their stupendous work. If we, the present day Homoeopaths are able to take it easy, earn name and money, spend time on T. V., cinema and other recreations, and still manage to cure cases, it is because these old giants have brought up the science, simplified the Materia Medica, prepared Repertories, brought out nice and handy books for even laymen and have done enough research to last a century.

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Lecture delivered at A.P. Homoeopathic Association, 1983. Homoeopathic Heritage, July 1983.

All of you must have read the story of a hard working and once prosperous gardener, who lay dying, sorry that all his sons were lazy and allowing the garden to go fallow. On the day of his death, he was seen struggling to get up and go out but the sons were preventing him and asking him why he wanted to go into the garden. He told them that he had buried a family treasure chest in a place in the garden, which he wanted to show them and died before he could. The story goes that the sons dug up the entire garden, found no gold or treasure, but prospered, because the garden WAS their fortune and their hunt for treasure WAS their salvation.

In contrast with that story, the great garden of our *Materia Medica*, the ancestral property inherited by Homoeopaths is not FALLOW. The successors of Hahnemann, our grand fathers and uncles did fantastic amount of work, and left their legacy much richer, with special embellishments and marvelous handy work, beauty spots, short cuts, and extremely rich orchards for all to come, pick and choose and benefit. It is for us, the inheritors to seek and find and reap full benefits from these masterpieces.

In a way, it is a pity that the ancestral property is felt to be unwieldy and too big for our present day easy going, "Digest" type of simplified life, so that we are unable to make full use of it. One reader of the Journal "Homoeopathic Heritage" of which I happen to be the Chief Editor, criticised the length of an article by P. P. Wells. I felt sorry. That great man extremely busy and in his ripe old age, managed to find time to write it for the benefit of younger, struggling Homoeopaths and this modern great man found it too long to go through! Luckily there are amongst us quite a number of sincere Homoeopaths who would like to be like those great men

and would like to know more about them and their work. This hall is full of them. I am sure you will all enjoy the combined safari and treasure hunt we shall indulge in, in this garden. Allow me to be a guide.

The first thing that strides us on entering our garden is the magnificent "Hahnemann Centre", the Brindavan created by our original ancestor. What a colossal work! He developed both the Science and Materia Medica. It was one thing to discover the Law and Principles - that diseases would be cured by similarly acting drugs, but it was quite different to use the Law without tools; the symptomatology of pure, single drugs was just not there. It is the glory of Hahnemann that he got around him a band of disciples, and set about experimenting and proving the various known poisons and drugs on these persons, one by one, meticulously keeping records, noting every deviation from their normal health carefully. Every new edition of Materia Medica contained new drugs, and lots more of symptoms. This went on for years and years till his death by which time the "Materia Medica Pura" and this portion in "Chronic Diseases" became a vast store house of symptoms and knowledge.

In the vast European Museums and Churches of Rome, Milan, Venice, Paris, Amsterdam etc., every work of art is identified with its maker's name. In addition special places of honour are allotted to the great masters like Michael Angelo, De Mello, Leonardo Da Vinci, Van Dyke, Rembrandt, so that people do not miss admiring them.

On the other hand, the Hahnemann Centre is like a Temple or Monument in India, where no artisans were respected individually.

Who knows which great man did which sculpture in Belur, which artist drew fresco in Ajanta, who erected which part of Taj Mahal or its great marble work? I wish Hahnemann could allot special places for the work of these great disciples, and mention them.

So I am sorry I cannot show you the individual work of these disciples, like Fleming, Franz, W. Gross, F. Hahnemann, Hornburg, Langhammer, and Stapf who proved most of the medicines - a heroic and patient work. Their work is merged in the ocean of *Materia Medica Pura*. Only scholars, especially interested in one of them, will be able to see that name on hundreds of extremely valuable symptoms in the *Materia Medica*. Let us honour them as we do at the foot of the "Unknown Soldier".

I shall, however, mention two or three outstanding ones. The disciples closest to Hahnemann were Stapf and Gross. Stapf was the one who collected, corrected, and got printed all the thousands of symptoms as they came out of the provings. It was his greatness that there were practically no printing errors in his "Archives" which he published till his death; this, in addition to his active part in provings. Gross who also did similar work left his separate mark in his book "Comparative *Materia Medica*". All the later books on this subject merely copy this and add a few items. Let me also mention Rummel, who edited the homoeopathic Journal "Alig. Homoezeitung," which carried all the researches and great articles of masters like Boenninghausen.

Let us now visit the fabulous SQUARE built by Count Van Boenninghausen. He was the greatest among Hahnemann's disciples. His life and adventures read like a novel. I hope, you have all had the good fortune of reading his "Lesser Writings,"

and of referring to his "Pocket Book" frequently. It may be that some of you have not the luck so far. Don't delay. Study this book at the earliest. Now permit me to show HOW the great work of his, the 'Pocket Book' was conceived and built up.

Till then, every one, including Hahnemann, had to work laboriously, first writing down on left side the list of symptoms of patients, and then go through the Materia Medica scheme especially to those regions affected and see if any remedy had a similar symptom. But many a time such a symptom as completely described by a patient just did not exist in a single remedy proved till then! And there was no other way they knew to fit the remedy to the totality! This was the daily wail of all Homoeopaths. Boenninghausen too faced this problem. He meditated deeply and long during an active life and brought out his most wonderful and brilliant postulates: —

(1) A remedy that has produced any symptom in a Location is capable of curing any other symptom in that Location.

(2) If it has produced a particular sensation or ailment in one part, it CAN PRODUCE and when used Homoeopathically CURE that sensation or ailment in ANY OTHER PART OF THE BODY.

(3) Similarly, a strong or peculiar MODALITY noted in connection with ANY SENSATION, will be the characteristic modality of that remedy, any where else, in any patient, for any other symptom or ailment.

We, who are enjoying the work of remedy selection today through repertories, can have no idea of the tremendous possibilities opened up for the homoeopaths of that time.

But theorising and coming to conclusion was one thing. He had to make it work. So just as his Master started creating the *Materia Medica Pura*, Boenninghausen started working on the practical side of its application.

First he split every single symptom into its three parts Location, Sensation and Modality and keeping the headings within working limits listed all these pieces of symptoms into these. As he went along, he used his fantastic knowledge of the *Materia Medica* and graded the remedies appearing in these different RUBRICS.

You will be surprised at the precision at this method of selecting the remedy.

Now let me enumerate a few of his other achievements:

(1) Next to the ANALYSIS of all the symptoms of our *Materia Medica*, for easier reference, the most wonderful original work is his essay on the "Characteristic Value of Symptoms." He is the first and only one to define the qualities needed to complete a symptom. His Latin Hexameter - "Quis? Quid? Ubi? Quibus auxiliis? Cur? Quomodo? Quando?"

- (i) What type of person
- (ii) Nature of disease
- (iii) Where is the seat of trouble
- (iv) Concomitant
- (v) Cur- why - the causes and
- (vi) Modalities - is a standard that no Homoeopath can be ignorant about. Every development of our *Materia Medica* is based on this rhyme.

(2) Now look at his absolutely meticulous and unique Research Project. How to determine whether low potencies or high potencies worked faster or better?

Well, he had large case record books, each volume covering a particular period, say six months. You know what he decided? For a period of say five years he gave to every patient only 30th (or lower). The next ten volumes showed prescription of 200th in every case of men and women and animals. Only after prolonged success and better results with 200th (or above) did he affirm that they were BETTER. Mind you. NO CONDEMNING the low ones; they also had worked and had their uses!

(3) There used to be a remark by our opponents that homoeopathy was only faith cure. Well, he treated most successfully animals and his case records are proof positive of its efficacy in animals and thus NOT simply faith cure.

(4) He discovered great many specifics on the lines of his Master Hahnemann. His **Acon. 200**, **Spongia 200** and **Hep. sulph. 200** (for croup) was but one. The wonder is how these were selected out of hundreds from the *Materia Medica* but if you read it, you know.

(5) Homoeopaths have used **Thuja** as a remedy for smallpox and vaccinosis. But very few seem to know who discovered this and how. Well, it was Boenninghausen. See his beautiful deductions. He explains: "The observations, repeatedly made that during such epidemics (of smallpox) malanders are frequently observed in horses, brought me to compare with the symptoms of smallpox the specific for this disease in animals (*Thuja*), and the

result proved so decidedly favourable that I used the same in the first case of smallpox that was entrusted to my treatment. It exceeded all my expectations. On the fourth day the pustules were all dried up; on the eighth day they had fallen off and no pockmarks were to be seen.

“This decidedly favourable result caused me not only to use the same remedy with all the following smallpox patients but to also use the same remedy in several houses where smallpox had broken out, as a prophylactic and lo! Also here the result was favourable, and no case came to my knowledge where after using *Thuja*, any other member of the family had been infected.

“As I have hardly used anything for five years but high potencies, and with such good results that I shall probably never again return to low potencies, I also used in smallpox cases only the 200th potency of *Thuja*, giving a few pellets as a dose every other evening”.

So you see how his success in veterinary practice had led him to this great remedy!

I am sorry time is up. We have a lot more to see in this garden. I shall only draw your attention to that special corner where you see an essay written in a golden book, and wrapped in a red silk. Please open it and read it. It is titled “Three Precautions of Hahnemann”. Perhaps it is his greatest contribution to successful “Cure of Chronic Diseases”.

Now we approach the “Hering Square”, the monumental work of the greatest student of Hahnemann - Constantine Hering. He carried the torch to America. There is no department in our system, which he did not build up. He started the first Homoeopathic College



in the world - the Allentown Academy - along with his friends - each more enthusiastic than the others. The students knew only English, but all the literature was in German. So, every book was translated and printed in English - and provings! My God, the *Materia Medica* grew hourly with so many working at it. Every new disease was a challenge and every cure an experiment reported to Hering whose files grew and grew to form the *Magnum Opus*, the *Guiding Symptoms* of our *Materia Medica*.

Hering has been worshipped as the greatest hero among homoeopaths for his capture of the dreaded *Lachesis* and squeezing of its poison out. All others in the room ran away and he becoming terribly affected and delirious for two days.

His first question to his anxiously attending wife when he regained consciousness was, "Have you noted all the things I did and said?" Indeed *Lachesis* is but ONE though main among the drugs proved by him. Almost his entire wealth was needed to publish the ten volumes of the great book, "*Guiding Symptoms*". His son-in-law, Dr. Knerr, completed the printing after his death. Well, this whole Hering Square is full of his wonderful energy.

See that Billboard in large prominent letters. Let us read it.

Law of (Direction of) Cure by C. HERING

Cure takes place

- From above downwards.
- From within outwards.
- From more important to less important organs.
- In the reverse order of the appearance of symptoms.

Before leaving the Square, let us also note his famous phrase. "Three legged stool" Which has been used in the best type of "Key-note practice."

The sapling brought to America by Hering and a few others was growing but needed careful nurturing and grafting and spreading. It was at this time that great scholars came in - men who studied German - every night and carried on the habit of nightly study for half a century.

Lest we miss and bypass him, I want to remind you of the tremendous literary and scholarly work of Richard Hughes of England who patiently verified from the original sources every symptom in Hahnemann's *Materia Medica*. The fact that he would not believe in dynamisation and high potencies unfortunately led to his being criticized and voted out and condemned by Lippe, Fincke and others. His *Cyclopaedia of "Drug Pathogenecy"* has cut out every symptom produced or cured by potency above 12th - but every symptom given is absolutely reliable. The other masterly translator of Hahnemann's works to English was R. E. DUDGEON.

The grand old man respected by every one was P. P. Wells, a friend, guide and adviser to every one. His numerous articles, full of knowledge and ripe wisdom embellish the pages of the famous journals like the *North American Journal of Homoeopathy*, *Medical Advance* and others. His contribution to our system is vast. Let me only draw your attention to his idea of 'Latent Medication', which is found in his treatise on Typhoid. He has beautifully reasoned why we should expect an "Incubation Period" after administering the remedy. Many brilliant cures are a proof positive of the

correctness and value of this advice. He was no wonder the right hand of Hering.

Now what shall we say about the “Eiffel Tower” of Adolph Lippe-the greatest prescriber in Homeopathy? Perhaps only a small fraction of his knowledge has been collected in printed words, and that is great. He raised the Keynote system to an art. His memorable sentence is, “If from the numerical totality of symptoms we remove all those explainable by pathology of the disease, the remaining are the symptoms of the patient and it is they that guide us to the remedy”. His fearless battle against any one doubting the high potencies or any one tinkering with *Materia Medica*, which was a sacred treasure, was always bitter and ferocious. He won because all the best cures were on his side. His greatest battles were against Richard Hughes, Dake, and others who were throwing out symptoms from the *Materia Medica* arbitrarily only because they were produced or cured by potencies above twelfth.

Now kindly allow me to admire with you what I consider the “greatest case of all time”-reported by Dr. Wesselhoeft who wrote of Lippe.

It was not only his great knowledge of the finer and subtler indications for remedies... or his judicious examination of patients, which made him an acknowledged master of our art. But mainly that free and wider appreciation of our law, which elevated him to the sphere of the true artist . . .

“I had treated this man for more than 18 months. G. R., age 45, married ten years, for six years no discharge of semen during coitus; occasional nocturnal emissions; erections weak giving out during coitus”.

“While on a visit to Philadelphia, he applied to Dr. Lippe on my advice. Lippe wrote the following:

‘I find that your patient had diphtheria about 14 years ago. The character of the attack was that it went from one side to the other and finally back to the original side. Great weakness, almost paralytic, followed the attack, and he thinks he never regained his vigour and normal strength since that illness. I have given him a dose of *Lac. can.* CM, which may be required to be followed by a dose of *Pulsatilla*. Suffice it to say that he never needed the *Pulsatilla*. In three months his wife conceived.

“As far as we know *Lac. can.* has no sexual weakness. This fact disturbed Lippe very little in his selection. He looked deeper and found the causes and the remedy. This is true homoeopathic pathology. All knowledge in the world of special pathology could not have revealed the remedy to any one. To the homoeopathic artist, however, it was revealed”.

One of his legacies is the “Text Book of *Materia Medica*”. You know how much it was respected and trusted? See the remark of Nash, who was once stuck with an awfully serious case of Dysentery. After a long search, he found the ‘persistent nausea at the smell of cooking food’ under *Colchicum* in this book. He says, “This is Lippe’s Text Book and the 200th potency I have administered is Dunham’s. So why worry? (We read it in his Leaders).”

Oh! In my enthusiasm, I have become like the ancient mariner, taking your time - going too slowly. We have a lot more to see.

Let us hurriedly admire, in passing the labours of the giants of

high potencies - of Jenichen with his mighty arm, giving 30 powerful strokes to raise each potency. Fincke whose invention of Fluxion centissimal raised them to meteoric heights. Skinner and Swan, each one perfecting the machines and keeping process meticulously pure. The only proof of their purity and worth were the brilliant single dose cures performed by them.

Swan's greatest contribution was the development of Nosodes. He had to fight bitterly against the powerful antagonism of Lippe who condemned them as "Isopathy". Luckily their power of curing was fantastic and no one could ignore them. And H.C. Allen supported Swan to the hilt, and published the full book on 'Nosodes'.

Lest we forget, the service rendered by Boericke and Tafel, Leutys and Wilmar Schwabe, in collecting the rare specimens, developing them and helping their distribution deserves all our admiration. Collecting the waters from a particular place in Sanicula, getting the pure lava from Mount Hecla, procuring the spider poisons from Spain and Cuba, Mexico etc., Ginseng from China and so on is another adventure story for which unfortunately we have no time today.

Now let us sit down for lunch, under the shade of the *Materia Medica* tree, and ponder over the metamorphosis of a drug from the ugly disjointed conglomeration of symptoms to a most beautiful picture of the *Belladonna* girl or *Pulsatilla* lady, or *Nux vomica* tyrant. Do you know who did this work? Naturally, only top artists and specialists could accomplish it.

We have seen that our grand old Boenninghausen immensely

enlarged the utility of symptoms and their scope. He did the splitting up work - Analysis. Then though a slow picture was forming rather disjointedly, in the books like *Guiding Symptoms*, it was the great Dunham who, started the beautiful "Synthesis", and many have considered his portrait of *Aconite* as the greatest example of descriptive pen pictures in our literature. His study of *Materia Medica* is the life work. I am sorry it was a brief life of a great artist-scientist. It was wonderful to see the young man, loved and respected by two old masters, Wells and Boenninghausen, who showered their knowledge on him. His essays in *Homoeopathy*, "The Science of Therapeutics" is his great contribution, but the three parts viz,

- (i) Principles vs Practical knowledge.
- (ii) Symptoms, their study or how to take the case, and
- (iii) The anamnesis (in his "*Materia Medica*") is the briefest yet most complete essay on Practical Homoeopathy, which has not been improved upon by anyone to date. I consider his case of deafness cured by *Mezerium*, as equal to *Lac. can.* case of Lippe, the greatest of the great artists.

What was started by Dunham, picturising the medicines like *Aconite* (storm), was completed later by Dr. James Tyler Kent. How these masters collected the random symptoms from the various anatomically arranged schema to portray the whole person, mind and body, is the greatest piece of wander to all.

Indeed, the "Kent Circle" in our garden is so precious that not a single Homoeopath can by-pass it. If his *Materia Medica* and *Philosophy* show the highest thinking of a Master mind, his

Repertory, which was pure drudgery for years, shows his love of Homoeopathy.

Let me draw your attention to the individual great builders of Modern Materia Medica: Guernsey who developed new system, which he called "The Keynote System", H. C. Allen, Nash, Boger (The inventor of Synoptic Key) and Clarke whose three volumes of Dictionary are a separate treasure house by themselves.

The Art Gallery of Materia Medica has almost been completed by Margaret Tyler in her "Drug Pictures" and by Borland (Children's Types). Let us salute their memory and now that we are refreshed, go back to the other parts of the garden. There is one point, which reminds me of a famous stanza:—

*"Full many a gem, of purest ray serene  
The dark unfathomed caves of the ocean bear;  
Full many a flower is born to blush unseen,  
And waste its fragrance in the desert air"*

As I mentioned earlier, our greatest treasures are hundreds and thousands of symptoms and the books that hold them. They were the collection of all these and other great men.

Just think of the way these were discovered.

An artist complained of a lot of symptoms, which he had never had. Hahnemann found that the only new thing was his habit of touching the paintbrush to his tongue - and that had most probably led to *Sepia* poisoning. A new and powerful drug was born. Similarly, the great *Thuja* was also discovered accidentally by the



symptoms like gonorrhoea that it produced in a clergyman, a friend of Hahnemann.

People said that the waters of a particular spring were medicinal. J. G. Gundlach and his entire family went on taking this for proving for one year and observing the persisting effects minutely for five more years of suffering the proving, noting down very carefully all their symptoms. The great *Sanicula aqua* was born, which cured where *Silicea*, *calcareo*, etc., were seemingly indicated and failed. All doctors verified most of their provings in cures.

Dr. Curie, the father-in-law of Madame Curie, did a fantastic experiment on three cats, which are usually considered immune to T.B. He fed them daily with small doses of *Drosera*. They were killed, one after 6 months, one after 1 year and so on. The autopsy revealed the invasion of the mesenteric glands with T.B. indicating the breakdown of their immunity. Now, the report of this piece of experiment in an old journal remained unnoticed and unused until Margaret Tyler saw it. She went back to *Materia Medica Pura* where Hahnemann had praised this powerful plant as a remedy for joints. Now look at her reasoning: "*Drosera*, which kills immunity to T.B., must produce immunity and be thus curative in Tuberculosis. It has of course violent cough and may be a great remedy in *Pthisis Pulmonalis*. But what about T. B. of the joints? This one bit of beautiful reasoning has given us our greatest remedy for T.B. bones and joints.

Burnett was indeed the master of brilliant deductions. His discoveries are so many; it will take me one hour to narrate them. His unearthing of the great discoveries of Paracelsus and Rademacher - of their "Organ Remedies", is perhaps the richest single collection



of remedies in our system. Indeed Burnett has a special place of honour for enriching our legacy.

One of Burnett's remedies is **Carduus marianus**. Once it cured a large varicose ulcer in a patient who was actually being treated for a liver and spleen complaint by Dr. Windelband. Today this *Carduus* is equal to, if not superior to, *Pulsatilla* or *Calc fluor* in the cure of varicosity and their ulcers, which you know are extremely difficult to cure.

Dr. Garth Wilkinson went to Iceland - and near the volcano Mount Hecla, he was wonder-struck at the tremendous exostosis in the jaws, skull, etc. of sheep and other animals; osteoporosis of bones and other bony changes. The wonder was that nearest to the crater, the effect was less than at a distance, where fine ash had flown and spread over grass. Today Hecla is an absolute certain remedy in our hands for all sorts of tumours, exostosis, and so on.

The list of our explorers, who enriched our garden by their discoveries, is long, but the time at our disposal is limited. I shall only remind you of the later giants of discovery, E. M. Hale, C. M. Boger, Bournville and Nabel, Bach and Paterson, P. C. Muzumdar and Sarat Chandra Ghosh, and many others who have vastly enriched our Materia Medica. You can see their handiwork in any good Materia Medica, like Clarke or Boericke.

Any one who cultivates the habit of digging into his garden or even just roaming cannot but be richer by the treasure hunt. There are gold nuggets everywhere. Let me tell you a few examples.

One Dr. Masurker, of Kanara District in Karnataka had a

number of habitual abortion cases to treat - those especially occurring between 70 to 90 days. Most of these you know have a slightly retroverted uterus, which, he reasoned, was caught in the hollow of the sacrum, and the uterus could not grow freely, thus the foetus was expelled. One day he saw the symptoms, "She feels a lack of room for foetus in uterus; inability of uterus to expand; threatening abortion" - under **Plumbum**. He used this as a specific - along with **Aurum mur-nat.** - and the success was almost 100%. He must have cured hundreds of cases in his long years of practice. He used to call this 'Sudarshan'.

In 1940-41, I had a number of filarial cases, swellings or oedemas of feet, which would not yield to usually indicated remedies. One patient was feeling weak especially when sitting down. Now, instead of simply prescribing on the Keynote I referred to *Materia Medica Pura*. I found "Swelling in foot in EVENING (550 m m p.). It became a very efficacious remedy in that type of case. Now, the real point was this as I read along I found. "The ring - hole in the lobe of the ear becomes ulcerated". (110) Well. I have had a large number of cured cases of this trouble in girls who could not wear earrings because one cured case brings two. You see how an accidental reading of one symptom leads to a beautiful remedy.

My uncle's case of Osteoarthritis of both shoulder joints cured by **Aurum metallicum** based on the comment in Clarke's Dictionary that "Gold affects profoundly the entire organism, exercising a solvent action on the tissues, producing ulcerations and the disappearances of new growths", made me think "If *Aurum met* can dissolve osteoarthritis, why not Calcaneal Spur? Well. I

do not know the experience of you specialists of Andhra. I can say that *Aurum met.* 1000 and sometimes 10M have brought me an extremely successful practice in this painful disease.

These few instances are given only to show the accidental discoveries of precious information in the *Materia Medica*, each small discovery capable of building a fortune for the discoverer.

Let us cultivate the habit of reading this great book. Just open any page of a remedy in Clarke or Hering or *Materia Medica Pura* or *Drug Pictures*, we shall certainly find something new, worth trying and perhaps worth a fortune. We shall then be able to ADD our share to the common Heritage of the Homoeopathic System of curing.

Long Live Hahnemann - Long Live Homoeopathy. ■ ■



# **THREE HISTORICAL NAMES ASSOCIATED WITH HIGH POTENCIES**

## **1. LEHRMANN**

He was the right hand man of Hahnemann in his later years so far as the preparation of potencies was concerned. Hahnemann, Boenninghausen and some others used these potencies very successfully. Later, grafts from these were used by Dr. Skinner to raise the potencies of the main polychrests to CM and MM. Lippe wrote about this: "This 200th of Lehrmann is made by hand, just like Hahnemann's preparations; he took a clean phial for each potency. They are really the only potencies made according to Hahnemann's Plan."

## **2. DUNHAM**

Though he came on later, I shall write about him next. In his short life, he was the pet of Boenninghausen, Wells and other great doctors. In spite of busy practice and poor health, he personally potentised a set of medicines to 200th - all by succussion method. But it was an ingenious method. Lippe says: They (the potentising bottles) were put into a box, which was attached to the frame of a saw in a saw mill, and there and then shaken, of course with great

violence. His potencies did not rise above the 200th of Hahnemann, and he did not sell them.

One point Dunham wanted to clear was: Is "personal magnetism" of the successor an essential element in potentisation? He proved that machine made potencies is "much superior, more reliable than those made by hand, they are infinitely quicker made, more regular, and if the machine is properly constructed it cannot err, therefore are much more mathematically correct" (Thomas Skinner). Readers might remember the expressions of Nash, who had a case of *Colchicum* dysentery in his "Leaders" found the symptom "Nausea at the smell of cooking food" in Lippe's *Materia Medica* and wanted to prescribe it, but found that he did not have it in his box. Then he found it in an old, unused box of Dunham's 200ths and said, "Why should I worry? This is Lippe's text book, and this is Dunham's potency". Such was the faith of doctors in Dunham. This case changed Nash into a famous high potency prescriber.

### 3. JENICHEN

The romantic "Bhima" (strong man) of the time was the most mysterious maker of highest potencies in Germany. His life and work are a part of the history of Homoeopathy. Hundreds of doctors did wonders with his potencies, while others like Richard Hughes condemned them as a fraud.

He was a giant of a man from a noble family, and had won laurels in the Battle of Waterloo. He loved horses and rode one proudly to the next town for getting a bride from another rich family, and to his shock found that she had died a day earlier. Somehow he

came to know that she might have lived if only she had tried the new system of Homoeopathy. He did not marry, and being a very brilliant scholar, purchased books and learnt Homoeopathy. He corresponded with Stapf, Gross, Boenninghausen and Hering till his death and introduced a new technique in potentising by his powerful hands.

About his strength, once when riding a horse he saw a carriage dashing at full speed down a hill towards a sudden turn. Jenichen spurred his horse to meet it, jumped off, and with each of his hands holding one of the terrified animals, made them feel his strength and stand still. The occupants of the carriage, the Grand Duke of Gotha and his lady, now left it in order to offer their thanks to their deliverer. Jenichen was pressed to remain for some time with them as their guest; and finally accepted from the Grand Duke the honorary title of Master of the Horse.

According to Stapf's account, this strength in the arms was so great that at the Duke's table he once rolled up a silver plate as if it had been a piece of pasteboard. The Duke had observed an expression of doubt on the faces of some persons present when they heard the story of his adventure with the carriage horses, and therefore requested Jenichen to make an exhibition of his strength upon the silver plate. It has also been related that he tore up the roll of silver into pieces, as if it had been a newspaper.

Hering was practically the only one knowing the secret of his potencies. A year before his death in Feb. 1849, Jenichen offered to Hering to will his entire property for a hospital in Philadelphia, on condition that they tried and used only his potencies. Somehow he did not do this and after potentising sheep's milk and one of the

nosodes (*Sudor pedum*) to 200 and as a last, almost humorous appeal, the *Gunpowder* to 1200, he, unwilling to die slowly of hydrothorax, shot himself dead.

### Extract from Jenichen's Letters

"I close the list of high potencies with 800, and begin the list of highest potencies with 900. To each, highest potency, contained in a potentizing bottle weighing eighteen ounces including the contents and firmly held in my fist or else it would fly against the wall; I give thirty strokes of the arm. The highest potency of *Arsenicum*, the 2,500th, which I will send you next, has received, counting from the 800th, 51,000 additional strokes. It is consequently no sport! (With each such stroke the whole house shook, as was corroborated by Pehrson, who lived in the first story.) The high potencies received but twelve strokes and were potentised in alcohol in bottles 4- 1/2 inches in length and half an ounce in weight. I had these bottles made in order to obtain stronger friction during the strokes: The highest potencies are made with water, clear as crystal, taken from the Schweriner See, but in a widely differing relation of substance to vehicle, viz., 2 to 12,000. If you ask me what is the exact proportion of composition in the highest potencies, the truth must out; but I beg of you to hold on to your chair lest you should fall when you hear the answer. It is the following: I am ignorant of it myself! The circumstance was fathered by chance. I was about to potentize *Plumbum aceticum* from the 29th (it was run up that high from the 4th, but eight years ago) to a high potency. I found the phial empty and dry. The cork was shrivelled and loose in the neck of the bottle, perhaps had been so for years. I filled up three- fourths of the bottle with alcohol, gave



it a few shakes, let a drop fall into the potentizing vial, containing 300 drops of alcohol (my regular proportion with the high potencies), ran it up to the 200th, and saturated with it some globules in a small cylindrical phial. (At this point he makes mention of a brilliant cure of stinking foot- sweat of two years' standing, cured with this preparation of *Plumb. ac.*, and of which there was no return two years and two months later.) From this time forth I made all the high potencies of the earths and minerals, as also some others, from evaporated phials. Your advice, 'higher every year,' is perfectly correct, only do not expect all the remedies. Some I shall potentise higher every year, and always 400 degree higher, each receiving ten strokes more. I feel a desire too to make a special potency for you of some peculiar preparation. My idea is to run it up from the 2000th, in the heavy potentizing bottle, and give it 10,000 strokes, but only raise it eight degrees thereby. I am curious to know what kind of a preparation this would make, and whether it would act any differently. I would take an evaporated specimen as usual, but finish the potency in two hours without resting. I believe higher than 2,000 no one can expect from me without being impertinent. I am willing, but shall not promise for certain, for the work is too extraordinary, too tedious, and requires too much time."

Dr. E.W. Berridge remarks: "Such is the Secret of Jenichen High Potencies. It clearly shows that these preparations were genuine high dilution potencies; and that the potencies up to 800 were made in the proportion of 1 to 300, each potency so made receiving twelve strokes; while those from 900 were made in the proportion of 2 to 12,000, each potency so made receiving thirty strokes, ten extra strokes being added to each potency for every 400 degrees they were raised. While, as if guarding by prophetic

instinct against a misinterpretation of his method, when he speaks of running up the 2,000th potency with 10,000 strokes, but only raising it eight degrees thereby, he characterizes this as a "special potency," and expresses his desire to ascertain whether it would act differently from the rest."

All these three were "Succussion" potencies. ■■

# WHAT IS FLUXION POTENCY?

(FLUX: Flowing out; flowing continuously etc. (Flusus—flow, Latin)

FLUXION: Rate of proportion at which a flowing or very fine quantity increases the magnitude (OXFORD DICTIONARY).

As an examiner for B.H.M.S students in pharmacy, I was stunned by the following question and the supposed correct answer:

## **Q: What is Fluxion Potency?**

**A:** “It is the potency derived by displacement. It is also commonly known as jumping potency. All metallic and insoluble substances are powdered and triturated into corresponding solid potencies upto 6x or 3 triturations. At that state they are soluble in water. One grain or 0.2 mg of the 6x or 3 triturations is taken and 50 minims of alcohol is poured over the distilled water and corked well. 10 downward strokes, with a jerk at the end, are given. Thus 8x is prepared from the 6x. This is denoted as Jumping or Fluxion Potency”

I have been wondering who used this word “Fluxion” FOR THIS PROCESS first and why.

We have already seen that the word Fluxion was COINED or used for his process of continuous potentising by Dr Fincke.

All the higher (above 1000) potencies in the world were made on the modified fluxion process. "EMPTYING THE RECEPTACLE EVERYTIME" was the most fundamental point in the accurate making of these fluxion potencies- and jet took the place of strokes.

Though in any language one word may have more than one meaning; TO DEFINE FLUXION potency as only a jumping potency for converting solid trituration into liquid at a particular stage is certainly an incorrect definition, especially in a textbook for graduates in Homoeopathy. ■■

# Materia Medica



## **HOW SHALL WE STUDY?**

**T**he question of how we should study any subject concerns us all the time, especially when we come face to face with an art and science like homoeopathy. Where shall we start? Which books are to be studied first, and how? Are there any short cuts to knowledge? Shall we memorise? Similar questions arise in our minds.

Great thinkers have written some essays on this topic and of these, Francis Bacon's "OF STUDIES" is perhaps the best. The full essay is worth possessing and going through. In this essay he says:

Read neither to contradict and confute, nor to believe and take for granted; nor to find talk and discourse; but to weigh and consider. Some books are to be tasted, others to be swallowed, and some few to be chewed and digested; that is, some books are to be read only in parts; the others to be read, but not curiously (carefully); and some few to be read wholly, and with diligence and attention. Some books may be read by deputy, and extracts made of them by others; but that would only be less important arguments (subjects) and the meaner sort of books: else distilled (abridged or condensed) books are like common distilled waters of flashy (insipid) things. "Reading maketh a full man; conference (conversation and discussion) a ready man; and writing an exact man." And therefore, if a man write little, he had need have a great memory; if he confer little, he had need have a present wit: and if he read little, he had need have much cunning, to seem to know that he doth not.

Bacon, himself a master of brevity and condensation has given us in these few sentences so many hints. We should go through all the three varieties of books mentioned by him in our literature. Some books are to be browsed through, some chewed and digested and memorised. As most of us have no claim to great memory, we should make it a habit to write and summarise all important points then and there in a book and have a sort of index for it. Condensed books, well done, are not insipid always. They can have all the interesting things of the original. They have come to stay nowadays. Children are forced by teachers to learn everything from 'Guides' or 'Notes'. Every schoolboy reads romance and adventure books like "Treasure Island." and even bigger novels come out in the form of 'Comics'; but as Bacon says, the taste is indeed insipid. No one learns anything, either the story or the great language of the author.

Now about our study of homoeopathic literature.

When I first saw the library of homoeopathic books and bound volumes of old journals in the library of Our Bengal Allen Homoeo College, I was unnerved about my being able to go through even one fiftieth of these volumes.

All the four walls were lined with almirahs, seven to eight feet high, through the glass doors of which I could read the various titles. Huge volumes - ten of Guiding Symptoms, a similar set of Allen's Encyclopaedia, the three large volumes of Clarke, those of our master, and large repertories, numberless books on various subjects were there to be gone through. On the subject of Materia Medica alone, there were quite a large number of books. Regional



Materia Medica, Repertories and others filled to bursting point, claimed their right to be there.

I felt like Arjuna (the Mahabharata hero) standing on the battlefield and telling Sri Krishna that he would not fight. It was stupendous for me.

Well, I survived the shock. Read and re-read as many books as I could, I must have forgotten half of what I read; but the things remembered were themselves quite a lot - and they sustained me. My great teachers showed the way we should study; each one had his method of study. After all the fundamentals were easy. The books like Keynotes, Boger's Synoptic Key, Farrington's Clinical Materia Medica and Kent's masterpiece of Materia Medica helped to guide me through the vast mine of knowledge.

It is indeed true that every homoeopath must be a student till he dies. But for beginners, the advice of Bacon is indeed a beacon - to be choosy in selecting books and their important chapters. ■■

to have been... and about 1917...

A further account of the... and the...

Well, I don't know... and...

It is not... and...

...and...

...and...

...and...

# **THE STUDY OF MATERIA MEDICA**

**T**here is a poem by a great Saint in Kannada language, consisting of one hundred stanzas. The first one beautifully describes how to gain knowledge.

*“Some from knowing people some from reading proper books,  
Some from seeing people doing the work, some from  
discussing with other workers.  
Some from self-thinking, some from trying and doing,  
We gather knowledge, as drop by drop of rain  
makes the ocean.”*

Well, our Materia Medica looks formidable and people who should teach frighten us. Luckily for beginners, there are beautiful books where three or four of the above wise hints are merged. Knowing people, the old masters were so practical that their lectures and books, luckily available, give us at one stroke, the bookish wisdom; how they did it and describe and picturise the remedy and situation so nicely that they stick with our mind for self thinking and trying out if we choose these.

If we go step by step, not necessarily slowly, we can master the most important and useful remedies, which are not more than seventy five or hundred, within six to twelve months.

I have found that anyone who is really interested in studying *Materia Medica* can understand Nash's Leaders in homoeopathic therapeutics. Read one remedy - both the keynotes and his explanation. Read one or two or three times. It takes only one hour. Then take up Allen keynotes. Read the preface first. This is not done unfortunately by the majority of students. I should recommend this work as the standard reference and study book. I had my book interleaved for adding useful tips and completing the cross-references which are only half finished by Allen. Read the same remedy. Think of the situation where a particular symptom may be before us. The very first few sentences give clue as to what type of patient may need this remedy. Remember Allen was a miser with words. There is not a single extra or superfluous word and everything written has been verified and proved in practice sometimes on countless patients. These symptoms are given in italics or thick type.

If you are interested to know how the particular remedy really acts and what parts of body get affected and so on, it is better to read books like *Materia Medica* by Hale, Boger's Synoptic key, and even Hughes Pharmacodynamics (this is a large book - worth reading at least once sometime). For picturing, it is wonderful to start with Dunhams *Materia Medica* followed by Kent's *Materia Medica*. If you buy *Drug Picture* by Margaret Tyler, that will be ideal. If possible, read the same remedy - (not at one stretch) in these books, in the order I have suggested. I have found Choudhri's *Study of Materia Medica* one of the best books for anyone, beginner or more advanced.

Lastly form your own pictures of the patient - like the *Nux*

patient, *Pulsatilla* patient and so on - and remember we do not need the entire Materia Medica in the patient but the patient's picture must be in the remedy. Two or three keynote suggestions can make the remedy sufficiently homoeopathic.

This is not difficult - at least in acute conditions. ■■



# APPLICATION OF OUR MATERIA MEDICA

All of us homoeopaths admire our great Materia Medica. As it is our bread and butter, we study the remedies one by one, to use them when opportunities come.

Now, as far as the knowing of a remedy is concerned, there is not much difference between one homoeopath and another regardless of their years of experience or extent of practice. All collect the same knowledge from the same source. But, when it comes to the use of the remedy in practice, there is a fundamental difference in their approach, depending entirely on the “school of thought they belong to, or their upbringing. What are these schools of thought?” They are mainly three:—

- (i) The “pathological school”,
- (ii) The “keynote system school” and
- (iii) The “constitutional or patient not the disease school”.

Let us see how study of Materia Medica progressed from early times on these three lines.

The early homoeopaths waited anxiously for new provings and schemes. Their main purpose was to see on what organs or systems the newly introduced drug acted strongly and in what diseases it was likely to be indicated by its similarity. The deadlier the poison, the more powerful as a curative would it be. Boenninghausen’s

selection of remedies for the deadly croup by careful study of *Aconite*, *Spongia*, *Hepar sulph* as well as *Bromium* etc. is an example. Or say the group selected by Hahnemann for treatment and prevention of cholera. The discovery of the action of *Merc. cyan.* and its other salts, the salts of potassium, *Lachesis* etc. were a tremendous boost to the successful treatment of the dreadful diphtheria.

Now, please note that these pioneers were not shy or afraid of using pathology (altered physiology) or disease names in their studies. If for Hahnemann, it was only a comparison between Natural and Artificial (medicinal) disease, so it was for his followers. Pathological similarity was not a taboo, for example *Cantharis*, *Terebinth*, *Helleborus*, *Apis*, *Merc. cor.*, must be indicated in urinary tract infections; all the known purgatives must be good to cure diarrhoeas, and so on. Quite a large number of homoeopaths did wonderful study and wrote books on this, notable being Richard Hughes, E. M. Hale, Cowperthwaite, Farrington, R. T. Cooper, Clarke, and Boericke. Though every one of them selected the drug on its special differentiating indications, they have been shunned and ridiculed, and their prescriptions branded as "pathological" prescriptions.

Doctors Guernsey, Lippe, Allen, Nash, Pullford, Johnson and host of brilliant scholars developed the school of "Keynote System". Anything in the patient and the remedy that was peculiar, unexplainable, whether a pathology or symptom was welcome as an indication for the prescription.

The "Kentian School" studied the remedies and patients on an entirely elevated plane—the Mind, everything pertaining to "I"



generals, desires and aversions, and so they maintain that a constitutionally indicated remedy can cure any pathology or disease. Most of the elite "Homoeopathic specialists" of today vie with each other in being more Kentian than others, and quite a number of them are the professors and teachers of the future generations of homoeopaths.

As we can see here, how we use a remedy in disease depends mainly or entirely on the school we belong to. I have asked many Kentians, their experiences with *Trillium*, *Thlaspi b.p.*, *Geranium*, *Millefolium*, *Hamamelis*, *Chelidonium*, *Carduus marianus*, *Fraxinus*, *Vipera torva*, *Condurango*, *Hydrastis*, and a host of grand remedies. Most of them hardly ever use them in their practice. Only more open minded among them use the nosodes—cautiously and with reservations.

In the controversies connected with these, two unnecessary things cropped in. One was to consider that a particular method alone was right and others unreliable. This led to certain dogmatism and stiffened attitude and prejudice. The second unfortunate thing was the potency. The leaders of the early pathological school led by Richard Hughes refused to accept dynamisation. They would not even accept symptoms produced or cured by any potency above twelfth. It was indeed a great pity. We have also got examples of famous followers of this school, in Burnett, Clarke and Cooper, who use high potencies freely and cured wonderfully. So, this distinction is not watertight. Similarly, many high potency specialists try the impossible task of curing certain pathological conditions with high potencies only. The Keynote school was criticised by the other two as unreliable, as the selection of a

characteristic symptom, both in the patient and in the remedy was entirely a personal judgement.

So now which school shall we join and follow? Which is the best method of studying *Materia Medica*, and using the remedies? Do you not think that, to start with, every one must know the centres of action of a drug, the gross changes it produces, and what disease the remedy looks like? As every homoeopath, of every school must ultimately decide the prescription on the patient's individuality, and also because it is easier to master the *Materia Medica* that way, we all have to use some books of "Keynote" type, be it Nash, Lippe or Guernsey, Allen or Synoptic Key. And the great pen pictures of remedies drawn by the greatest of the great masters Dunham and Kent—how can anyone even think of practising Homoeopathy without going through them?

Only one point remains—In using a drug in a particular case we should not be guided solely by one "School". ■■

# DEVELOPING OUR INDIVIDUAL MATERIA MEDICA

The most frequent advice a student of Homoeopathy receives is: "Treat the patient and not the disease because any remedy in the Materia Medica from A to Z may become the indicated remedy". In actual practice, this does not work out exactly like this. First of all, I doubt whether any one can store or have on hand all the medicines found in Clarke's Dictionary or even Condensed Materia Medica of Hering. And the drugs listed in Boenninghaussen's Therapeutic Pocket Book do not get indicated when working out even in that Repertory. Very few, indeed, will have ever used medicines like *Mancinella*, *Sinapis nigra*, *Myristica*, *Vipera torva* and so on.

The non-use of these and similar other less known remedies does not, however, prevent the homoeopath from curing his cases with other more known remedies. Perhaps he may have to take a zigzag course to effect a cure.

The worst problem with these "lesser" remedies is that they practically never get indicated by any repertory study, especially if the Bidwell method of repertorising is followed. In this method, priority and value is given to Mentals, Generals, and Desires and Aversions. We start with a rubric with a larger number of remedies

indicated. Gradually we come to three or four remedies, after cutting out or eliminating those not covering the next rubric sufficiently well.

Our elders—the pioneers of our system—discovered the application of remedies—New Ones—as they were introduced. They read through the proving not just once or twice, but over and over again until they visualised the conditions under which a particular group of its symptoms might call for the remedy. At the first opportunity, the remedy was tested in a patient having this group of symptoms in whatever potencies available. (The great Lippe, Swan, Fincke, Skinner, Nash and others tested the highest that they had run up on the potentising machines ). That was how they knew their remedies so well, and only they were justified in saying that any of the new or old remedies could cover the case.

It is only by frequent reading, reflection and use that a rare remedy becomes a familiar remedy of daily use.

Let us go back to our great treasure of *Materia Medica*. ■ ■

## **ADVENTURES OF MATERIA MEDICA**

**T**here are quite a few ways of enjoying voyages of discovery. The simplest, for the modern, humdrum people, is to sit down and read about them, or to see them on the T.V. screen. But the greatest thrill, of course, is taking part in them.

I know an old couple, quite well to do who have been visiting Badrinath, Kedarnath and other Himalayan pilgrimages and beauty spots for the past five decades. Their stories of adventure in the long trekking along perilous mountain paths in good old days are thrilling to hear. Lately, they just take a taxi from Delhi and finish the whole trip in a week - and do not enjoy so much!

Most of us, the present day homoeopaths, have become armchair adventurers. We are satisfied with what we get from the "Gists and Digests" of our vast Materia Medica. One of my friends finds "Condensed Materia Medica" too unwieldy! We have the Repertories, the ready-made index. But our view is limited to only a few hundred Keynotes, or some "Constitutions and Temperaments" pictures and so on that we have picked up from the works of masters like Allen and Kent.

This has made us easy going. The spirit of adventure, of trying new drugs by provings and experimenting, of searching for treasures in the original great works like Encyclopaedia and Guiding Symptoms, have practically vanished.

While most of us feel these things, we do not know how to go about doing these adventurous things. I am sure we would all like to do something worthwhile for our great science, some great and valuable discoveries. To achieve this, let us first study and "hear" the old pioneers telling us how they struggled with their cases and provings, and how they built up the Materia Medica, symptom by symptom. ■ ■

## **KNOWING THE REMEDIES**

**T**he most important thing for all of us homoeopaths is to know the remedy, easily and intimately so that we can recognise it in a crowd. It is just like any friendship we cultivate. Suppose we meet a new neighbour in the bus or market every day and introduce each other. We might not have even asked the name first time; if mentioned, it could be so casual that we may forget. But gradually we come to know all things about him; the casual acquaintance becomes more and more of friendship as we get interested, we manage to gather information about him and his family background and most interesting of all, we can recognise him at a distance or in a crowd by some small traits of walking, lifting his head, etc.

Now, this is comparatively simple. To make friendship with the personality of a remedy, it needs a bit of training, and of course reading frequently about the remedy in different books on *Materia Medica*. Luckily for us, masters like Kent and Tyler have done a great deal of work and drawn pen-pictures of many polychrests. It is surprising that every time we read a remedy in one book or the other, some new facets of the remedy gets added to its picture. If by good luck, and because of our waiting for a chance to try the newly studied remedy we are able to find it indicated in some case, and we actually see the case cured, the picture of the whole symptom group gets stamped on our memory. The remedy becomes our friend and can be easily recognised.

Please note that recognition can be on any plane or in any symptom group, even dreams, posture in sleep or the way he talks or behaves etc. The more facets we know the easier the recognition.

We must realise that recognising is not memorising. When we read, let us picturise the situation. This knack will develop with practice: It is easier if we take up one remedy (as in the book: "Sulphur" by Nash) or only one facet of that remedy for study and for comparison with other nearby similar remedies (as in Farrington's Materia Medica).

Let us try. It is worth the trouble. ■ ■



## USEFULNESS OF REMEDIES

Three things decide the frequency of use and usefulness of the remedies we use. The first is our familiarity with the drug. The more we know it, the more we use it and more commonly it becomes "indicated". The second is the type of our practice or the variety of cases coming to us. The third is seasonal or epidemic use.

Let me take up the first type of usefulness. Though I know the indications of *Drosera* quite well it was only after starting to use it more that I could find more and more uses for it. The number of prescriptions and their percentage increase year by year. For example, *Drosera* and *Tuberculinum* work much better and quicker in those cases where I should have been giving *Baryta carb.* in under-developed children. In bone troubles and in joint inflammations where I was trying *Aurum met. Phos.*, etc., I found place for *Drosera*. This is one aspect.

Suppose you find six remedies mentioned as well indicated for a condition, which do you choose? The chance of your picking up a rare remedy is indeed quite small. Take an example of boils. Most of us use *Bell.*, *Merc. sol.*, *Hep. s.*, *Silicea*. The chance of our using *Myristica* or *Tarentula cub.* is very little. Now, due to some reason or indications we use *Tarentula cub.* and find a dramatic result, this stamps itself on our memory. We almost wait for another case to try it and so we find ourselves tempted to use it more and

more. It does not disappoint. We can spot *Tarentula* where other homoeopaths would cleanly miss it. *Myristica* also is a similar remedy. I am telling this from my actual experience.

No doubt all of you know that **Digitalis** has indication of jaundice and also that it is a good remedy for prostate enlargement. But it is only if you have used it and found some brilliant effect do you make it your favourite. In the first 10 years of my practice I had used *Digitalis* only once for enlarged prostate - and four times in Jaundice. Kindly note not only used but cured with *Digitalis*. In the next ten years, I could use it in five cases and about twenty cases respectively. In the last 10 years, *Digitalis* has been used almost in every case (at some time or other) and now it ranks equal to *Chelidonium* and *China* in Jaundice.

*Cocculus* is another remedy, which became a great favourite by its usefulness. You know how many remedies are indicated in that very common but important disorder - Leucorrhoea? In my practice, there was a time when *Puls.*, *Calc. carb.* and *Kreosote* used to lead all others in use. Now, *Cocculus* too. Does it mean that it is curing cases which legitimately belong to one of the three or others, or that even if other indications are not there, I "create" the symptoms or imagine them in the patients? No. It means that many cases of leucorrhoea DO have accompanying symptoms or concomitants which are definitely covered by *Cocculus*. We can elicit these only on enquiry. No wonder that every master has said that case taking is the most important and difficult for a homoeopath. Let me say that *Puls.*, *Calc. carb.* and *Kreosote* are still used by

me. It is a question of percentage; as *Cocc. ind.* gets more percentage of use; the others naturally drop their percentage.

Many of the smaller or less known medicines of our vast materia medica are in cold-storage only because the doctors have not used them even once. You cure a case with a rare medicine once, and you are its slave or master forever, unless you again put it in cold storage by neglecting it. Neither nature nor the patient will bother to know whether what is being administered is a fully proved polychrest or rare, unknown remedy. The effect can be equally dramatic, though I must confess there is a tendency for us to use rather low potency of a new drug, using its high potencies only after we raise its status to a fairly well known (to us) polychrest.

This tempts me to remind you of a famous observation of Von Boenninghausen. You know, of all the old masters - and direct disciples of Hahnemann, he was the most thorough and most respected. He had a very keen observation yet open mind. When he just started trying high potencies, he wanted to know, the exact comparative value of high and low potencies. You know how difficult it is. He did a wonderful thing. He had big record books of patients - and every six months, he would have a new book. Now for 1 year, he tried only 30 for all patients. Next year, he tried only 200 - mind you - on all patients and all the remedies. He found 200 superior, quicker. Then he made a unique discovery that high potency also, most probably increases the range of action. His article - in his "Lesser Writings" is worth a gold mine. There he mentions a peculiar epizootic affecting the horses, on a farm in the next

village. On indications of stools etc., he thought that either **Nux vom.** or *Puls.* might be the indicated remedy; as he could not differentiate more, he gave to his servant one dose of *Nux vom.* 200 and one dose of *Puls.* 200, and asked him to try *Nux vom.* first and if after 24 hours the horse did not improve, to try **Pulsatilla** 200. At the next visit of the servant, when he asked about the result, the servant told him that his first dose cured one horse, and that the second dose cured the second horse, which got infected with same symptoms after a few days. Here were two distinctly differing remedies curing same symptoms. Most probably they could tackle symptoms beyond their own symptomatology. This sort of thing happened especially when he used high potency.

So, now after this digression, let me say again that perhaps, as we use the remedies more and know them more, we use them in higher potencies and thus in turn make them work better. ■ ■

# UNUSUAL REMEDIES AND THEIR HIDDEN VALUES

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I don't know any special unusual remedies - but only a few unusual uses of some known remedies.

Let me mention six cases:

(1) In 1942, two boys came from Calcutta during the evacuation there. Both had itches and got rid of the trouble by some ayurvedic treatment. When they came here, both had swellings of face; urine had albumin. This improved by dieting etc. Then one by one they got severe jaundice with fever; urine extremely loaded with bile and albumin. They were being treated by one allopathic friend with some vitamins etc. Then both became very ill, vomiting bitter bile; swollen up, and stools white, ball like, etc. Temperature up to 103. I was called in and treated for three days. No good. Then one day I felt that the pulse was very slow - say 45 per minute - intermittent every 3rd or 5th or 7th beat. I read up Kent Materia Medica where **Digitalis** was completely indicated for jaundice, albumin etc. *Digitalis* 30, repeated daily 3 times cured in a week. First improvement was in the pulse.

(2) My well-wisher and friend Mr. Nadkarni was my host in my early years here. We got news once that his father had been shifted 50 miles to Karwar District Headquarters Hospital in a serious condition. I rushed up from here, reaching next evening.

He was having a large prostate, complete obstruction of urine. The civil surgeon frankly said that he was too weak for any operation. Rubber catheter had not gone and metal one injured the urethra and bleeding took place. Ultimately they managed to put a catheter to be kept in position with no idea how and when to remove it.

I stayed there two days. Then took the old man in a private taxi 100 miles to Dharwar (his brother's place) and started treatment. First, with the catheter in, I gave **Arnica** one dose, next **Thuja** 200 (he was always sensitive to tea - it made him giddy) and then put him on a remedy, thinking I was the first homoeopath to use it in that condition. It was **Digitalis** 6. It was given, as the pulse was intermittent. In one day we removed the bladder catheter. It was never used again. He was quite O.K. by *Digitalis* alone; imagine my wonder and sense of awe, when I read in Kent's *Materia Medica* a beautiful picture for the use of *Digitalis* in prostate enlargements.

(3) Meniere's disease is a great nuisance. Because of noises in ear, vertigo etc. it makes life quite miserable. Our **Petroleum** in 1000, 10000 and above in ascending series, has stopped the trouble in more than a dozen cases. One was an old man, who got the trouble again and again every winter. He needed about 6 doses every year - starting in October or November - and last dose usually in March or April. It also proved the modality of *Petroleum* - < in winter.

(4) Have you used *Petroleum* in gastric ulcer or such troubles? If the stomach pain is better by eating and a few of its symptoms are present, *Petroleum* high cures more cases than *Anacardium*, *Chelidonium*, *Graphites* and *Sulphur* (which have also the same amelioration).

(5) **Amm. mur.** has a "pain in the groin, like sprain during pregnancy; when walking has to bend." It is gem of a symptom. I have found it invariably unfailing remedy for this condition.

(6) Do our remedies bring back life? I don't know the answer. In one particular condition about 20 years ago, a Mohammedan lady - pregnant 8th month - found suddenly that the foetus was not moving; she rushed to Ghosha Hospital, where they tried for a long time - but could not hear the foetal heart. From the hospital she came to T. Nagar to see me. I too could not find the foetal heart sound. Anyway, I gave her **Sepia** 1M - 2 doses because it has a symptom "foetal movements slow down, almost imperceptible". Within 3 hours, the baby started moving and it was quite O.K. Delivery was normal.

After learning this use of the great remedy *Sepia*, I have had a number of opportunities of trying it - and surprising me every time, the unmoving, almost dying foetus starts moving in a few hours.

I must say, my friend Dr. Ganapathy of Coimbatore tells me that in his experience **Caulophyllum** has the same symptom. I have not tried it, because *Sepia* has always done its work. ■■

1. The first part of the paper discusses the general theory of the firm, focusing on the relationship between the firm's production function and its cost function. It is shown that the firm's cost function is derived from its production function and its input prices.

2. The second part of the paper discusses the firm's profit function, which is derived from its cost function and its revenue function. It is shown that the firm's profit function is derived from its cost function and its revenue function.

3. The third part of the paper discusses the firm's supply function, which is derived from its profit function and its input prices. It is shown that the firm's supply function is derived from its profit function and its input prices.

4. The fourth part of the paper discusses the firm's demand function, which is derived from its supply function and its input prices. It is shown that the firm's demand function is derived from its supply function and its input prices.

5. The fifth part of the paper discusses the firm's equilibrium, which is derived from its demand function and its supply function. It is shown that the firm's equilibrium is derived from its demand function and its supply function.

6. The sixth part of the paper discusses the firm's welfare, which is derived from its equilibrium and its input prices. It is shown that the firm's welfare is derived from its equilibrium and its input prices.

7. The seventh part of the paper discusses the firm's efficiency, which is derived from its welfare and its input prices. It is shown that the firm's efficiency is derived from its welfare and its input prices.

8. The eighth part of the paper discusses the firm's distribution, which is derived from its efficiency and its input prices. It is shown that the firm's distribution is derived from its efficiency and its input prices.

9. The ninth part of the paper discusses the firm's growth, which is derived from its distribution and its input prices. It is shown that the firm's growth is derived from its distribution and its input prices.



# THE EFFICACY OF HALF PROVED AND CLINICALLY VERIFIED REMEDIES\*

**T**his topic is very interesting. The uses of partly proved or rare remedies. I think the correct topic will be 'partly known' remedies.

When and how do we use these remedies? How do we come across them? Are they mentioned in our books or not? In what books and in what circumstances? It is very interesting to go through literature with an aim of searching these things.

Let me take the case of a toothache. Both my friend Dr. Javeri and myself tried a number of medicines, with absolutely no effect. I do not remember all the remedies and their indications. Then because the pain was in the second molar, and because Kent's Repertory gives **Aesculus** - a single remedy in ordinary type, it was tried. It cured the patient in about 5 minutes and now **Aesculus**, though an important remedy is only a partly proved remedy. *So far, I have cured more cases of weak back and lumbosacral pains than cases of piles with this.* You see in *Cocc. ind.* legs give way, in *Aesculus* back and legs give way (in men). In women the same indication leads us to **Kali carb.** All these three are our *Tonic*

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\* A paper presented at the symposium conducted by Society of Homoeopathic Physicians, Madras-6.8.1987.

*Remedies* working immediately and strengthening the patients. By the way, both *Aesculus* and *Kali carb.* have piles, the latter after delivery.

Weakness - reminds me of a small remedy **Sarcolactic acid**. I have used 30 - 3 times a day for 3 or 4 days as a pick up after influenza or dengue. There was one athlete who used to be awfully tired after running etc. He was much helped by *Sarcolactic acid* and *Rhus tox.*

I hope you will excuse my bringing a well-proven remedy - **Argentum nitricum**. I want to mention its greatness in thyrotoxicosis or goitre with palpitation, high pulse rate, emaciation, hunger etc. In this condition, I have found Kentian method best, going up every time higher and higher and giving doses at rare intervals. I want to remind you that it is the great oxygenoid remedy, which can do marvels in 6th and 30th potency for those constitutional traits.

For vertigo with noises in ear and deafness I have a standard treatment with two medicines **Petroleum** and **Natrum salicylicum** (both 200 and above). One patient who was getting better rather slowly taught me a new remedy for it (new for me). It seems, he got a catch like pain in left scapula, which was troubling him for a week or more. He used it as an indication and bought **Chenopodium** 30, took daily one dose. The scapular pain went in a day or two. The giddiness also disappeared. He keeps that remedy and takes it whenever he feels the ear trouble coming on with immediate benefit.

There is a vitamin deficiency that produces ulcers in mouth and cracks in corners of mouth. I always used to manage with

*Natrum mur.*, *Merc. sol.*, *Borax* etc. not very successfully. Recently I have used **Condurango** 6th (the only potency I had) with extremely good effects.

*Rhododendron*: It is a fine remedy for orchitis. Rheumatism of rib joints in stormy weather.

*Ruta*: Many of you would have used *Ruta* for two things - eye strain and prolapsus ani (after labour): Of course, we need *Podo.*, *Ignatia* etc. I only want to say that *Ruta* does cure ganglion and I think it can also cure cysts under skin (for which so far I had found *Baryta carb.* the best).

*Thlaspi bursa pastoris* Q - 3x: Extremely valuable for fibroids bleeding profusely with sore pain, clots.

*Trillium*: Menopausal bleeding, bright red, > tight bandaging (opposite of *Lachesis*), excessive lochia.

*Xanthoxyllum*: Menopausal bleeding of nervous types with headache (< left side) - 6th and 200th potencies. ■■



# MY EXPERIENCES WITH COCCULUS INDICUS

**T**he first important case that brought me a good number of patients was a well-known widow, sister of a famous advocate and amateur actor of Bellary. She had frequent giddiness and sleeplessness and awful weakness. My friend, a lay homoeopath, a very good prescriber, made the mistake of mentioning that it might be due to high blood pressure. It was, in reality, a rather very low B.P. Anyway, I was called, just a junior in Madras. Her worrying nature, the sleeplessness etc., and the weakness she was feeling in her lower limbs made me prescribe **Coc. indicus**. A few globules of 30, dissolved in a glassful of water and 2 teaspoonfuls given once, made her feet comfortable and sleep undisturbed nearly 10 hours. She was completely free from all her troubles and weakness.

*Coc. indicus* has cured hundreds of ladies of the mid-period leucorrhoea, which is almost always accompanied by weakness of lower limbs - 'legs give way' - a keynote had led to its prescription always effectively. Same type of exhaustion during menses needs *Carbo an. high*.

It is a great remedy for morning sickness or car or seasickness - with extreme weak, tired, drowsy feeling.

**Coc ind.** and **Nux vom.** are two great remedies for those absolutely exhausted by their attendance on sick persons, especially

by night watching. It is the quickest pick-up I have seen, giving a boost, unbelievably powerful.

It is one of those remedies that work effectively in any potency from 30 to 1000.

In extreme nausea of pregnancy or otherwise, associated with food, it is very difficult to distinguish between **Cocculus ind.** Thought of food, **Colchicum**. Thought and smell of cooking food, and also sight of food (**Kali carb, Lyco, Sulph**).

**Sepia**: Morning sickness in later month; nausea at smell and thought of food. I think *Sepia* is the only (or the best remedy) where such a severe nausea gets all right by forcing oneself to eat well. ■■

# RELATIONSHIP OF REMEDIES - I\*

Every drug in almost all our textbooks on Materia Medica has a paragraph devoted to it detailing its relationship with other drugs. In that paragraph, some drugs are mentioned as “antidotes”, others as ‘complementary’ or “compatible” and some again as “incompatible” or “inimical”. Clarke in his Clinical Repertory has tabulated these related drugs and has added other columns like “follows well”, “followed well by” and also “natural relationships” to these tables.

It would be interesting and instructive to see how these lists have been prepared, and to investigate the basis for regarding a certain remedy as antidotal or complementary to a certain other remedy? Several questions also arise in regard to this matter. After administering a particular medicine, when a change of prescription becomes necessary, should we necessarily refer to these lists and then only select the appropriate drug that is supposed to follow it well? Should we invariably avoid the medicine listed as antidotal or beware against giving those listed as the inimical ones? Unless we ascertain and comprehend the basis for arriving at these relationships, we shall not be able to develop and add to these lists but we shall have to be satisfied with the existing ones prepared so carefully more than hundred years ago, making a mechanical

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\*Indian Journal of Homoeopathy - 1962-April, May, June.

selection from these lists which may encourage a tendency to routines. The several blank columns of Clarke's Tables of Relationships have yet to be filled in. • The numerous drugs introduced by or in common use in other systems of medicine require to come into these lists, so that we may know at least their appropriate antidotes for us to use as "wall-breakers" when patients under these systems come to the homoeopaths for treatment.

We shall first define a few terms used in denoting relationships:—

- (i) **Antidote:** is defined in Oxford Dictionary as a medicine given to counteract a poison or a disease. In our literature we use "antidotes" to counteract, minimize or moderate the over action or undesired effects of a drug either during a proving or during its therapeutic use.
- (ii) **Complement:** that which continues or completes the work of the medicine already given.
- (iii) **Compatible:** able to co-exist; that which can be used along with.

Naturally we expect that a complementary medicine will be also compatible.

(iv) **Incompatible or Inimical:** is a medicine, which will harm the patient or increase his sufferings, or spoil the case, if used immediately before or after the medicine under consideration.

We shall first take up the antidotal relationship for detailed consideration.



## ANTIDOTAL RELATIONSHIP

Perhaps the first relationship discovered and made use of by Hahnemann was the "antidotal" one, as antidotes to drugs were very urgently required while he was proving them. When a particular drug acted too violently, to control its over action was an important and urgent problem. Again, in the early years of his homoeopathic experiments before he had discovered, by necessity, his later system of diluting and potentising his medicines, fairly severe aggravations must have been common. Methods or drugs for the relief of these aggravations naturally had to be worked out, strictly on the basis of the Law of Homoeopathy - "A weaker dynamic affection is permanently extinguished in the living organism by a stronger one if the latter, (while differing in kind) is very similar to it in its manifestations". In the Organon he divided diseases into natural and artificial (drug) diseases and dealt mostly with the cure of the former by the administration of drugs capable of inducing similar disease effects. If a natural disease could be removed by a similar artificial disease (drug or drug effects), there was no reason why one artificial disease produced during the proving of a drug, could not be removed or moderated by another similar artificial disease (i.e. drug effects or drug). So, the troublesome symptoms produced by the drug were noted down carefully and a search was made from available provings for a similar remedy, which was given to remove them.

Before proceeding further, it may be emphasized here that "Symptom Similarity" is the only basis for all the comparisons and all antidotal relationships of medicines. Still medicines are seldom completely similar to one another in all respects and in all

regions of the body. There are some medicines, however, which though of different kind or origin (vegetable, mineral and so on) are very similar in their main spheres of action. Teste who had a profound knowledge of the materia medica, arranged these similar medicines under 20 groups, e.g., *Arnica* group, *Mercury* group, *Pulsatilla* group and so on. In his Text Book he not only gives symptoms common to drugs in the group but also the subtle variations between them. Medicines in these groups, besides being complementary as suggested by Teste are likely to have an antidotal relationship to one another.

Now, in our practice we are required sometimes to antidote our high potencies administered for therapeutic purposes when they cause severe aggravations. As a rule, we should allow these aggravations to pass off by themselves. But if a high potency, 1 M and above, of a deep acting remedy results in a prolonged reaction with final decline of the patient a suitable homoeopathic remedy preferably of the vegetable kingdom, and of the drainage\* type should be administered as an antidote and repeated in the lower potencies until the patient is well recouped. Many a time such aggravations can be made milder by one or two doses of a low potency of the same medicine.

There are occasions when our medicines used in low potency repeatedly and for long periods, as advised in some books on

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\* Drainage: The French homoeopaths feel that when constitutional medicines or nosodes are given, the discomforts and aggravations caused are due to non-elimination of toxins released by the medicine during its curative action. They have suggested that even before the administration of the powerful high potency of these medicines, some special medicines, which have the quality of helping the eliminating organs, should be administered. These remedies are designated "Drainage Remedies".

“Domestic Treatment” give rise to troublesome ailments which persist and tend to hinder proper treatment. In such cases it has been found that they yield to the action of high and very high potencies of the same medicine. Stuart Close has said, “It is a fact that the high potency of a drug is sometimes the best antidote for the effects of the crude drug.”

Nowadays our biggest problem is to undo the suppressions and damage that are caused by the very powerful drugs of the other schools. Especially when the hormones, antibiotics etc., are used in large tolerated doses, either the body is unable to eliminate them completely so that they leave their stamp on the economy of the patient, or they deflect the vital force from its normal functioning for life. In the *Organon*, Hahnemann has drawn a very gloomy picture of similar cases. After describing the dangers of drugging by medicines in use in those days in Section 74, he says in Section 75, “These inroads on man’s health effected by the Allopathic (nonhealing) art particularly in recent times are of all chronic diseases the most deplorable, the most incurable and I regret to add that it is apparently impossible to discover or to hit upon any remedy for their cure when they have reached considerable height.” It is true that in Hahnemann’s time drugs were administered in massive, toxic or even lethal doses, but present day drugging though different in nature is similar in effect. Now the drugs are infinitely more subtle and penetrating; they are injected directly into the blood; they are extremely complex chemical substances, their number multiplying daily, the dose of each one of them just stopping short of the maximum tolerable dose. Should we not feel that the situation for these patients is more hopeless?

But I think that the later experiences of the disciples of Hahnemann have placed new tools and methods in the hands of homoeopaths for combating this evil, so that there is some hope for the hopeless. I refer to the development and extension of the idea of "Isopathy", and the technique of potentising medicines to very high stages.

In Organon, Hahnemann has in a way ridiculed the idea of Isopathy (Section 56, footnote), which according to him was treatment by "identical" disease product—including the largeness of the dose or infection. Actually, Isopathy should mean only the treatment of one disease by the identical disease product—the dose not coming into the definition. It looks absurd to treat a particular disease by the same disease product. But potentising alters the disease product in such a way that it acts like a homoeopathic remedy. Nosodes when used for the cure of the identical diseases in high potencies are given on this principle — Isopathy. And when we give, say, a very high potency of *Mercury* to cure or counteract the bad effects of mercury poisoning or overdosing, this again is on the same principle.

So, now we can say that there are two ways of antidoting these conditions open to us as a result of modern experience. One is to find a homoeopathic (similar) remedy indicated by the symptoms produced by the drugs. Usually in the medical journals and other literature supplied by the manufacturers the curative effects as well as the harmful symptoms produced by overdosage or as side effects are mentioned. These symptoms added to those produced in various patients should be collected carefully by homoeopaths and studied for this purpose. By the collective experience of a number of close

observers in the homoeopathic profession coming together, standard antidotal homoeopathic remedies for most of the common drugs of other schools can be determined.

The other way of antidoting the deleterious effects of such drugs is through the administration of high potencies of the same drugs, in infrequent doses. These antidotal doses can be interpolated during the course of treatment between the otherwise indicated remedies, especially in chronic cases. In this connection mention must be made of the experiments on the elimination of *Sulphur* by Dr. Bier, and of *Arsenic* and *Bismuth* performed by Lise Wurmser. Is it possible that this is the *modus operandi* in the antidotal treatment by Isopathic high potencies?

Another problem of antidoting arises when the drug has been imbibed in very large doses (poisoning). In these cases the main idea of treatment is twofold. Firstly, we try to eliminate the poison from the system by stomach wash or purgative or we try to neutralize them by means of chemical antidotes and secondly, we try to protect the patient from being overpowered by its toxic effects by means of equally powerful drugs with opposite (antipathic) action, e.g., stimulants for narcotics, sedatives for brain irritants etc. Hahnemann advises — “Only in the most urgent cases, where danger to life and imminent death allow no time for the action of a homoeopathic remedy, ... it is admissible and judicious.... to stimulate the irritability and sensibility (the physical life), with palliative, as for instance gentle electric shocks, strong coffee etc. To this category belong the various antidotes to sudden poisonings, alkalis for mineral acids, *Hepar sulphuris* for metal poisoning, coffee and camphor for opium etc.” Standard books on pharmacopoeia of the

'allopathic system' usually devote a chapter to poisons and their antidotes. After the physiochemical and antipathic measures have accomplished their purpose, the residual dynamic after-effects of acute poisonings have to be removed by antidotes homoeopathically selected.

Of all the drugs used as antidotes the most unique is *Camphor*. It is a short acting but powerful remedy. It antidotes (homoeopathically) *Cantharis*, *Cuprum*, *Lycopodium*, *Squilla*, and the effects of so-called worm medicines, tobacco, bitter almonds, and other fruits containing prussic acid; likewise for the secondary affections remaining after poisoning with acids, salts, metals, poisonous mushrooms, etc. In most other cases, the smelling of *Camphor* is not antidotal, but palliative, by producing the symptom "pain better by thinking of it". So, a prover who is suffering much from some pain or other can smell or take a drop or two of *Camphor*. As *Camphor* acts quickly, he feels relieved because whenever he thinks of his pains they are better. Actually the palliation is quite short lived, and the provings can go on without much hindrance. Hering has made a clear distinction between the antidotal and palliative action of *Camphor*. Later writers however have simply represented camphor as a universal antidote and patients are warned against it, even against burning it on festive occasions as is done in Hindu temples.

Another quality of *Camphor* is strong and penetrating odour especially in the tincture or crude state which has perhaps led to this belief: It can penetrate through the best corks and spoil the medicines in bottles kept in the same boxes. Kent says, "The *Camphor* bottle is a great mischief in the house, as *Camphor*

antidotes most of our drugs. A *Camphor* bottle should not be kept near your potencies; put it away in the other end of the house." *Camphor* in higher potencies has no such action and can be kept along with other bottles of medicines. It is, however, worthwhile verifying the truth of this statement by exposing a few bottles of potentised medicines to the fumes of *Camphor*, to see whether their medicinal powers are destroyed or not. ' Will Radiaesthesia be able to find this out?

Kent says that the patient of **Nux vomica** is oversensitive to medicine. Suppose a person is oversensitive to a drug, may be as a result of a previous poisoning with it, and every time it is administered, he suffers too much, a dose or two of *Nux vomica* will remove the "oversensitiveness" and allow the medicine to act normally. Clarke says, "When 'all medicines disagree' *Nux* will often cure the morbid sensitiveness and other troubles with it."

In conclusion, the various methods in the field of antidoting may be summarised as follows:

1. In the case of acute poisonings, mechanical, physiochemical and antipathic measures should be employed to save life. The residual dynamic disturbances have to be removed by homoeopathic medicine.

2. In the case of over action of drugs during their proving or therapeutic use, the best antidote is a homoeopathic (similar) medicine. It is better if this is of a different kind or origin, preferably from another (mineral, plant or animal) kingdom. Every successful antidote must be added to the tables of relationships and reported in homoeopathic journals.

3. It is seen by experience that the harmful effects of drug in crude form or low potencies are sometimes antidoted by high potencies of the same drug. Similarly low potencies often modify the overaction of high potencies. This suggests a way of attempting to antidote the ill effects of the new drugs of other schools of medicine. ■■



# RELATIONSHIP OF REMEDIES - II\*

## COMPLEMENTARY RELATIONSHIP

**E**arlier we have defined Complementary Remedy as the one that helps or completes the work of a given remedy. Usually both may be said to be complementary to each other. Sometimes an indicated remedy does not remove all symptoms, because it may not cover some one or two items of the totality, either in the sphere of location, or sensation or modalities, though it might cover all the rest of the case. This in-adequacy is made good by the administration of a remedy which must not only 'cover' the particular deficiency very highly, but which must also act without disturbing the action of the previous remedy or the patient himself. Many a time it will be similar to the previous remedy in more than one sphere and it may be also related to it in origin. Most complements are possibly capable of having a slight antidotal power in them.

Just as the over action of a drug gave rise to a need for an antidote, an inadequate action of a remedy necessitated the search for a complement. It was indeed this search that gave birth to the Theory of Chronic Diseases and the discovery of the antimiasmatic remedies.

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\*Indian journal of Homoeopathy - 1962

Gradually, it was seen that some particular remedies were often needed after certain others. These were all carefully noted down and those that were most commonly indicated, the one after the other, were called complementary remedies.

Hahnemann's own knowledge of the materia medica was so vast and intimate that he could almost prophesy what a given drug would accomplish and what remedy would be needed next to complete the curative process. His disciple, Von Boenninghausen, has narrated the following incident of his own cure:

In 1833, Boenninghausen suffered from ileus (intestinal obstruction) with severe distention, total constipation and dreadful pain. After suffering for twelve days, trying out various prescriptions without the least benefit, Boenninghausen decided to search for the remedy himself in the materia medica. By superhuman effort of will he sat up reading till midnight, when, by the Grace of God, he found out the complete picture under *Thuja*. He took it in the 30th potency by olfaction. Within five minutes the pain diminished, in ten minutes he had a copious discharge from the bowels; he then slept, and woke up next morning cured.

Now, he wrote about this narrow escape from death to his friend Hahnemann, whose reply, due to some circumstances, came nearly two months later. Therein, Hahnemann had said, "I am sorry...now if you would have additional advice for the restoration of the activity of your bowels, I would draw your attention to *Conium* and *Lycopodium*..." Boenninghausen had, in the meanwhile, actually needed and had also taken the same two remedies in the very same order, with immense benefit. No wonder he exclaims, "What a mass of observations and experience were required, together with

a rare divining power, in order to give in advance (in a disease described by only symptoms and the first remedy used), two remedies, which subsequently through their symptoms were so clearly and homoeopathically indicated, and the result already proved the correctness of the advice before it had been known to me”.

Boenninghausen himself, being a great student and master of materia medica, arrived at a number of complementary relationships. We find him determining, a priori, what remedy would follow a given remedy. His most remarkable achievement was the famous treatment of the dread disease, membranous croup, which treatment was nearly cent percent successful when applied as advised. The remedies were **Aconite**, **Spongia**, and **Hepar sulph**, all in the 200th potency, given in rotation, at specific intervals. Dunham has mentioned a case of this disease, where his own prescription apparently accurately selected, failed and the child was about to die. After administering “Boenninghausen’s croup powders” in rotation, the child recovered rapidly without relapse or sequel of any kind.

Boenninghausen and Kent and others have tried to give a rationale of this prescription. It is only by collecting lists of such successful complementary drugs and their relationships that we can make use of this most interesting and profitable method of using our remedies.

We have said that an inadequate action of a given remedy necessitates the finding and exhibition of a complement. This inadequacy may be due to various factors. A case is essentially made up of symptoms, their locations, sensations and modalities.

When a remedy covers these perfectly, it cures totally and permanently. Sometimes the indicated drug may not have one or more of these elements marked to the degree found in the case and a complementary remedy covering deficiency in a marked degree, may be needed to complete the cure.

Let us examine the various occasions when a complement becomes indicated.

(I) Change in the location or side affected may need a complementary and similar remedy. Two examples are given below:

(a) A patch of eczema-like eruption on the nape of the neck by the margin of hair got well on **Nat. mur.** 200. When it reappeared after about six months it came on the hairy portion of the area above and behind the ear. *Nat. mur.* did not work this time. But **Rhus tox.** 200 cured it in a week and the patient has been free since then.

(b) A bus driver, well built, short, got transferred to a new bus, which had a stiff and troublesome clutch. Perhaps due to extra strain he developed a pain in the left inguinal region. Sometimes he actually felt a small protrusion, though when examined, actual hernia could be detected. One dose of **Nux vomica** 1000 removed the disorder. After nearly two months he developed a similar pain, but this time on the right side. *Nux vom.* in 1000 and 10 M, given a week apart failed to help. At the next visit, he was given **Lycopodium** 200, which relieved the pain in one day.

(II) A complement may be indicated by nature and extent of the underlying pathology or a change in it. This depends upon the differences in the scope of action, the depth and duration of various

remedies. A short acting or superficial remedy may have to be followed by a longer or deeper acting remedy to complete the cure.

- (a) Kent says: "In double pneumonia, if hepatization is extensive, and the remedy given has been insufficient and the case is advancing towards a fatal issue, it may be that all at once, at one, two or three O'clock in the morning he begins to sink.... he only moves his head a little in a restless manner. Unless you give him *Arsenicum* he will die. You give *Arsenicum* and you have done well but *Arsenicum* has no ability to remove the inflammation. It acts as a vital stimulant, warms the patient, makes him feel he is going to get better, but mark this, in twenty four hours he will die unless you follow the *Arsenicum* with the proper remedy. Give him the antidote and natural follower to *Arsenicum* which is *Sulphur*, and in twenty four hours the patient will say he is getting better—and as sure as you exist today, it will do just that thing."
- (b) In a case of apoplexy in an old man, **Opium** 200 was the remedy that brought him out of coma (when he had been given up as hopeless after one week of coma with supervening fever). But he needed **Phosphorus** 30, 200, and 1000 at long intervals to get back the use of his paralysed left side.
- (c) In another case of mild right sided hemiplegia, in an old man of seventy five, **Causticum** improved every thing except the aphasia. This aspect was beautifully set right by **Baryta carb.** The gentleman got back his speech, after having lost it for nearly five months.

- (d) A lady, aged 35, used to get frequent attacks of dysentery, diagnosed as chronic amoebiasis. (Four inmates of the house had had this infection, each of which had required a different remedy in order to be cured.)

She used to be promptly relieved by **Aloes**; sometimes **Sulphur** had been given with benefit. But there were frequent relapses. It was only when it was discovered that she was having a retroverted uterus, that **Lilium tig.** was prescribed, which cured both of her disorders in the 200th, 1000th and 10M potencies given at long intervals.

In this case we cannot say why **Aloes**, (which seemed clearly indicated by symptoms, and helped every time) as well as **Sulphur**, did nothing for the retroversion. On purely subjective symptoms, **Aloes** seemed to cover the case well. There were no mental or sexual symptoms indicative of *Lilium tig.*

- (e) Many a time, in advanced cases with pathological changes, we can bring about relief by the 'acute complements' of the indicated deep remedy, which will, of course, be needed later on to cure the cases. Medicines like *Lycopodium* are so far reaching in their action, that we are advised to give some other antipsoric to begin with (Lippe actually advises a non-antipsoric).
- (f) We must mention one important 'complement'. In deep-seated abscesses, it is not always certain whether the indicated remedies like **Mercurius** or **Hepar sulphur** will absorb the pus during their curative action. The wonder medicine **Gunpowder** 3x, given three to four times a day,

in addition to the high potencies of the constitutionally indicated remedy can be guaranteed to cure the abscess as we have verified the absorption a number of times. Clarke says, "Gunpowder corresponds to suppuration in a great number of forms, many of them septic. I have not found it disagree with any other remedy so that there need be no fear of alternating it with some other remedy, if particularly indicated".

(III) Causation affords a fruitful scope for complementary remedies, as the given remedy in the case may need some aid to cure.

- (a) Involvement of a new tissue not recognised originally. Thus **Arnica** may need to be followed by **Hypericum** (nerve injury), **Trillium** (bleeding, e.g. after extraction of tooth), **Bellis perennis** (for injury to abdominal viscera), **Sulphuric acid** (persisting ecchymosis) and so on.
- (b) If the causative remedy is rather superficial or short acting e.g. for the remnants of fright left uncured by **Aconite**, **Opium** may be needed. A malady brought on by grief or controversy needs first **Ignatia**. Kent says "A woman has lost her husband or child—suffers much from grief. *Ignatia* will quieten her over the present moment...when such troubles keep coming back, **Nat. mur.** will finish the case.
- (c) For the bad effects of disappointed love in hysterical subjects, **Ignatia** needs **Calc. phos.** to finish the cure.
- (d) We can add to the lists of complementaries from our own experiences along this line. For example, **Hyosycamus**



removes the "tickling cough as soon as the head touches the pillow" due to elongated uvula. However, the uvula continues to remain elongated. But **Phosphorus** has been found from experience to cure this elongation. While it has no effect on the cough as *Hyoscyamus* has.

- (e) The chronic miasma form the fundamental causes of so many acute ailments that in almost every case we may have to finish the cure by a complementary antimiasmatic remedy.

(IV) Altered or mixed up modalities sometimes necessitate the use of a complementary.

After **Pulsatilla**, if a patient becomes chilly, **Silicea** comes in.

Very often we find one remedy covering one clear cut modality and another remedy indicated by another equally prominent modality. One of these remedies, alone, will not cure, whereas if they are alternately given a complete cure happens or results. These situations are not so uncommon as is usually supposed. All such remedies, after the cure must find their place in the tables of complementary relationships.

### INTERCURRENT REMEDIES

There is another class of related drugs, which, in addition to being needed after a certain remedy, specially allow for the repetition of the first one with much advantage. Though these may be complementary, they perhaps require a separate heading.



A few examples are noted below:

- (a) With regard to **Drosera**, while Hahnemann advises one single dose, Boenninghausen from his experience says, "By reason of its many alternate effects, a repetition of *Drosera*, without an intercurrent, is seldom beneficial. (**Sulphur** and **Veratrum** are the most appropriate intercurrents)".
- (b) Hahnemann says of **Natrum muriaticum** that it can be advantageously repeated, after an intermediate remedy, if it continues to be homoeopathically indicated.
- (c) Quoting from Hael's "Life of Hahnemann" Vol-II, page 249), Dr. Pierre Schmidt says, "Hahnemann speaks of intercurrent remedies and says that in psoric cases it is sometimes useful and even necessary to interpolate a complementary remedy between two doses of the fundamental remedy".

### Practical Problems on Complementary Relationships

1. The first question that comes up to our mind is—How did the lists of complementaries get prepared? This topic does not find a place in the *Materia Medica Pura*, and only stray examples are found in the *materia medica* portion of *Chronic Diseases*. Perhaps, Boenninghausen had a great hand in starting this work. This being almost entirely a clinical problem, only the contributions to a common pool of observations by a number of good and careful observers could develop this branch of *Materia Medica*. Luckily for homoeopathy, in the States, Dr. Constantine Hering was the central and outstanding figure, who while compiling the *Guiding*

Symptoms was in correspondence and contact with almost all the homoeopaths in America, England, Germany and other countries. Every new experience was reported and noted in the grand and stupendous work. From about 1850 to 1890, homoeopathic journals were plentiful and voluminous. So this department of relationship of remedies too grew well. For the last fifty or sixty years that sort of combined work has been lacking; and there is no one institution or person to collect such material. That is why we find no additions to these lists. This can be rectified if unstinted support is given by almost all homoeopaths to one central institution, journal or association, which will collect all the facts carefully and sort them, index and tabulate them, and circulate them for the benefit of all.

While a new proving can be an individual or isolated effort of a band of enthusiasts in one locality, the chapter of relationships can only be the result of a combined effort of all interested homoeopaths.

2. Is there any principle or thread running through all the reported complementaries? If this could be discovered, we could apply the principle to name possible complements to other drugs without waiting for the chances of clinical experience to reveal them.

Will a similar study help us to determine which among a group of remedies will be the best antidotes or the most inimical to a given drug?

3. Are the remedies that are reported to "follow well" complementary or is that class reserved for only those remedies

that help in some few instances only? Secondly, will a "fixed" or "general" complement be such in all situations or conditions?

These questions are posed here for consideration by all readers. There may be more than one answer to each problem. Our own ideas as well as the possible practical ways of finding the complements will be discussed later. ■■



# RELATIONSHIP OF REMEDIES - III\*

## INIMICAL OR INCOMPATIBLE RELATIONSHIP

**O**f the different remedy relationships in our Materia Medica, the “incompatible” is the least understood or developed. Scattered through the Materia Medica of Hahnemann and his disciples are found remarks like: “Does not follow such and such drug well”, “if administered before or after... should not be used before or after such and such drug,” and so on. These have been collected and listed by later writers under the heading “Incompatible.” The total number of all the observations regarding these incompatible remedies may be less than one hundred in all these years.

Nash, in his characteristic way, has said, “I do not believe in the so-called incompatible as some do. I should give *Causticum* after *Phosphorus*, *Silicea* after *Mercury* or *Rhus tox.* after *Apis*, if I found them indicated.” While Nash gives this as his opinion, other prominent doctors have great awe for these incompatible relationships. Dr. Gladwin states: “I have learnt to have great respect for these (incompatible) remedies. When it was a well-known fact that the two remedies would fight when they had a chance, I was careful not to give them a chance. Nevertheless, I

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\*Indian Journal of Homoeopathy - 1963.

have had my experience. A patient on *Causticum*, part of whose trouble was frequent colds, had a severe cold coming on. A kind neighbour gave him *Phosphorus*. It took a long time to undo the trouble; in fact I am not quite sure that I ever did wholly eradicate it." Clarke says, "Some remedies have a very injurious effect on each other's action when one is given immediately after the other. I have known a chronic case which was doing well on *Calcarea*, irretrievably spoiled by the prescription of *Bryonia* immediately following."

### ACTION OF AN INCOMPATIBLE\* REMEDY

What should the incompatible drug do to deserve that adjective? Every one agrees that it must spoil the case. Of course it may not always be that the case was progressing well towards a cure, but after the incompatible drug, it must become worse or complicated.

The incompatible drug may:

1. Increase the existing troubles or symptoms (simple aggravation).
2. Bring in new complaints, unrelated to the case and not experienced by the patient earlier, so that the combined picture becomes more complicated and difficult to remove (complication). Most probably these new complications may be of a more or less permanent nature (a sort of chronicity).
3. Produce allergic reactions to itself—especially if it is a substance of daily diet (hypersensitiveness).

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\* For convenience, the word "Incompatible" only will be used, though there is difference between the two words "Incompatible" and "Inimical"

## SITUATIONS EXCITING INCOMPATIBLE REACTIONS

I. One of the most common situations in which we may come across the incompatibility of a drug is when we try to antidote the over-reaction of a given remedy with it. Either in a proving or in treatment, if we need to antidote a drug, we may find out very similar remedy and administer it. But sometimes, instead of easing the situation, it seems to increase the troubles and add new symptoms to the original ones. Now the second remedy—administered for any purpose whatsoever—which adds to the trouble, would be an incompatible one.

A few examples will suffice:

- (a) *Acetic acid* and vinegar have been used successfully to antidote strong drugs like *Aconite*, *Anaesthetics*, *Opium*, *Stramonium* and *Tobacco*. But if used against some others like *Belladonna* and *Arnica*, they increase the sufferings.
- (b) *Coffee* is a fairly common antidote to many drugs. Yet, it increases the excitement and frenzy produced by *Cantharis*. It complicates cases of *Colchicum*. *Coffee* and *Chamomilla* are in the same group and are likely to upset the effects of one another.
- (c) A weakness that may be only remaining complaint after some proving or poisoning may indicate *China*, which drug does help in the majority of cases. But once in a way, it increases the sufferings (if the previous drug was too similar?). Hahnemann says, "Cinchona bark, given for the debility produced by *Ledum* is very injurious." (*Ledum* is an antidote to *Cinchona*!)

II. The second instance of incompatibility we come across may arise when a new remedy is chosen after a given remedy, which has been considered inadequate, has produced some action. Suppose the main picture remains fairly the same, but on going into the details carefully, we find another remedy better indicated, this is administered in all good faith and hope of relief, and lo! instead of betterment new symptoms arise and the case becomes worse! We have administered an incompatible remedy, and it should find its name in the list of incompatibles even if not noted so far. (See Example No. 5 given later).

III. A third situation, I can best illustrate by an example. With my uncle, late Dr. D. N. Koppikar, I saw a very bad case of cholera—a typical *Veratrum album* case. It was promptly cured by one dose of *Veratrum* 200. Next day, just to remove the residual debility seen, my uncle gave *China* 30. Within half an hour, the patient started purging again! *China* must have been an incompatible remedy to *Veratrum*. Luckily, *Veratrum* 200, one dose given again, stopped the trouble. After a day or two, *Acid phos.* 6th acted as a good pickup to the debilitated patient.

IV. The fourth situation may come when a prescription is made without the knowledge of the previous treatment. This happens when a patient goes from one homoeopath to another. The new doctor gets a bad name when his very first prescription upsets the patient terribly. Kent says: "It is often a hardship for a patient to fall into the hands of a second doctor. It is a very common thing for patients to come to me from the hand of good prescribers. I tell them to stay with their doctor. Such changing is often detrimental to the patient, unless he brings a full record; and this is specially



true in relation to a case that has been partially relieved, where the remedy has acted properly.”

V. A patient, having repeated attacks of some trouble, improving gradually under treatment with a powerful antipsoric given in ascending potencies at long intervals, accidentally takes another remedy (even in a low potency) in one of these attacks. The whole curative process gets upset. The cases of Drs. Gladwin and Clarke mentioned above are typical examples.

VI. During homoeopathic treatment, certain foods do not go well with the remedy. Even things that may usually disagree only slightly act more harmfully during the active phase of the remedial action. Mrs. J. T. Kent, the untiring coworker of Dr. Kent has beautifully elaborated this: “What the patient shall eat and drink must be selected with due regard to the remedy he is taking and his own constitutional demands.... When your patient is under the influence of either *Carbo veg.* or *Pulsatilla*, you will not be surprised if the stomach becomes wonderfully disordered after eating fats or greasy rich food; when your patient has been many days under *Bryonia*, *Lyco.* or *Petroleum*, and he comes in and complains of an unusually disordered stomach, you may often hit the nail on the head by saying, “You must have been eating cabbage.” Those who have been drinking coffee a long time without any disturbance or wakeful nights will report to you that your medicine has caused them much disturbance; you look up the record and find that you have given them *Chamomilla* or *Nux*; and you will be compelled to request your patient to discontinue coffee at once. Coffee must never be used when *China* or *Nux* is the remedy. It would be equally true if you were treating a nervous paralytic with *Causticum*; you

would find your patient greatly disturbed by coffee, and you would get no curative action from *Causticum*. It is often very important to warn patients against indulging in cold and frozen foods after giving *Arsenic*, *Lyc.*, *Nux*, *Rhus tox.*, or *Pulsatilla*. It is well to warn patients under the influence of *Thuja* to avoid oysters for a while.... Patients suddenly become disturbed from drinking milk if under the influence of *Calc.*, *carb.*, *Nitric acid* or *Sepia*; and be sure to warn patients under the influence of *Antim. crud.* to avoid sour things, vinegar and sour wine. Be sure to tell mothers whose children are under the influence of *Ignatia* or *Argent. nit.* to keep candy away from them or you will have disordered stomach and diarrhoea to contend with, which may interfere with the management of the deeper seated troubles....” How wonderfully she has selected the correct phrase, “When under the Influence of,” because, after the cure, the patient can eat those very things with impunity. Only when under influence (action) of the remedy are the patients hypersensitive to those incompatible foods. Kent’s *Materia Medica* is also full of such precious advice.

### PROBABLE REASONS FOR INCOMPATIBILITY BETWEEN REMEDIES

Now, what makes a remedy inimical or incompatible to another? We have seen already that whatever be the type of relationship between one remedy and another, the actual relationship is based only on their symptom similarity.

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\* Mrs. Kent’s article has been quoted at length, because it may not be accessible to many of the readers. The full original is worth studying by all.

Just as, some similar remedy, in certain potency, may spoil a case of natural disease; one medicine may upset the patient under the influence of another similar remedy.

It is rather surprising to read the opinion of Dr. H. A. Roberts: "The relation of complementary remedies is on the basis of their similarity. Those remedies having the most in common are almost always complementary, like *Allium cepa* and *Pulsatilla*, and *Pulsatilla* and *Kali sulph.* This is in contrast to the antagonistic remedies like *Rhus tox.* and *Apis*, which have practically nothing in common and therefore are incompatible." How can we say that *Rhus tox.* and *Apis* have nothing in common? If it were so, which homoeopath, even accidentally, would think of using them, the one after the other, by which usage alone their incompatibility has been discovered?

Let us study some typical examples of incompatibility:

1. Let us start with *Apis* and *Rhus tox.* The only likely occasions when one might be tempted to use them, the one after the other, would be in skin troubles especially those accompanied by cellulitis, and also in kidney troubles with swellings and dropsy. The fact that *Apis* is right sided and better by cold, while *Rhus* is left sided and better by warmth might seem to make them ideal complements (like *Lycopodium* and *Lachesis*). But they work inimically to each other and the patient suffers. Similarly *Rhus* poisoning case, all swollen up, may tempt one to try *Apis* as an antidote with resulting increase in his troubles!

2. *Lachesis* and *Ammon. carb.* are likely to be indicated in menopausal disturbances of weak, nervous women, always choked

up in sleep and waking up frightened, or in emphysema, where the mucus accumulates in sleep with choking and cough; or perhaps in some circulatory disturbances. When it was a fashion in high society to have a smelling salt bottle at hand, many a patient under *Lach.* must have got unnecessary troubles by smelling the salt.

3. **Lachesis and Sepia:** In menopausal troubles they have so many things in common, that they may be seemingly indicated one after the other, and they disagree. Still, it is interesting to note the observation of Clarke, "In one case, in which *Lachesis* in very high potency had caused intensely distressing rectal tenesmus, with alternate inversion and reversion of the anus, *Sepia*, high proved to be the antidote."

4. **Mercury and Silicea:** They have a number of common spheres of action and are needed in abscesses, boils, bone troubles, glandular diseases, and ear troubles, sweating, etc. After giving a beautiful comparison between the two remedies, of nearly ten pages, Farrington says, referring to their modalities, "*Merc.* is better wrapping up like *Silicea*. These remedies so inimical are perplexingly similar in modalities. They have at least twenty precisely like symptoms. So much the more need for studying their differences." (In *Materia Medica*, we are advised to interpolate *Hepar sulph.* in case it is necessary to give them one after the other; *Hepar* is an antidote and a complement of *Mercurius*).

5. **Phosphorus and Causticum:** It is no wonder they are incompatible, for they are so similar. Suppose we have administered to a patient of bronchitis *Phosphorus*, because, over and above a *Phos.* build, he has the following symptoms, "Hacking hollow cough, from tickling in the chest, with pain in abdomen or stomach

during cough, worse from going from a warm to a cool room, aggravated by cold air, cold drink, reading aloud, laughing, lying on the left side or back, with perhaps involuntary stool or urine during cough etc." Now suppose, after some improvement the symptoms change and he has: "Cough worse by talking, cold, evening till midnight, drinking coffee; excruciating feeling in the chest while coughing, involuntary urine during cough; better by a swallow of cold water, and inability to detach and expectorate mucus by coughing, etc.," we might feel that the changes warrant *Causticum*; but if this is given, there is likelihood of a severe upset and aggravation. Farrington says of them that they are frequently agreeing in symptoms, but for some unknown reason found to be inimical.

When we carefully study the lists of incompatible remedies we are sure to be struck by the extensive similarities between these remedies. But why should two similar remedies act, sometimes as antidotes, at other times as compliments, and on a few occasions as incompatibles? Is it the inherent quality of the remedy to be incompatible or is there any thing in the situation in which it is given that makes it so?

### LIKELY EXPLANATIONS

While it may not be possible to be definite on these points, the following are offered as likely explanations for the incompatible actions of remedies:

- 1, In the ideal prescription for the cure of a group or set of symptoms in a patient, (artificial against natural disease) where the remedy is the similimum and the potency also corresponds to



the planes of the disease, the cure takes place without any apparent aggravation. The nearest similar remedy aggravates most. As the prescription departs more and more from the similimum, the degree of aggravation is less and less. That was why our greatest prescribers had to use higher and higher potencies as their accuracy improved.

Similarly, in the case of similar drugs following each other, the larger the area of similarity of the following remedy; the greater is the chance of aggravation of the complaints. A dissimilar remedy will not have any appreciable effect.

The incompatible remedies are likely to be very, very similar to each other. They may have the same pathology; they may have the same type or depth of action. Drugs of very similar origin (snake poisons, similar metals, etc.) are likely to act inimically to one another. Hahnemann was perfectly right in interjecting the remark "(whilst differing in kind)", in Section 26 of the *Organon*. I only wish he had emphasized and elaborated this instead of just putting it in brackets.

2. When a remedy is given and its observable action has started, it must be taken that the patient has come under its influence. At this time he becomes very sensitive to further stimuli of the same nature. If then, before this stage is over any drug closely similar in its action (or the same drug) is administered, aggravations, many a time violent, are likely to ensue. Oversensitiveness, allergy, anaphylaxis are all similar reactions but differing in degrees or intensity\*.

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\* I have dealt with this subject in my article "Anaphylaxis in Homoeopathy".

The inimical remedy, being the most similar, brings about the most violent reactions. If the same remedy is used after the action of the previous drug has passed off completely, there should be no harmful effects. This reinforces Mrs. Kent's remarks regarding incompatibility of certain common items of food, when the patient is under the influence of certain drugs. This might also explain why Nash did not encounter inimical reactions in his practice. He might have always waited long enough for the action of his prescribed remedies to exhaust itself; he had such immense confidence in them.

### **HOW TO AVOID INIMICAL OR INCOMPATIBLE REACTIONS**

1. It is needless to say that before every new prescription, the case must be taken and studied afresh.
2. It is still more essential that the identity of the last remedy administered must be known, as well as when it was given, and the progress of its action, so that if it is too early, and the remedy seems to be still acting, we can wait and give time for the hypersensitive period to pass off.
3. We can avoid a remedy, which belongs to the same family (origin), or a remedy already known to be incompatible, or which is too similar to the original remedy in many more spheres than is necessary in the case.
4. We need not be afraid of applying the "incompatible" if plenty of time has elapsed after the previous remedy, or after an

intervening complementary, which breaks through the reactions of the previous remedy.

There may be other explanations or conclusions possible. These ideas have been given in the hope of stimulating study, discussions and experiments; and as hypotheses for further study of one of the most ticklish and imprecise problems in homoeopathic literature. ■ ■



# THE IMPORTANCE OF THE MATERIA MEDICA

1. A student, appearing for his final examination, found to his dismay that whenever he strained his mind he got very bad headaches, and that he could not grasp the subject as easily as he used to. He was a fine sportsman and in excellent health otherwise. **Nat. carb.** 200 one dose got him over the difficulty immediately. As far as I could elicit, he had no other “keynote” of *Nat. carb.* like agg. from music, milk, sun, summer, etc. I have helped many students with *Nat. carb.* on the basis of the same group of symptoms since then.

2. A pious young couple were very much perturbed that their three year old son was extremely cruel. He used to take pleasure in killing ants and cockroaches, and used to hurt younger children of neighbours. They had tried some treatments including psychiatry with no benefit. They had actually come to me in connection with some other patient, and asked me casually if homoeopathy could do anything for such cases. I said we had remedies for cruelty, which can cure the boy. One dose of **Anacardium** 1000 stopped his cruel habits.

3. **Phosphorus** has in its proving, “Hair falls out in handfuls, from definite areas”. In a number of cases, I have used this remedy in the 200th, 1000th and 10,000th potencies, one or two doses at rare intervals and cured alopecia areata completely.

4. In the *Materia Medica Pura*, under **Stannum**, symptom 119 reads simply, "The ring hole in the lobe of the ear becomes ulcerated". I have been able to cure many children who had suffered so much from this trouble that they could not wear any earrings.

5. Many people suffer from the habit of biting their tongue or cheek when chewing. One dose of **Ignatia** 30 to 1000 cures this, and no wonder, if we consider the symptoms, 148 and 150 in *Materia Medica Pura*, which are as follows. "He is apt to bite on one side of the tongue posteriorly when speaking or chewing", and "when chewing he is apt to bite on the inside of the cheek near the orifice of the salivary duct". (Kent's Repertory mentions two more remedies viz. **Causticum** and **Nitric acid**.)

6. I have had ample opportunities to observe that **Alumina** cures craving for raw rice and **Cicuta** removes craving for charcoal, irrespective of other so called constitutional peculiarities, which may be present or absent.

7. A young student, who was also in the N. C. C., used to fear that he might get a hernia on his left side; once or twice he had felt a similar pain on the right side, especially after his "P.T." Of course, **Rhus tox.** 200th cured him. It has the following symptoms in *Materia Medica Pura*. Symptom 398: "In the left flank, sensation as if a part (hernia) were protruded"; Symptom 399: "Outstretching in the right groin as if a hernia would occur". Let us read the following few symptoms from *Chronic Diseases* - "Stitches between the ribs on the right side, so that he could not lie on his side for pain, with painful drawing and obstruction to breathing, so that he has to gasp for breath... Pain draws at once into the right side of the chest, with lancination, when he raises the arm

upwards... When he holds the painful side with his hand, during the pain in the chest, it becomes less intolerable”.

The first time I could make use of this combination of symptoms was when a friend of mine who was playing cards at the time, suddenly got a severe pain in the right side of the chest. It was stabbing, he could not breathe, and he was simply holding his chest firmly with his hands. I had read the above group of symptoms under **Borax** only a few weeks earlier and had now the opportunity to try the remedy. One dose of the 30th removed the pain within two or three minutes.

8. Well, this was an acute case and I could not say how far **Borax** worked and whether he might not have got better by himself after some time. But after nearly two years, another gentleman came who had been suffering much from this sort of pain for more than three months. Practically the same combination of symptoms was there. Two doses of *Borax* 30, at intervals of three hours cured him in a few hours.

9. A very serious problem was given to me by a farmer from Andhra. Three years earlier he had found that the little toe of his left foot was gradually becoming shrunken and withered. In course of time it fell off with a little help from a surgeon. Next year the right little toe also withered off. He consulted good surgeons in Vizag and Madras, but they could not arrest the progress of the disease. When his left ring finger started showing signs of the trouble he was really frightened. The doctors told him that he was suffering from a peculiar disease of arteries, which prevented the circulation to peripheral vessels (? Raynaud's disease) and the only thing they could recommend was nicotinic acid which he had

already been taking all along. They did not give him hope that it would not spread to other fingers.

He was tall, wiry, fair, liking the usual Andhra food. Careful reading of the *Materia Medica* gave two possible remedies - **Secale cor.** and **Carbo veg.** I gave him a supply of *Secale cor.* 30 to be used daily. When he came back, not only was the left ring finger growing worse, the right hand fingers (ring and little fingers) were also showing a peculiar shiny wrinkly effect on the skin. Always this had been the first stage.

In the meantime I had read and thought over the problem and had decided to try *Carbo veg.* (Sluggish circulation with coldness of extremities). So when he came, I commended him for not giving up the treatment and gave him *Carbo veg.* 30 - 2 drams of pills, to be taken daily one dose till he could come back at his convenience. He returned after three months. The right hand fingers were better, skin slightly normal looking. I advised him to continue the medicine. After four months when I saw him again, the right hand fingers were normal and he could put on the ring on his left finger (which ring he had been forced to discard as it had fallen off). Medicine was continued. (Single dose-wallas must pardon me!) After another four months the left finger was looking better coloured, warm and healthy.

One very troublesome complaint, which had worried him a lot before he came to me, was pain in the calves and legs after exertion for some time. He could plough only one-third of his usual quota. He used to get cramps after ploughing or walking some distance. This complaint also gradually diminished by the treatment. He continued *Carbo. veg.* 30 for about three to four years more till he

considered himself cured. I saw him six years later quite healthy except for the missing toe, the one he had already lost.

10. Writing about feet and hands, brings to mind that a "tendency for the ankle to dislocation or sprain" has been removed again and again by *Nat. carb.* mostly by a single dose of the 1000th.

Now in these ten cases, the homoeopathic remedy was the one, which had produced that condition in it's proving. The big generals whom we usually refer to in Kent's Repertory or Synoptic Key were not the guides to the correct remedy.

My frequent discussions with a number of students and practitioners of homoeopathy make me feel that there is a tendency to rely, in day-to-day prescribing, only on generals and mentals. Those who use Kent's Repertory or Synoptic Key most, naturally depend upon the generals, such as patient liking this or that, and usually questions are asked to elicit this sort of information, which is later used in referring to the Repertory, whose most used chapters are Mind, Desires and Aversions, and Generals. This is specially done if we follow Bidwell's method of repertorising. Though in many cases with marked and peculiar generals or cravings etc., this may lead to a correct remedy, there is one big weakness in this method. Hundreds of remedies whose peculiar and definite effects have been so elaborately written down in the larger *Materia Medica* under the "Schema" form (head to foot, regionally), will not be considered, because, first of all, their peculiar effects on mind or their generals have not been noted as well as those of the big polychrests. In these headings only such well known remedies like *Sulphur*, *Calcarea*, *Phosphorus*, *Lycopodium*, *Pulsatilla*, etc. will be coming up again and again as they get very high valuation. To



prescribe on similarities of "Pen Portraits" of Kent also leads many a time to similar results.

We can know in what peculiar way any remedy affects human beings only by the study of the *Materia Medica* from head to foot.

I wonder whether nowadays we give enough value to the study or reading of the original *Materia Medicas*.

J. H. Clarke says, "Complaints are not infrequently made that the Homoeopathic *Materia Medica* is too vast for practical utility, that the schematised lists of symptoms are unprofitable, if not impossible for reading". I do not think so. Indeed, I think that the test of a genuine Homoeopath might not unfairly be said to lie in his capacity to read through a schema with both profit and enjoyment because of the possibilities it reveals of dealing with cases and occurring everyday in practice. Again and again in the course of my work I have come across symptoms in the schemas of remedies reminding me of cases in the past which I might have cured had I but known the remedies then and many a time a case has turned up in my practice calling for a particular remedy at the very time I have been working upon it, and a cure has resulted, when, but for my study of the schema, I might more than likely have failed to find what I wanted.

"When we consider that the *Materia Medica* is the very *raison d'être* of the homoeopaths, and that in it he must live and move and have his being, it is not too much to expect of him that he shall at least give as much mind to its cultivation as is required for maintaining high proficiency, say, in billiards or in golf". ■ ■

# WHEN THE SYMPTOMS AGREE

**I**n Kent's *Materia Medica*, one of the most commonly used phrases is "WHEN (or IF or PROVIDED) THE SYMPTOMS AGREE". The following are examples:—

1. **Mercurius**, Page 637: If crude Mercury has been taken for a long time, *Silicea*, like *Nitric acid*, is a good remedy to eliminate it **WHEN SYMPTOMS AGREE**.

2. **Mercurius**, Page 639: "... A great medicine for mumps, it is a routine remedy, which shows that it must be frequently indicated; it cures **WHEN THE SYMPTOMS AGREE**.

3. **Nit. Acid**, Page 687: "Will cure blondes as often as brunettes, **IF SYMPTOMS AGREE**".

4. **Phytolacca**, Page 727: "Syphilitic ulcer finds a curative remedy in *Phytolacca* **WHEN SYMPTOMS AGREE**".

5. **Plumbum**, Page 735: "... Hysterical state; feigning sickness ... it goes to the root of the evil **PROVIDED THE SYMPTOMS AGREE**".

A similar thing is found in Allen's Keynotes as the following examples show:—

6. **Actea race.** (16): "When given during last month of pregnancy, shortens labour, **IF SYMPTOMS CORRESPOND**"

7. **Caulophyllum** (88): "Labour pain... no progress... will produce efficient pains IF SYMPTOMS AGREE".

8. **Nux vom.** (211): "One of the best remedies to commence treatment in cases that have been drugged BUT ONLY IF SYMPTOMS CORRESPOND".

Now, what exactly do these great teachers mean? What symptoms should be compared — local, general, or constitutional? And in which book of *Materia Medica*? Can this be done by reference to Kent's own *Materia Medica*? When and where should this work be done, at the bedside, or in the consultation room? Is this easy or a difficult and laborious work? How can we find the time for this, and will it in any way cheapen us if we start returning to books in the sick room? Is this advice meant for Acute or Chronic cases?

To every one of us, students, teachers or practitioners, these are the most important and fundamental questions. We must know that it is only this point that differentiates ordinary, hackneyed prescriber from the MASTER prescribers like Lippe, Kent, Skinner, Berridge and Margaret Tyler and others. ■■



# Repertory



# **REPERTORY WORK\***

**M**any friends and young graduates ask me how I use the Repertory. I should like to recount here my journey through the various repertories and techniques, from the earliest days of my Homoeopathy. I hope this will help as an introduction to this most important branch of our system of treatment and induce doubters to try Repertorisation in ALL their cases.

As most of the work that I saw with my uncle in the forest village was of serious, acute cases, and as he was the master of Allen's Keynotes and a great student of *Materia Medica*s of N.M. Choudhuri and Clarke, I did not see him use Kent's Repertory except in a few cases.

In Calcutta, the first Professor to teach me (not the entire class) Repertory work was late Dr. J.N. Hazra, (M.D., Boston). He had his Boston Clinic, and allowed his pet students to observe his work and work out his cases in the Repertory. He was the foremost Indian student of Dr. H.A. Roberts, and mostly followed Boenninghausen's Pocket Book. He used to give us lists of symptoms (numbered), and it was our job to split every symptom into three columns - Location-Sensation-Modalities. Just half a dozen important symptoms, carefully elicited by the Master, would give upto about twenty Rubrics. We could easily write down these in a "chart" printed with about 100 remedies and divided like graph paper.

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\* The Homoeopathic Heritage, September 1991

Actually, within just ten or twelve rubrics, only the big polychrests would be running through, and at the end we could get a chart like *Sepia* 19/70, *Sulph* 20/68, *Puls* 18/80, *Calc. carb* 17/80 and so on. We hardly saw a rare remedy coming up, but surprisingly one session with this gave the right remedy and the next remedy, which might be needed. I must say that I followed this method for more than ten years, as I could spare enough time over really difficult cases and I found this the most accurate way to hit the remedy.

During my second year in Dr. Hazra's clinic, he got a box of Field's Card Repertory. The set looked pretty awe - inspiring, but we found that finding the symptom in the Index was all that was necessary. We could take out the numbered cards in five minutes, say about 6 to 10 cards and see which remedy showed through those perforations.

We found that keeping the cards back, after working three or four cases, a bit boring. (They had to be kept in their proper, numbered place).

Well. During my last week with my uncle, I had the good fortune to read and suggest *Calc. fluor.* high, for a half blind elephant belonging to a forest contractor. The cornea had slowly become opaque. I heard that the remedy cured the elephant. After three months, when uncle came to our house to treat me for a relapsing typhoid, the contractor sent with him Rs. 80/- for me to buy Kent's Repertory. I got my copy in Calcutta after 9 months from C. Ringer and Co., who were the sole agents of Ehrhart & Carl. This was NOT in vogue much in Calcutta then, but Dr. Haldipur - my senior by two years and myself started using it much and found it easier than Boeninghausen.

Well. I have been MOSTLY using Kent for the past fifty years, and find it good for most cases. But real tough problems have sometimes been solved only by Knerr's Repertory, where, especially, we are tempted to refer to Guiding Symptoms for further clarification.

Well. After getting Bidwells book, and using his method, the work has been simple and quite accurate. I must say that my work is NOT aided by any clerk or assistant.

Of course, we all use the specialised or regional repertories, the most important being: Repertories found in Bell's Diarrhoea, Allen's Fevers and Consumption, Nash's Repertory Organs, as well as the large five volumes of Concordance Repertory by Gentry. Clarke's Clinical Repertory and Boericke's Repertory are the best help to look at pictures from a very different and clinical angle.

But there is no doubt about a statement that the best repertory is the one we carry in our head. That was the secret of Dr. Lippe.

Enterprising computer experts have put in almost all the standard repertories, especially Kent, Boenninghausen, Boger, and Boericke into computers, which can store vast knowledge. Many younger generation Homoeopaths have learnt the technique of computer repertorising and are able to get all information, like number or rubrics, marks or valuation of the symptoms totals, and even differentiation in the matter of minutes. The modern age of inventions is bringing in various other facilities to us in our practice and may find the investment of money and time for learning quite worthwhile. ■ ■



## **A SAMPLE FROM G.I. BIDWELL**

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**E**veryone who wishes to use Repertories should read Bidwell's famous Booklet - "How to use the Repertory". It is the Complete Essence of the knowledge of everything needed to practise our system, and not merely referring to the Repertory. The case chosen from his own illustrative cases is published below for us to recapitulate his technique and practise it ourselves. Please try out this method with other repertories and see the results. It works.

Boy, aged 14; epileptic attacks for three years. First attack followed fright caused by other boy's make believe to hang him. Attacks increasing in frequency until at this time they occur every two weeks. The following symptoms were given: Attacks begin by running around in circle, then falls down unconscious. Attacks are more frequent in cold dry weather and during new moon. Involuntary urination during the attack. Boy explains of always being cold; wants to keep warm both summer and winter, he is very touchy; everything makes him cry; seems depressed all the time. Appetite either ravenous or wanting. Aversion to all kinds of sweets, of which he was previously very fond.

Repertory Analysis - Under complaint caused by fright we find thirty six remedies. Of these the following twenty one have the symptoms on the first and second grade:

1. Caused by fright - Acon., Apis, Arg.n., Art.v., Aur., Bell., Caust., Coff., Cupr., Gels., Glon., Hyos., Ign., Lach. Nat.m., Nux.v., Op., Plat., Puls., Rhus.t.

2. Sadness and depressed - Acon., Arg.n., Aur., Bell., Caust., Gels., Ign., Lach., Nat.m., Plat., Puls.

3. Worse cold dry weather - Acon., Caust.

4. Aversion to sweets: **Causticum**.

We have arrived at the solution of the case by four steps and have used all general symptoms. Now you may ask, why did we start with the rubric complaints caused by fright? First: This is a general symptom and we are working from the generals to particulars. Second: This condition was caused in this boy by fright. This mental shock was so profound that it caused the whole condition of this patient to be changed. It not only produced the epileptic seizure, but affected his desires as well. Someone of the remedies found under this rubric would be the one, which will cover the totality of the case. The second symptom we will take is another general — sadness and depression. We take this rubric from the fact that it is a mental condition produced by a derangement of the patient's most internal condition, the mind. Now if we hope to cure this case we must have a remedy, which has produced this symptom in the provers, so among our first twenty one we find eleven with this symptom in the first and second grade. Another general condition is the modality that the attacks are worse in cold dry weather. Among the eleven remedies found in the first two rubrics we find only two, which are worse in cold dry weather. In order to decide which of these two will cover our case we will take



the general aversion to sweets. Here we find that *Causticum* is the only remedy, which covers our rubrics. If our reasoning has been correct, if the technique of selection is without a flaw, *Causticum* must be the mathematically correct remedy, and turning to our materia medica we find that the pathogenesis of *Causticum* not only contains the rubric we have used in our analysis, but the remaining symptoms of our case as well. Therefore, *Causticum* is the remedy we will give. Our records show that two doses of this remedy were administered with the following results:

The attacks lessened during the first month to one; the second attack, a very slight one, did not follow for seven weeks, and now, after an interval of a year and a half, there has been no sign of a return, so we may safely say the boy is cured. ■■



# Practice



# **ENTRANCE COMPLAINT**

(Professor George Royal coined the phrase, “Entrance Complaint” to denote the trouble or illness that brought the patient to the doctor. For the patient, that was the most, or sometimes the only important thing to get rid of).

I once treated a Gujarati boy aged about thirteen of Night Blindness. One of his uncles also had that complaint it seems. I took up his case thoroughly according to Hahnemann’s and Kent’s advice, repertorised and worked out and came to some antipsorics to be tried in a particular way. I administered those at intervals of three to six weeks. Every time he came I asked him, “How are you? How is your sight?” The answer was, “Oh! I am fine. My sight is better”. After about ten months the parents came one day and told me that his night blindness had not improved even a bit, but when they saw what I had written in the case sheet, they laughed. Yes, his sight in daytime is better. He has had no trouble of any sort, which he used to have before, but the trouble for which he came, is just as bad as ever.

There was a case of stone in the gall bladder, awful pains, vomiting, constipation, pale stools etc. From the day he started treatment he felt better and gradually he considered himself quite normal and healthy. Three years later X-ray showed that the stone was a bit bigger. I am sure some of you would have tried curing otorrhoea especially with no other symptoms in the patient except for a tendency for cold or sore throat. Even if you say he has been

cured or even if you say he does not have a single symptom left sometimes the discharge comes again and again showing you that the particular trouble for which he came has remained uncured. For the patient the only thing important is the complaint for which he came to you. It may be an in-growing toe nail, a corn, and what not. No amount of our telling him that after he has been constitutionally cured, his complaint will be better. Dr. Keñt had advised us to go on warning the patient like this. Perhaps he could manage to convince his patient but for an everyday practitioner it is an awfully difficult job to keep the patient long enough so that all his constitutional traits and weaknesses are removed and then the main complaint is removed. There must be a simpler, easier and more direct way. One of the methods perhaps is to study more our organ remedies, tissue remedies or those, which have a special affinity for these complaints. Usually such remedies are not even remembered. They may not come in the repertory and we miss a good chance of curing a patient.

Our science and law are so vast that they must include small points also like a thorn in the flesh, a wart, a small tumour, a cyst so that they need not require a long drawn constitutional, antimiasmatic treatment for their removal.

Our *Materia Medica* is full of such singular, or peculiar or one sided symptoms. We must make full use of these. Boerick's *Materia Medica* is a treasure for this. ■ ■

# FIRST LESSONS IN PRACTICE

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**H**ow does the knowledge of Materia Medica help case taking and subsequent prescription? And how do the Masters discover and uncover hidden symptoms, which the patients may not volunteer to give out? Are we to ask direct questions like, “Did you ever suffer from G or S?” when we come across some of the pointing symptoms? Well, I think that if we just keep our eyes and ears keenly open to anything not expected, something a bit out of the way, this may lead us to discover some hidden things.

I remember one O.P. patient suffering from peptic ulcer. He had been attending the out patient of our Bengal Allen Homoeo. College for many months, under various teacher-student combinations who came on duty. No doubt, he was better but the pain was recurring. It was my turn to attend the O. P. for three weeks. The patient brought an O.P. chit where his name could not be deciphered. When asked what his name was, he said, “My name... my name ... AM... ha ... my name is P. Das”. What did “P” mean? Again “Pradosh”.

Now, why this hesitation in giving his name? He had forgotten it! A few direct questions clearly brought out the remedy - **Medorrhinum**, which cured him. (I saw him later to find out the effect.)

I am sure that if I had not mugged up the symptom in our "Keynotes", I should have missed this golden opportunity.

On quite a number of occasions, we might not remember the remedy, but if we know that the symptom is peculiar and rare, we can hunt it in the repertory which is certainly the Aladdin's Lamp for homoeopaths, to be rubbed when needed.

Dr. R.N. Ghosh, M.B.B.S., in-charge of our Bengal Allen Hospital, had a peculiar way of teaching and practice. In fact his questions in the Materia Medica paper also used to look strange.

What are the indications of:

- (a) *Arnica* in Malaria?
- (b) *Rhus tox.* in Dysentery?
- (c) *Dulcamara* in Tonsillitis?
- (d) *Medorrhinum* in Diarrhoea?
- (e) *China* in headache? Etc.

We also saw similar unexplainable prescriptions given to patients which indeed cured better. I went to his house one day and tackled the doctor - WHAT EXACTLY WERE THE ANSWERS HE WAS EXPECTING?

His explanation stunned me. He said that in every case of illness, and every illness of a patient, we asked two questions, "When did it happen and how did it happen?" The answer would lead to a fine prescription. Every important remedy had its own etiology. He



asked me to memorise the very first or second sentence in each medicine, given in Allen Keynotes. For example, *Arnica* for injury or fall; *Rhus tox.* for overexertion, wetting when overheated; *Dulcamara* in a season of changing weather (which upset the patient); *Medorrhinum* for the family history or < daytime only; *China* after loss of vital fluids and so on.

I had great opportunities to try this out in the Sri Ramakrishna Math Charitable Dispensary, Madras, in which I started the Homoeopathic Department in 1937. The prescriptions, based on etiology were quick and the results unimaginably good. It almost became my passion to talk on “Etiology” at Conferences.

My paper, ‘Causation’, which I submitted to the International Hahnemannian Association, got me admission and quite a few letters of appreciation. ■■



## **CAUSATION\***

**I**n the “Materia Medica of the Nosodes”, under the *Lac caninum*, there is one of the most wonderful and artistic cures by the great healer, Doctor Adolph Lippe. This remedy cured a case of impotency of ten years standing because the patient had suffered from a severe attack of diphtheria in which the symptoms shifted from side to side, and the patient had never regained his health after the attack. As far as known, this medicine had not any impotency in its pathogenesis. But this did not worry Dr. Lippe. He prescribed it as it alone covered the cause.

Now, is it necessary that the medicine to be prescribed should cover the symptoms of the trouble, or is it enough if it covers the cause alone? Many of our best cures show that the remedy also covered the cause though it was not taken into consideration while selecting the remedy; and secondly the remedy selected exclusively on the basis of causation even when it does not seemingly cover the case works many cures.

A gentleman was suffering from very bad asthma. More than the dyspnoea, which was of course there, his cough troubled him greatly. It came in sudden fits, at any time of the day, with choking and redness of the face, lachrymation and involuntary urine, and would leave him completely breathless for three to five minutes. The history of its beginning was interesting. He had been officiating

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\* The Homoeopathic Recorder 1946

as a magistrate in a town and in some criminal investigation had to be present at an exhumation. The cadaver was practically rotten as it was an old one, and the stench was unbearable, but he had to suffer it for more than two hours. It fairly choked him. When he went home, the feeling persisted and even after a thorough wash, the sick feeling would not leave him. That night he had a severe cough, which became worse in spite of all treatment for nearly six months. Then for a time he was better. After a year, he had to go to attend a marriage in a village. There all the children were having whooping cough. He again got a severe cough there, which had persisted, till he saw me. Seeing the cough, I had thought of various remedies like **Drosera**, **Belladonna** and others; but when, the cause became known, I felt it would be better to give a remedy indicated by the cause. **Pyrogen 200** put a stop to his cough at once. After one month, there was slight return. Could there be any "suppressed whooping cough" to be tackled? The only remedy, which could cover both the sepsis and the whooping cough was **Carbo veg.**, one dose of that in the 1M potency has cured him.

In January 1941, a boy was discharged from the General Hospital as a hopeless case of Hydrocephalus. The worst thing that troubled the patient and the doctors was his terrible headache. The boy used to shriek and used to be almost unconscious during the attacks. The face would be congested, the carotids throbbing, and the pain, was described as intensely hammering and shooting. Anodynes and sedatives were of no avail. Lumbar puncture had only increased the trouble. The boy was in the house of expert allopaths, and it was with great hesitation and misgivings that they allowed me even to see him. To get over his habit of aspirin and other drugs, which he was demanding, I gave a few powders of

*Belladonna* 6, and they did relieve slightly. Now the question was how the trouble had started. The boy had a fairly big head as a child but he never had any trouble on that account. Three months previously, one day, he came home from school complaining of pain in the forehead, where he had hurt himself by knocking against the handle bar of the cycle. That pain had ultimately resulted in these severe attacks of headache. As a child he had been a typical *Calcarea carb.* patient. So my idea was that it was an *Arnica* condition superimposed on a *Calcarea* constitution. *Arnica* was given in the 1M, one dose. He had severe aggravation for four hours, and after that the headache never appeared. Later on, for some digestive trouble, I had to give him *Calcarea carb.* He remains well to this day.

One evening, four years ago, I was urgently called to a place 100 miles away, as one lady was suffering intensely from some undiagnosed condition. I reached the place at midnight. The patient was pregnant, 7th month, and there was a hard swelling in the right hypochondrium, which was extremely sore. The patient was crying pitiably from pain, four allopaths had come, each diagnosing differently. One thought it was hepatic abscess; another said it must be pleurisy and so forth; but none could suggest a remedy for the patient. I had no time to go into the history, as I had to catch the return train. But the symptoms pointed to *Pulsatilla*. The pain came slowly and disappeared suddenly, and sometimes it came suddenly and left slowly. The patient being thirstless and desiring air, I left *Pulsatilla* to be given every three hours, and telling them I would return the next night; I came back. I found her slightly better when I saw her after 24 hours. Then I started questioning her and others as to the cause of the trouble. Only one servant could

give me the clue. They had shifted from one house to another and in arranging all the heavy vessels and tins on a plank high up, she had exerted herself a lot, and when one particular vessel was being raised, she felt a sudden pain in the abdomen. That was how the pain had started fifteen days prior to my going there. **Rhus tox.** was given in the 200, one dose. The pain left her immediately, and she passed a large quantity of urine and the swelling subsided within 24 hours. Could be a case of hydronephrosis, caused by some kink in the ureter? I do not know, nor do I know how *Rhus tox.* removed the kink after so many days. If I had not inquired from all people about the probable cause, I am sure I would never have thought of *Rhus tox.* for it, and probably I would not have succeeded in curing her so quickly and wonderfully.

Sometimes, the patients themselves do not remember the true cause and we have almost to use the methods of psychoanalysts to get at the root of the trouble. We have to bring before them the picture if possible, of their own life and surroundings when the complaint first started, so that any small incident, which might have been forgotten, may again be remembered. Mrs. V., aged 23, had been a chronic sufferer from gastric troubles for six years. Flatulence, eructations, pain after food, and constipation were her constant companions. One doctor prescribed alkalis, which after one year's trial made her worse. Then a fractional test meal revealed hypo-acidity. so she started taking dilute hydrochloric acid with every meal. One year of this trial showed that this was as bad as the other treatment. So she wisely stopped drugging herself, and tried to manage with diet and fasting. She was still suffering when she saw me. As usual I started asking how the thing had started six years back. She said one night she suddenly vomited blood at 2

a.m. with some pain in the stomach, and from that time she dated all her ailments. Well, blood vomiting cannot be the cause; what caused that thing? Did she have a fall, injury or accident that day? She did not remember. After an hour of talking about her life habits, friends and other incidents that might have happened six years previously, she remembered the one small incident that she had not thought worth remembering. It seemed she was playing badminton one evening, and in the next court some people were playing tennis. One ball, hit hard by someone, came and struck her stomach region very forcibly. She almost fainted with the pain. Somebody offered her some iced drink and brought her home. That night she vomited blood. The abdomen remained sore for a few days. This was the history, and no wonder **Arnica 1M** one dose, cured her stomach trouble.

Mr. M., aged 35, was a chronic sufferer from a terrible type of asthma. Whenever he got the attacks he needed morphine as no other drug could relieve him. On going into the history of the first attack, I found that it came on during the summer holidays when he was studying in the college. He had gone to his village where a new house was being constructed. He was watching the workmen mixing lime, slaking it and so on. The fumes from the lime used to choke him and caused fits of cough whenever he went near the work-spot; and I also found out that whenever he shifted to a newly whitewashed house, he used to get the attacks. Though the cause was so obvious, it took me nearly two hours to get it out, as he had not thought it important enough to remember. Once we know the cause, cure becomes simpler. **Calcarea carb.** itself in potencies from 1M upward, has put a stop to those terrible attacks.

I could cite many other cases where the remedy, chosen only on the basis of etiology, was more than enough to cure the whole case, but that is unnecessary. Our literature contains hundreds of cures of this type. There is, for example, one case referred to by Dr. Clarke in his "Prescriber", where Rev. Dr. Canon Upchur cured a very interesting case with **Bacillinum**, **Thuja**, and **Bellis perennis**. Hahnemann has given us the most valuable hints regarding the probable causative factors under every medicine in his *Materia Medica Pura* and *Chronic Diseases*, and he was very thorough in taking the etiology of every case that came to him. That is how, perhaps, he discovered the wonderful idea of psora or suppressions.

I would be minimising the all-pervading nature of the Law of Similars if I said that EVERY case of illness could be cured on the basis of causation alone. The simillimum may be found on the basis of actual symptoms present, by repertorising and comparison with the *Materia Medica*. Acute diseases yield themselves well to this method. Again Burnett and others have done so many cures on the idea of "Organotherapy". And there must be several other ways to reach our goal - the cure of the sick in the simplest, quickest and most harmless way. With careful consideration of the cause, hereditary, exciting, or persisting, our results must be much better than with any other method of selecting the simillimum. ■ ■



# **THE HIDDEN POWER OF THE INFINITESIMAL**

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**I**t must have been impossible for our master Hahnemann to explain why the highly diluted (?) drug had potency in it. What was the ultimate size of the particles of all matter? Theoretical scientists had arrived at the conclusion that the finest particle of matter was atom. The very word 'ATOM' meant indivisible further. (A- not , tomos-cut). But his process of potentising took the drug to infinitesimals. He did the wisest thing when he refused to theorise about the ACTION or the very presence of the potentised drug in the vehicle, mostly pure water or alcohol.

When he found that an extremely small dose worked much better and cured quicker, he cared nothing about HOW OR WHY, but only developed the great speciality of Homoeopathy and called it POTENTISATION.

What a COINER of NEW words or new ideas of old words he was! Not only did he coin the words like Homoeopathy, Antipathy, and Allopathy; he took out a word from the science of diagnosing of diseases- SUCCUSSION. This word, not found in Oxford Dictionary, but found only in a Medical Dictionary, was used for "The shaking of a PATIENT from SIDE TO SIDE to determine the presence of fluid in a cavity of the body (like abdomen).

Two things needed for the use of the word were the fluid and the shaking. In everyday dilution of a solution of a drug, all that

was needed was stirring or pouring from one vessel to another. But Hahnemann's shaking was NOT from side to side, but with vigorous up and down strokes more vigorous, the better - what other word could he use?

Well. The process of potentising as advised by Hahnemann was called Hahnemann's Centesimal e.g. 6 C.H., 30 C.H. This became the official method for all handmade potencies - all over the world.

The problems came when a large number of drugs had to be potentised to high potencies like 200 and 1000. The doctors started thinking, "Why should each potency need a new bottle? Will the process of dilution and potentising not continue if the same bottle is used, only emptying and refilling after shaking every time? Machines were made with this innovation in view — and their products performed every thing expected of them.

Boericke and Tafel in U.S.A., Willmar Schwabe in Germany and one or two others in Britain have standardised the process of potentisation - and it is done very successfully in many large Pharmacies in India even today. ■■

# **HOW I LEARNT ABOUT DOSES**

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## **DOSES 1**

### **ANAPHYLAXIS OR ALLERGIC SHOCK**

**T**he word allergy was not in use when we started practice. It is very much in vogue now. Well, I had extremely bad experience where a single dose powder of 200 repeated on the tenth day killed the child with no other explainable reason. When this happened again (though not fatal) I studied various books to find out reasons. I found that a similar thing was mentioned with the repeating of anti-tetanus serum— it sometimes killed, and this was henceforth avoided by a repeat dose early (say within a week). I published this in our journals.

I have not claimed this method as originated by me but I am extremely happy that almost all practitioners started using this method. May be they got the idea from some other source. Dr. Margaret Tyler used to give 1M potency daily 1 dose for 4 days and stop. This does work beautifully. Where I want a powerful action, I give 3 doses on the first day, 2 doses on the second day and 1 dose on the third day. These doses seem to work as a single dose.

## DOSES 2

What do we do when every dose seems to aggravate—especially in delicate patients, weak children? Hahnemann and others have advised using a very diluted, small dose. Dissolve a few pellets in a glass of water. Stir nicely. From this take two or three teaspoons and mix in the next glass full of water. Stir well. Usually this diluted dose — a teaspoonful per dose of this solution — acts very soothingly. We can use this glass as a “graft”, and prepare a fresh glass of water solution every day and give doses from that. I don’t know whether this is called “Plus Dosing” but it is a suitable name. In cases of continued fever or painful chronic troubles it is quite effective.

But please also give a weekly powerful powder of *Sac. lac.* as otherwise every body thinks that mere faith and water are being used.

Nowadays quite a number of doctors are using similar technique while using the 50 millesimal potency. I am sorry I have had no occasion to use this so far. But from reports, it must be a method of choice.

## THE SECOND PRESCRIPTION AND SUBSEQUENT PRESCRIPTIONS

I was utterly disappointed many a time when a remedy doing well and seemingly losing its action was repeated in the same potency after sufficiently long interval. It either did not work or aggravated. And from then on the patient’s progress used to come to a standstill. I went through almost all the books I had and got an

idea — mainly from Boenninghausen and Burnett. The former used extensively two complimentary remedies — all 200th alternately every 4,5,6 or 7 days like *Bry.* and *Rhus tox.* *Nux v.* and *Sulphur.*

By that time I had found Burnett using remedies based on pathology or organ remedies or symptomatic similimums in a lower or low potency while giving remedies like *Thuja*, *Bacillinum*, *Medorrhinum* etc. in 200th or so, inter-currently.

Dr. Gallavardin used a special technique of using high potencies in the cure of chronic cases of Alcoholism, Insanity and other psychological problems. He studied the patient carefully and decided to use a series of remedies—all deep antipsorics, antisycotics and so on, and administered them serially in high potencies at intervals of 30 to 40 days. A remedy was hardly given twice in that long period of treatment. It was like the suggested *Sulphur*, *Calcarea carb.*, and *Lycopodium* by the early masters. It was as if the next remedy carried on or continued the action of the previous remedy.

I slowly arrived at my method, a sort of combination of all the three above methods. I had already found that etiologically indicated remedies could cure without any aggravation especially when given high. I started using these and other constitutionally or miasmatically indicated remedies one after another in 1000, 10000th potencies at sufficient intervals and gave the symptomatically indicated shorter acting remedies or pathologically indicated or organ remedies in low, Q to 30, daily or alternate day, in between the high doses. This had the double advantage of having no aggravation by any dose throughout treatment plus shortening the period of treatment considerably.

The best example is the simple prescription of **Drosera** 1000, **Pertussin** 1000, **Tuberculinum** (Aviare or Bovinum) 1000, **Psorinum** or **Sulphur** 1000 at intervals of about 15 days to three weeks along with **Ipecac** 6, **Arsenic. alb.** 6, **Ant. ars.** 6, **Belladonna** 6 or 30, **Pulsatilla** 6 or 30, or any other indicated small remedy daily or as needed in the intervals of high potency doses. I must say that many a time I have to put in **Thuja** 1000, this most wonderful antisycotic and anti-viral remedy.

The above has been a very effective technique in Allergic Bronchitis or other allergies or chronic infections of children and even adults.

### DOSES 3

I do not know how many of homoeopaths have read the books of Bernoville and Nebel of the French school. Almost moribund, chronic cases of TB can be brought round, but their methods are not simple to follow. The idea of what are called "Drainage Remedies" is a wonderful one, being needed in difficult situations, where pure Kentian method might fail, as he himself dubs them as "incurable". We must remember that with the high potency, accurate prescribers in attendance, Homoeopathy lost the best doctors from tuberculosis, like R.R.Gregg, Dunham, Farrington and quite a few relatives of the doctors took up treating in their special methods of not single but a multi drug use, judicious by using high plus low, that Homoeopathy could manage to cure this disease. Treating simply on miasmatic basis had not succeeded.

With Dr. Margaret Tyler's "rediscovery" of **Drosera** as an anti-tubercular drug we have been able to do much better, especially in glandular and bone tuberculosis.

I am sure that their works will be read and digested by all homoeopaths with great benefit to them and their patients.

#### DOSES 4

### THE OPPOSITE ACTION OF HIGH AND LOW POTENCIES

Dr. Katre was the Chief Medical Officer of the Sri R.K. Math Dispensary where I was in charge of the Homoeo department. He was an allopath whom I had been able to convert to our system. He had quite a good practice. Once he remarked that he had observed a very peculiar situation. In typical **Calcarea carb** children, it would cure diarrhoea only in high (200, IM) potencies but could cure constipation only in 6th potency. He wanted me to experiment further. We found a similar peculiarity that **Podophyllum** high cured diarrhoea nicely and was a fine remedy for constipation with whitish (bileless) stools in 6th potency. I remembered reading something like this in some book and found it in Hale's article. Leave aside the theory; I have made very good use of this point in the following situations:

(a) With **Iodium** 200, 1000, I have added weight to lean and even emaciated boys and girls. And Iodium 2x, 3x are the best remedies to help in reducing obesity - given 3 to 4 pills 3 times daily. Of course, these patients are given the usual indicated high potencies of their constitutional remedies.

(b) People having weakness, dizziness on sitting up or jaundice etc. of **Digitalis** have been wonderfully cured by **Digitalis** high, 30 or 200 when the pulse was slow, and by 3x or 3 or even 6th when the pulse rate was fast.

(c) In a number of cases I have used **Bry.** 200 to dry the phlegm and 6th potency when there was too much dryness in the air passages or for similar action on the synovial fluid in the large joints like the knee joints.

Now it is Hahnemann who has explained the peculiar and seemingly opposite symptoms appearing in the proving. He has called them primary and secondary. But where a seeming secondary symptom appears first (in later periods of proving), he calls this alternating action. This does not depend upon the dose but we make use of this dual action for selecting a potency, low or high. This is only possible in some situations, not for every remedy or every symptom.

See how Dr. Katre's experience brought this idea into my practice. It is not antipathy, the indications in the patients being similar to those of the drug. ■ ■



# **HAIR SPLITTING POSOLOGY**

**C**URING with a remedy that is capable of PRODUCING a similar trouble is entirely dependent on the quantity of dose administered. The larger the dose more will be the aggravation naturally. By carefully and systematically reducing or diluting the drug used, Hahnemann conquered this bugbear and also discovered the tremendous powers of attenuation. It seemed to liberate unbelievable powers of quick and permanent healing and also brought out the medicinal values of so called inert substances like charcoal and Lycopodium and many others. Common salt became a very powerful blood maker and body builder.

In spite of going to infinitesimal doses Hahnemann still seemed to fear aggravation FROM A BIGGER DOSE OR A NUMBER OF GLOBULES PER DOSE. Minimum dose for him was one pilule, the size of a poppy seed. This was in the fifth edition of Organon. In his sixth edition, which came to light much later, he had come to the still more delicate method of potentising on the fifty millesimal scale and that too in dilute solution of water.

Well, as a student of Homoeopathy, I used to spend all my holidays with a scholarly amateur Homeopath, Mr. T.S. Iyer, at Bangalore in South India. Most of his patients were high officials and society leaders, spread far and wide, treated only by correspondence. He NEVER used more than ONE PELLETT, No 10 size, of any potency, which he posted packed in sugar of milk as a powder. I asked him whether he had found any difference if he

added four or five pills, any upset or aggravation. He said he had never ventured.

I have wondered whether such an aggravation, DEPENDING ON THE SIZE OF THE DOSE really happens. The actual drug is in a fraction, one upon one followed by sixty (30c), four hundred (200c) or two thousand zeroes (1000c) in the DENOMINATOR. Would a change, say from one to even six in the NUMERATOR really make any change within the quantum of the fraction, when the denominator is so large a figure?

Actually the dreaded aggravation is an extremely rare event and may occur only as a curative one.

Now-a-days, Homoeopathic pharmacies are selling medicines in globules No. 20, 30, 40 etc., by Kilos. Are these globules not working satisfactorily? Most probably the seat of action of an oral dose, pill or powder or liquid is the delicate membrane of the tongue, with its extremely highly developed nerve system. Obviously the more area that is covered by the dose, the higher should be its effect. How many nerves can one globule touch, even if the dissolving action of saliva spreads it?

I have a feeling that we tend to make a lot of things ritualistic. Ordering a number of medicines, tablets A, B, C, D at certain fixed hours daily, at particular times, one hour before or after food, etc., serves as a CONSTANT reminder to a patient that he IS a patient. Perhaps the less a person thinks about his/her illness, the better for quick recovery, without disturbing the occupation or activities.

Let us not have too much hair splitting about dosage or unnecessary talk of aggravations.

Why not tell the patients about the wonderful advice of the famous Emile Coue, to stand before the mirror and ASSERT to themselves "Every day, in every way, I am getting better and better"? ■■



## ANAPHYLAXIS IN HOMOEOPATHY\*

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In the early years of my practice, I took up the treatment of a child suffering from cirrhosis of the liver. It had developed ascites, slight jaundice, and was indeed in a bad condition. I did not offer any hope but they wanted to try Homoeopathy as a last resort. Careful case study pointed to **China**. One dose of *China* 200 was given dry on the tongue. There was a rapid and steady improvement, the ascites went down, urine became profuse and the child livelier. This improvement stopped after eight days. On the ninth day, there was slight increase of the troubles. Next day it was a bit worse. So, on the tenth day, I examined the child carefully. Heart and lungs were not bad but the ascites was increasing and urine was again less. The symptoms still pointed to *China*. So one more dose of *China* 200th was given in the morning. At midday the child simply collapsed, and was dead before they could do anything. I wondered how the child died so suddenly.

About two years later, I was asked to treat a case of dropsy in a lady, aged about 50. She was extremely fat; but how much was fluid I could not say. Her heart, kidneys and liver were not functioning well. Below the eyes were bag like swellings. Complaints worse in the afternoons, 3 p.m. especially, and after sleep or rather after what little sleep she managed to snatch from

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\* The Homoeopathic Heritage, December 1982

time to time. She was averse to covering, wanted sips of ice-cold water and wanted fresh air. The scanty urine was loaded with albumin.

**Apis** 200th was given a single powder dry on the tongue. Here again she improved very nicely for about a week and symptoms started coming back again. On the 10th or 11th morning *Apis* 200 was repeated one powder. From that time she suddenly became worse and urine practically stopped. A senior physician was called who advised **Lycopodium** 200. That was the last straw, and she died without passing a single drop of urine after that.

These two cases set me thinking. Why was the second dose so fatal? I started studying the literature regarding this point.

Then a third chance came to verify this, by which time I was on the alert.

A girl aged 18, puberty 4 years previously, now ill, emaciating, no menses for four or five months, had slight cough, poor appetite, anaemic condition and so on. Cough worse at 3 a.m. *Kali carb.* 1000 was given; one single dose of 3 pills dry on the tongue. Cough better from that day, patient improving nicely for about 10 days. Then the symptoms started coming back. I was about to repeat, but the fear of some untoward happening made me hesitate. Ultimately, on the 13th day I gave her one pill of *Kali carb.* 1000 dry on tongue. She rapidly became worse, and in two days started getting fever. Luckily, One or two antidotes of *Kali carb.*, and finally **Natrum mur.** 1000 not only saved the situation but also cured the girl. She got back her menses regularly put on weight and later was happily married and continued quite healthy.

These experiences pose a problem, why does the second dose produce such violent reaction, and especially if given after ten days? To get a proper answer to this, I have searched among the clinical cases in our literature. Unfortunately, it must be admitted that doctors do not usually like to report what might be considered to be their failures. So cases of the type are not found in numbers.

Hahnemann, our master, gave his opinion as follows: — “It is impractical to repeat the same unchanged dose of the remedy once, not to mention its frequent repetition (and at short intervals, in order not to delay the cure). The vital principle does not accept such unchanged doses without resistance, that is, without other symptoms of the medicine to manifest themselves than those similar to the disease to be cured” (Organon 5th edition). He advised that the potency should be altered slightly every time the remedy is repeated. But he did not mention anything about the time lag required to produce the oversensitive state that I am referring to.

Kent, while discussing the question of proving a drug, writes as follows: “If the first dose of medicine produces no effect, and enough time has been allowed to be sure that the prover is not sensitive to it, the next best thing to do is to create a sensitiveness to it. If we examine into the effects of poisons, we find those who have once been poisoned by Rhus, are a dozen times more sensitive than before. Those who have been poisoned by Arsenic are extremely sensitive to Arsenic after they allow the first effects to pass off. If they continue, however, to keep on with the first effects, they become less sensitive to it, so that they require larger and larger doses to take effect.” (Philosophy, page 219).

In this, Kent mentions two things: That sensitiveness is dulled, and hypersensitiveness does not supervene if they continue the medicine.

In homoeopathic treatment, because the drug selected was extremely similar to the disease, an aggravation was always expected; and it was only to avoid this that the medicines were diluted. (The actual increase of the curative power on diluting with succussion was a later discovery). In America, in the time of doctors Lippe, Swan, Fincke and Kent potencies were increased upto CM and MM and Kent began warning against indiscriminate use of these high potencies. But no distinction was made between what might be called a primary aggravation and what I refer now as a shock after a repetition of the dose after some time.

In Pathology and Physiology, this effect is called an Anaphylaxis, a supersensitiveness to foreign proteins, such as the serum of another animal, egg albumin, certain pollens, etc". If a small quantity of horse serum (0.001 c.c.) is injected into a guinea pig, the animal develops a sensitiveness to horse serum. If a second dose of 5 c.c. (quite harmless to a normal guinea pig) is injected subcutaneously, the condition of anaphylactic shock supervenes; and there will be collapse, dyspnoea, and even death. In man, anaphylaxis may appear in a sensitive person on a second injection being given, if he had a serum injection ten days to six months earlier. There is collapse, dyspnoea, cyanosis and rarely, death also. It takes a minimum of ten days after the first injection to develop this hypersensitiveness to the same serum.

In the physiology class in our college, we had asked our professor how this shock could be avoided. He said that a second



injection of a small quantity within twenty four hours of the first one would prevent the development of this supersensitiveness.

Now let us note the following points:

1. Certain pollens are included in the list, which are not necessarily proteins.

2. Supersensitiveness is especially encountered in people who are already susceptible or sensitive.

3. This supersensitiveness is not always fatal and many people get over it.

4. By repeating the injection within 24 hours, this anaphylactic shock can be avoided.

5. One more point to be noted is that this anaphylaxis may be seen in people who have never had any previous injection.

In my practice, I stopped using single dose for any case. Instead, I have been giving on the first day, two or three doses, at intervals of three or four hours followed by *Placebo*, if necessary, from the next day. Kent and others also used this method, which is "Single Collective Dose." I have never seen any upset by subsequent repetition in such cases, and I find this an absolutely safe method.

I have already mentioned Hahnemann's advice in the 6th Edition of *Organon* to change the dose slightly every time the medicine is repeated. This method, also called "Plus Dosage" allows the same remedy to be repeated daily if necessary, even in

chronic cases, so that the time taken for a cure is considerably reduced. This avoids also any severe aggravation, or 'anaphylactic shock' by the repetition. ■■

## **REPETITION OF THE SAME LOW POTENCY FOR YEARS**

A letter from a gentleman from Delhi has prompted this article.

*Dear Doctor*

“My wife was under treatment (off and on) from 1975 to 1979, when we moved to Delhi. After coming she had a recurrence in 1980 - for which she got relief after getting medicines from your assistant.” (The complaint was filarial lymphangitis with swelling which was relieved.)

“She did not have her monthly period since middle of March, 1982. Now (June '82) a pregnancy test taken is positive.”

“She has not taken any medicine allopathic or Homoeopathic all these years except **Aurum mur. nat.** 6x REGULARLY as prescribed by you in November 1979. She is now 42 years old and, is pregnant for the FIRST TIME since our marriage, 15 years ago”.

She delivered normal and extremely healthy boy.

I give some more related interesting cases:

- ◆ Mr. K.M. Rao, age 72, had developed rheumatism; all major joints being affected. There was a peculiarity of a reddish rash, slightly itching and burning around each affected joint, though looking like tired and jaded, he was healthy with regular appetite

and good evacuations. Not chilly. As he was moving out of Madras for a few months, I suggested him to buy *Sulphur 6* and take it daily- once or twice (if needed). I saw him roughly once in 2 or 3 years, for 10 or 12 years. He used to tell me of remarks of his friends, "Mamuji" how are you becoming younger all the time? Do you take any *Kaya-Kalpa*?"

The only TONIC he had been regularly taking was one dose (3 or 4 pills) of *Sulphur 6* for more than 10 years!

- ◆ A tall hefty farmer from Andhra, suffering from arterial blockage of circulation to extremities, who had already had amputations for dry gangrene of toes, and feared loss of fingers was advised **Carbo. veg.** 30 daily. The shrivelled finger and toe got normal and he got back full circulation of extremities and wonderful health. He took this **Carbo. veg.** 30 DAILY for more than 6 or 7 years.

COMMENTS: Actually comment is superfluous. I can only admire the hopeful persistence of the lady who conceived at the age of 42, when all specialists told her she was born with "Infantile Uterus".

If millesimal potency repetition is permitted, why not of the ordinary potencies? ■■

# **THE EVOLUTION OF THE HIGHEST POTENCY**

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**T**he era of high potencies opened up with the realization of the Masters that the higher the dynamisation the surer was the cure. In the years between 1850 and 1900, Drs. Samuel Swan, Bernhard Fincke, H.C. Allen, Nash, Boericke of America, Thomas Skinner of England and some others developed machines for potentising medicines to extremely high potencies.

We have already seen that the idea of a new bottle for every potency **HAD BEEN REPLACED** - and now the same bottle was used for one remedy potentising. Two more important discoveries took place. One was that when a bottle, containing **ABOUT** hundred drops was emptied quickly by inverting it, the liquid sticking to the sides came to be about one drop. So, for the next potency it was just enough to refill and shake. The second most important discovery was that if liquid was **FORCED** into the bottle as a **FINE JET**, the mixing of the original and the new liquid was **MORE THOROUGH** than with shaking up and down, or succussion. A new name had to be invented for this forcing of new liquid into the emptied bottle and Dr. Fincke called it 'Fluxion'; and because the bottle was meant for one hundred drops - it was called **FLUXION CENTESIMAL (F.C.)**

Dr Fincke patented his instrument and supplied his potencies to many doctors, who found them working very well. But his cup

(not bottle) was NOT emptied every time - and it was not quite accurate - this was what was called CONTINUING FLUX. Others improved this upon.

Drs Skinner and following his pattern, Dr.F.E. Boericke (founder of Boericke & Tafel of Philadelphia) developed automatic machines, where a large wheel was rotating with Waterpower - and two bottles fixed at two sides of water wheel were emptied when coming down and filled with a Jet in their upward motion. It was a marvel of accuracy and all the high potencies in the world have been made on this PRINCIPLE. Later, the machines were made to run on electricity - and metered accurately.

There were two other names associated with these. Ehrhart and Carl of Chicago - who said that they were using James Tyler Kent potentiser and their own - for preparing upto MMM - (1,000,000,000)

I was lucky to get one set of these about forty remedies upto MM through my benefactor, late Dr.T.S. Iyer, who used them very frequently. ■ ■

# **UNRAVELLING THE MYSTERIES OF POTENTISATION**

**I**T has been my good fortune that I have the three years' issues of the famous "ORGANON", The Homoeopathic Quarterly Journal, for the Years 1878,79,80. Drs. Adolph Lippe, Samuel Swan, from America, and Drs E.W.Berridge and Thomas Skinner from England were the Editors.

Quite a few articles from this valuable treasure have appeared in our "Homoeopathic Heritage". One topic regarding those wonderful high potencies used by those masters, where the mystifying (F.C.) were appended after mentioning the potency, like C.M (P.C) C.M. (F. C.), has been described in detail by Dr. Skinner, spread over four or five issues of the "Organon".

I wish that we studied the simplicity of our Homoeopathic potencies - how they can be easily prepared instead of hoping that some pharmacy will oblige.

A simple, small book on Pharmacy must be available in our Libraries and referred to often.

## PREPARING OF HAHNEMANNIAN HANDMADE POTENCIES

After many experiments, our Master started preparing Homoeopathic Medicines himself, and simplified the process of Dilutions - or rather potentising, using two scales: - Decimal and Centesimal. But was it a very laborious process, and how much time was needed to potentise one drug to Thirtieth? Was it actually required that exactly 99 drops of the vehicle, mostly distilled water be COUNTED every time? How was this done?

When the potencies go up, and the drug is in Infinite Dilution, it really does not matter whether it is one drop in 100 or 105 drops of the vehicle. The simplest way is to use 2 dram glass bottles, (which can hold about 120 drops). Fill up with about 100 drops of Alcohol or Water.

Measure 100 drops in one bottle (the first one) and keeping it at the level of the eye, pour the vehicle in other bottles upto this level. The bottle will be filled up about  $5/6$ , leaving enough space for succussion. Keep clean corks ready. Put one drop of Mother Tincture in the first bottle and cork it. Shake well. This is potency number one. Take out ONE drop from this into the second bottle, cork it and shake it well, and continue this process for all other bottles. The number of bottles arranged in the row, say 10 in a row, will help to indicate the potency - which can be marked later, after the last bottle is potentised. This whole program upto 30 may take a maximum time of half an hour.



When higher and higher potencies came to be used, the doctors had to find out simpler methods of raising them very high. Two things were important. One, there was no purpose served in using and KEEPING all the 1000 or 10,000 bottles with their potencies. The potencies actually to be used in practice alone needed to be preserved. Distilled water as a vehicle was good and cheap, but might not last long like alcohol or rectified spirit. So potencies 27,28,29,30 - and again 197,198,199,200 and so on were made in alcohol, and also made in larger quantities labelled and well corked. Once prepared, a 100 cc of 197, would be enough in the pharmacy to supply 10 litres of 198, 1000 litres of 199 and 1,00,000 litre of 200-as and when required, by first taking out one or 10 drops from the required bottle. Most probably we are using the SAME drug *Lachesis* that was used by Herring and taken for further use by Boericke and Tafel and may be using it forever.

Now Boericke & Tafel, Ehrhart & Carl in America, and Nelson, Schwabe and others in Europe have been preparing the potencies and preserving the "Grafts" carefully. It is the collection of rare, original drugs from all parts of the globe that is most important, difficult and costly. It is like a Horticultural or Botanical garden. Once a precious plant is obtained, and nurtured, hundreds can be got from it, and sold, keeping the original in tact.

When were the higher (than 30th) potencies introduced? In the Journal "ORGANON", Dr. Thomas Skinner has given the following information regarding the use of higher potencies by Hahnemann and others. He enumerates the names of those who have made the dynamisation of medicines more or less their study. He gives them in alphabetical order: Aegidi, Boenninghausen, Du Manoir,

Dunham, Guenther, Gross, Gruner, HAHNEMANN, Hering, Jahr, Jeanes, Jenionen, Joslin, Korsakoff, Lehrmann, Lrntx, Lillie, Lutze, Lux, Meissner, Muller, Mure, Peters, Rollingk, Roth, Roux, Smith (H.M), Starke, Wurzler, and others. He says, "Lehrmann, a disciple and friend of Hahnemann prepared potencies upto 200 - which were used by the master and Boenninghausen also."

Dr. Skinner writes: Regarding Lehrmann's potencies, I extract the following from a letter I received from my Co-Editor, Dr. Adolph Lippe, dated 14th December, 1877: "The 200th of Lehrmann is made by hand, just like HAHNEMANN'S preparations; he took a clean phial for each potency. They are really the only potencies made according to HAHNEMANN'S plan. It will be interesting to many to know that, through the enthusiasm and kindness of my esteemed friend, Peter Stuart, Esquire, merchant and ship owner of Seaforth, Liverpool it shall be my high privilege to raise to a higher dynamisation the whole of the case of medicines used by HAHNEMANN at the time of his death, and made by Lehrmann especially for him. I shall run them all upto the CM and MM potencies, and I furnish my Co-Editor Dr. Swan, of New York, with carefully prepared grafts of the same."

It is surprising that Dr. Skinner omitted the name of Dr. F.E. Boericke, his friend from New York, from the list of the high potency makers. Dr. Boericke ultimately settled in Philadelphia and established the famous "Boericke and Tafel". All their potencies upto 1000 were handmade, on the strict Hahnemanian principle.

Perhaps his list was only of those who had died.

# **HOMOEOPATHIC POSOLOGY**

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

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

## **CASE NO. 1**

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

1. On any movement especially at every step, and worse on making a false step, she has a shock in the pit of the stomach, that comes as she avers, every time from the left side.

2. When she lies she feels quite well; then she has no pain anywhere, neither in the side nor at the pit of the stomach.

3. She cannot sleep after 3 A.M.

4. She relishes her food, but when she has eaten a little she feels sick.

5. The water collects in her mouth and runs out of it like water brash.

6. She has frequent empty eructations after every meal.

7. Her temper is passionate, disposed to anger. When the pain is severe she is covered with perspiration. The catamenia was quite regular a fortnight since.

In other respects her health is good.

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

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

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

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

## CASE NO. 2

“Was called in consultation to see Miss. M., who was thought to be near dying. I found the patient in great distress, panting respiration, able to speak only in a whisper, and each word uttered separately from the next by several respirations. She had informed me she could not long survive, as each breath seemed as if it would be her last one. She had no thirst, scanty urine, and had not slept for two days. Percussion over her chest gave a clear and healthy sound. Auscultation revealed permeability of the air through her lungs, but a very loud bronchial rale. No other remedy has this combination of symptoms excepting **Apis**. My choice fell on the 40M potency (40,000) for the reason that she was too ill to bear a lower potency of a large dose of the material. Directions were given to repeat **Apis** 40 M in water every hour till she seemed a little better, then to cease giving entirely till we saw her in the morning. After the third dose she became quiet, fell asleep for two hours and remained quiet all night, sleeping at intervals till morning. Contrary to instructions the medicine was repeated every time she woke, till 9 in the morning when she received the last dose remaining, soon after which she became as bad as on the previous evening. We saw her at 10.30 a.m. and found her about the same as on my first visit. Now what was to be done? The same remedy was still indicated and it was very evident that she had been overdosed, therefore *Sac lac* (blank powders) was given during the day and when we saw her at 6.30 p.m. she was again more comfortable. Next day still better, and still *Sac lac*. The day after showed that on the whole she was improving and she made a perfect recovery without a further dose of medicine.”

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

### CASE NO. 3

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

"All efforts failed and the case rapidly progressed toward dissolution. Tachycardia, arrhythmia, oedema, ascites, hydrothorax, passive congestion of the brain and liver, delirium, suppression of urine and coma foretold the rapid approach of the end. For a period of over three weeks the symptoms had positively and unmistakably demanded **Digitalis**; but doses ranging from forty thousandth down to drop doses of the tincture produced no favourable change.

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

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

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

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

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

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

#### CASE NO. 4

The patient was a girl 8 years of age, in the late stages of incurable heart disease. She had been under allopathic treatment for over a year, steadily growing worse. When first seen by the

writer she was confined to a chair, unable to lie down or remain in bed. General oedema, ascites, and hydrothorax existed. Urine was almost entirely suppressed, only about four ounces being passed in twenty four. Tachycardia and dyspnoea were most distressing and death seemed imminent. The history and anamnesis of her case revealed unmistakable *Calcarea* symptoms. She was given a single dose of *Calc. carb.* C.M. (Fincke). The reaction and response to the remedy was surprising. Within forty eight hours urine began to be secreted copiously. For several days she passed from one hundred and twenty to one hundred and fifty ounces per day. Dropsy rapidly disappeared and she was soon able to lie down and sleep comfortably. In about four weeks she was able to go out for a ride in a carriage, and not long after was walking; she lived thirteen months in comparative comfort and happiness and then died quietly of heart failure, after a slight overexertion.

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

So we see, that for best results, we must use the full range of potencies from mother tincture to the very highest ones. Most of us have one misconception, that for acute diseases we must use low potencies, reserving the high ones for chronic cases. We are afraid of high potencies. I have seen people swallow such drugs like Sulphas and Mycins without hesitation, but questioning our prescriptions of any potency above 200. “Is it safe? Will there be serious aggravations? Can I take the dose and attend office? Do you want me to keep some antidote? - and such questions are freely asked. How shall we remove these doubts and fears? The wonder is many of such ideas are mere hearsay. I have carefully gone



through the writings of Hahnemann, Boenninghausen, Dunham, Wells, Hering, Lippe, Allen, down to Roberts and other luminaries of the present time. They do not suggest low potencies for acute and high for chronic cases. They do not say that 200th is more dangerous than, say 6th. Most of these master prescribers used high and highest potencies in very acute and serious conditions.

When I was studying Homoeopathy with my uncle, Dr. D. N. Koppikar, I used to wonder why, in an ordinary case of (cholera like) diarrhoea he would use **Verat. alb.**, etc. in 30th, whereas in a serious case, almost collapsing he took out his high potency and gave *Verat alb.* 1M, 10M and 50M potencies. He was right. Only these very high potencies were capable of saving those cases.

Dr. Edmond Carlton, in his book "Homoeopathy in Medicine and Surgery" when dealing with **Lachesis** in Diphtheria says: "When these symptoms, or most of them are present **Lachesis** will yield wonderful results, as I have many times demonstrated. In critical cases I review the 8 pages of throat symptoms, which Herring devotes to this, his greatest single production, before prescribing. If any strength below the thirtieth centesimal potency were used in such a case, be ready to sign the death certificate. In fact I much prefer the 200th and higher".

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

Let me give first the wonderful experience of late Dr. B. B. Bharada of Bangalore.

**CASE NO. 5**

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

**CASE NO. 6**

Dr. E. B. Nash in his book, "Testimony of the clinic" describes a case of sciatica. The pains were intense with burning; greatly aggravated from 1 to 3 p.m. The patient was prostrated, restless. The only relief was from the bags of dry hot salt continually applied along the nerve. *Ars. alb.* was given in the 30th and 200th. "To my surprise no good came out of it. Then *Sulphur* was given in the possibility that *Psora* was complicating matters, but with no good result in the other remedies tried, but of course, ineffectively. It was in the earlier part of my practice, so I had not gone much above the 200th potency then. But I had a graft of Jenichen's 8000th in the office, so as nothing else did any good I concluded to try it. It was given in solution, with rapid and permanent relief. She was well in an incredibly short time and never had a return of the trouble."

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

### CASE NO. 7

“Mr. B has been feeling poorly for 2 or 3 days. This morning he had a serious chill. I was called at 5 p.m. I find the following symptoms: Aching in the muscles and bones. Aching from head to foot. Bed as hard as a board. Pillow hard as a rock, coughing large quantities of rusty sputa, stitching pain in the left breast, has to hold his chest with his hands (**Bry.**, **Merc.**), fan-like motion of alae nasi (**Phos.**, **Lyc.**), stupid and sleepy, could hardly keep awake, total loss of appetite, very thirsty for large drinks of water, cough worse at night, several stools per day, very offensive, wanted to keep very still, at the least movement aggravated his cough and pain in chest (**Bry.**).

First evening: Temperature 101, Pulse 110, Respiration 32.

Second evening: Temperature 103, Pulse 120, Respiration 40.

Third day: 8 AM: Temperature 99, Pulse 88, Respiration Normal.

**Baptisia 8 MM (Swan) was given. Needed no other medicine.” (Dr. Sherbino - quoted by Dr. Nash) (8 MM- 8 million)**

Dr. Heber Smith reported the following case:

## CASE NO. 8

Typhus ninth day, patient lying on back, eyes wide open, staring and immovable, is unconscious; face red, lips black, tongue dry and black, lower jaw hangs down, urine involuntary. Dr. Herring was called in for consultation. Both he and Dr. Lippe feared paralysis of the brain. Before Dr. Lippe found the red sand in the urine he was deliberating between **Opium** and **Hyoscyamus**, the sand pointed to *Hyos.* *Opium* has the symptom more often state of snoring with eyes half closed. (**Lycopodium** has red crystals in urine and falling of the lower jaw; increase of urine only at night.). *Hyos.* 200, one drop in half tumbler full of water, several spoonfuls were given and in 6 hours the patient perspired, the jaw closed and he was out of danger.

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

## CASE NO. 9

“The case had not improved, although it had been under skilful homoeopathic treatment for over a fortnight; had begun with symptoms of ordinary gastric fever. The condition of this young man was this. On looking at him he stared at me, then appeared on his forehead and in his emaciated face deep wrinkles; at times he would cry out loud till he becomes hoarse; mouth and lips were ulcerated to such a degree that he declined to drink on account of the severe pain caused by any fluid (or solid) coming in contact with his mouth; the lips were peeling off, and bled when he picked them; abdomen fallen in, tender to contact, he vomited occasionally,

mucus and specks and streaks of blood; frequent watery offensive stools, no sleep, no appetite; urine scanty; pulse very frequent and not regular; great emaciation. *Nux vom.*, *Bryonia*, *Phos.*, *Mercury*, *Nitric acid*, *Arum. trif.* had been given according to the most prominent symptoms but the mental symptoms as expressed in the countenance had remained unaltered, while the pathological condition was worse. The attending physician knew that we had before us "ulcerated peyer's bodies". *Stramonium* covered all the symptoms but that of the sore mouth, but in Herring's proving was the symptom, "It feels as if the inner mouth was raw and sore." "**Stramonium** 50M cured" (Unfortunately Dr. Lippe has not mentioned the exact way the doses were administered). But from a study of his usual practice, it must have been in solution of water, in spoonful doses).

In one particular province of Homoeopathic therapeutics, we find the mother tinctures and the lowest potencies doing better work than the higher potencies. It is in the treatment of gross pathological alteration in the body like enlarged liver and spleen, fibroid and other tumours, glandular enlargements etc. In these cases, some special remedies become indicated; many of these called "organ remedies" which have to be given in low potencies and often repeated daily till the pathological abnormality is removed. The pioneers in this field were Rademacher, J. C. Burnett, R. T. Cooper, J. H. Clarke and E. M. Hale, each a genius and researcher. They not only introduced new "organ" remedies, they found out new uses for ordinary remedies of our great *Materia Medica*.

Here is a case of *Scrofula* (Tubercular Glands) cured by Dr. J. H. Clarke.

## CASE NO. 10

Charles, M. 16, brass worker, for six years had very large glands on the left side of the neck and under the skin. Last winter, blotches appeared on his legs, and since then they come and go. Last winter, for the first time, he had a cough. It was bad for three weeks, and since then has continued to be troublesome. It continues during the day and also in the night till he goes to sleep. He has a little swelling under the instep of each foot that pains when he walks. He looks pale

26th March 1884. **Arsenic 3**, **Baryta carb.** 6 alternately every two hours. As he improved, this was continued till June 7th. From June 7th to July 5th he was treated with **Nitric acid** and **Euphrasia** for some eye trouble. July 5th **Aconite 1** every two hours. (Mainly for the eyes). July 19th eyes almost well. Lumps in the neck smaller. August 2nd. Eyes well. Neck smaller. Repeat. October 10th. Has a cold. Glands smaller but have been bigger since and weather became colder. Repeat. November 12th. Neck smaller. Repeat. December 24th to February 4th *Ars.* 3 for colds, etc.

February 11th, 1885 **Aconite 6** four times a day. March 5th **Pulsatila 3x** for eye trouble. March 18th **Merc sol.** 3 t.d.s. This was continued till May 13th. May 1st **Bryonia 3**, four times a day for one week, then **Aconite 6**. June 17th **Aconite 6** four times a day. July 22nd. Repeat. Glands still smaller. August 19th Much better. Repeat. January 6th, 1886. Glands smaller than ever before cough for three days, **Calc. carb.** 1 pillule three times a day, then **Acon. Aconite** repeated till January 12th, 1887. Again from February 18th, 1888 to May 12th, **Aconite 6**. From then to March 20th, 1889, **Kal. mur.** 6 t.d.s.

March 20th. Lump larger. Has cough for a week. *Aconite* 6. t.d.s. April 10th Lump smaller. Erythema nodosum, feel bruised when touched. (*Arnica* 30 t.d.) July 13th to April 2nd, 1890 *Acon.* 6. t.d.s. Later he needed *Sulphur* 30, and *Psorium* 30 and *Conium* 30 for some time.

“During the progress of the case, the great power of *Aconite* over the glandular enlargement was very strikingly manifested. It was the inflammation of the eyes which led me to prescribe it first, when the action on the glands was very marked.”

Please note that *Aconite* 1, every 2 hours was continued for more than five months; *Acon.* 6, three or four times a day for nearly 2 years.

#### CASE NO. 11

A strumous gentleman, about thirty years of age, came over from Ireland to consult me with regard to loss of flesh. He was over six feet in height, but weighed only ten stone. Hair reddish; thorax flat; pronounced venous zigzag, digestion very weak; poor appetite; a brownish rash across the epigastrium; cannot digest vegetables.

“The state of the liver led me to prescribe *Chelidonium* 1; five drops in water night and morning.

Under this prescription (with same diet, occupation etc.) he increased five pounds in weight in thirty two days. In six months, he had reached ten stones twelve pounds in weight, and he long after reported to me that he had remained in very good health, indeed. Besides being for some months under the influence of

*Chelidonium*, he had intercurrently also **Badiaga 3x** and **Psorinum 30** each during one month -Dr. J.C. Burnett.”

Dr. R. T. Cooper like Dr. Burnett had a vast practice and was a master of the *Materia Medica*. He brought in many new remedies and cured even bad cases of cancer. I give below one of his famous cases:

#### CASE NO. 12

George M. aged 40 was suffering from cancer of the stomach and was operated on in the cancer hospital. The operation was abandoned on account of the numerous adhesions, and because it was impossible to remove all the diseased tissue. Cooper saw him first on July 22nd 1898, and found him writhing in agony on his bed, unable to keep anything long in his stomach; better by warm foods, worse by cold drinks. Pains worse at night. They began in stomach, spreading to hands and between shoulders as if an iron brick were being forced through stomach and chest. There was a visible bulging beneath the attachment of diaphragm extending to scrobiculus cordis. Tongue red, coated towards back, bowels confined, and sometimes diarrhoea. Patient's father died of Gastric ulcer, aged 73. On Saturday, July 23rd at 6 P.M. Cooper gave, **Orinthogalum** one dose, followed by great pains; he felt almost frantic at 3 AM. and again at 1 p.m. when the bowel acted. At 3 A.M. he began taking **Carbo veg. 3X** every 3 hours. This was discontinued on July 26th as patient thought it increased the pains that now extended over the whole body. On the 27th a frothy substance began to come up giving great relief. Cooper considered this as evidence that the *Ornith.* had touched the disease but had



been restricted in its action by the *Carbo v.* A second dose of *Ornith* was therefore sent and taken on the evening of July 28th. Almost immediately after, the patient began bringing up a black jelly-like substance with great relief to pain and general improvement. From this time the progress was steady. On August 29th the patient in his report said he was keeping fairly well though at times having great pain in lower part of stomach. And he noted this important additional symptom. "Great difficulty in going to sleep owing to a creepy sensation in limbs. Also on sitting, legs and feet go all of a heap, cannot keep still, and cannot read without walking about. Feet also ache and swell". Dose repeated on September 9th. On the 18th he reports sleep much better. Pain in left leg and foot but not merely so bad. Slight pains at bottom of stomach and a little more swelling. Cooper saw him on September 30th and learned that after the last dose, feet and ankles began to swell more, but gradually got better. On September 23rd right leg felt as if bruised and is now painful and angry looking, swollen and leaves spots on pressure. When eating feels as if food chokes in the stomach, some flatus, bowels regular. Another dose was given, and the effect confirmed Cooper's view that the swelling resulted from "The high pressure put on the emunctories owing to the setting free of poison in the system." In a few days, says Cooper, "He came to me in a great fright and pulling up his trousers showed me the terrible condition, as he thought, of his legs. They were swollen and great red streaks and patches could be seen, coursing down the limbs. Believing that these were due to the rapid elimination of the Cancer poison, I rather astonished him by insisting on his walking away without any medicine whatever. This patient soon became perfectly well. I saw him myself soon after and examined him thoroughly, and could find no indication of any disease whatever except the

scar of the operation. He was alive and well in July 1901". (Report by Dr. J. H. Clarke, in his "Dictionary of Materia Medica").

We see in these three cases that the great Homoeopaths of the English school, Drs. Burnett, Clarke and Cooper cured incurable cases with very low potencies, and even mother tincture, sometimes repeated for months on end. Dr. Cooper used single doses of  $\emptyset$  just like the high potency prescribers, and allowed plenty of time for their work.

When gross pathological changes have taken place or some healing pathology is happening (as in tuberculosis) it is safer and more effective to use a low potency of the indicated remedy. High potencies bring on extremely severe curative reactions that the patient cannot stand.

Dr. James Tyler Kent, the foremost teacher of our *Materia Medica* and *Philosophy*, has given a strong warning on this question. He says, "It may be well to be careful and not to give *Silica* or *Sulphur* or *Hepar*, too often, or too high in patients that have encysted tubercle in the lungs...you should at least proceed cautiously in using them. After you have seen great many cases, you will find you have killed some of them. If our medicines were not powerful enough to kill folks, they would not be powerful enough to cure sick folk. It is well for you to realise that you are dealing with razors when dealing with high potencies, I would rather be in a room with a dozen Negroes slashing with razors than in the hands of an ignorant prescriber of high potencies. They are means of tremendous harm as well as tremendous good."

Again in the lecture on **Kali carb.** Dr. Kent says: "I want to

warn you in one respect concerning *Kali carb.* It is a very dangerous medicine in gout. These gouty patients are often incurable, and to undertake to cure them would be a dreadful calamity, because the aggravations would last so long. If you give *Kali carb.* to one of these patients in a high potency it will make your patient worse and the aggravation will be serious and prolonged; but the 30th may be of good service.”

In joint affections, where pus is forming there is great danger of its being tubercular. We should give absolute rest to the joint, and give the remedy in a low potency. Here are three cases of this type of trouble.

#### CASE NO. 13

A young girl had been three months with her leg in a splint for inflammation of the knee and a doughy swelling of the entire limb. Dr. Francois Cartier, who saw the girl, came to the conclusion that there was pus in the joint. He gave **Myristica sebifera** 3 five drops at a time, three times a day, for three months. Five months later, the swelling, inflammations were all gone. Walking gave no pain; but the joint was ankylosed (fixed).

#### CASE NO. 14

An old man, 87 was seized with sudden arthritis. It was osteomyelitis, but later a surgeon was called in, who pronounced it to be arthritis purulent from the onset. After he had passed through the hands of eminent old school authorities in Paris, who said

nothing could be done, he consulted Dr. Cartier. The doctor found the shoulder joint quite full of pus, and a particularly painful spot on the scapula, at a point where the bone was said by one authority to be attacked. **Myristica sebifera** 3, 5 drops, three times a day was given. In ten days there was no longer suppuration, the size of the joint had become normal, and the tender spot was gone (see Dictionary of Materia Medica for more details).

#### CASE NO. 15

A boy eight years of age had several (four or five) abscesses in and around the knee joint. The ulceration had also attacked the tibia, which was half eaten off; so that the ragged, necrosed bone protruded through the surface plainly in sight. The little fellow was greatly emaciated, and had no appetite, and was pale as a corpse. I told the mother that I thought this was a case for the operation. I remembered reading years before of the cures of abscesses by **Calcarea hypophosphorica**, made by Dr. Searles of Albany and empirically concluded to try it.

"I put him on the first trituration a grain a day. Called in a week and found a great change for the better. The mother exclaimed as I came in "Ah, doctor, the boy is eating us out of house and home." Under the continued use of the remedy he made a complete and rapid recovery, except that the tibia was a little bent." - Dr. E. B. Nash in his *Leaders in Therapeutics*.

Dr. J. T. Kent has warned not to give high potencies where some gross structural change has taken place. In our vast literature, we find this warning given by other Homoeopaths too; but we find

hardly any cases where a calamity actually happened. It might be that the doctors failed and did not like to report those failures. Any way, here are three cases observed by me.

### CASE NO. 16.

A young man used to come to the Outpatient Department of Bengal Allen Homoeo College when I was in the Final year. He had suffered from a severe influenza and the cough had continued, with some small fever and weakness. One day the sputum was slightly bloody. He got greatly alarmed and came, begging us to do something. The doctor in charge and all of us agreed to give only *Ferr. phos.* and *Calc. phos.* 6X. He was also given *Aconite* or *Arnica* 30th (I do not remember exactly). He immediately started improving. His parents thought "If the boy improves so nicely with treatment in an outpatient department, how much more he will improve if we see a big doctor and pay a high fee?" I accompanied this boy when he consulted the great man, who prescribed *Phosphorus* 1000, 3 pills in 2 ozs of distilled water; to be taken as one dose followed by Placebo later. The dose was got from a very reliable pharmacy and was given at about 9 p.m. Next morning when I went to their place, just to enquire, I found he was dead. There had been a severe haemoptysis that night and he collapsed before they could shift him to a hospital.

**CASE NO. 17**

A fat lady, aged about 45 years had general dropsy, urine being scanty, high coloured and full of albumin. She had been a patient in General Hospital and was discharged as a hopeless case. *Apis* 30th and 200th had helped her a great deal in the beginning. Then failed to help. Another Homoeopath was called in consultation. A thorough study revealed that *Lycopodium* was her constitutional remedy. I have always a great respect for this remedy and somehow was not inclined to give this – at least not high. But the senior doctor was sure that there was a great chance of curing the case at least 200th though he would have preferred 1000th. After a lot of discussion he gave one dose of 200th only. Till then she had been passing about 16 to 18 ozs. of urine. From the time *Lyc.* 200th was given not a drop of urine passed till she died next evening.

**CASE NO. 18**

An old gentleman was getting attacks of “angina pectoris” (diagnosed by his allopathic consultants). A typically *Ars. alb.* patient in some respects, he was kept fairly comfortable for about 2 years or more by *Ars. alb.* 6th and sometimes 30th though 6th helped better usually.

Then as fate would have it, a famous Homoeopath came to Madras and this old man wanted me to bring him for consultation. The excessive and random talking of the patient, the condition getting usually worse after sleep – and a few more details led the doctor to feel that *Lachesis* was the remedy for him. I was advised

to try it sufficiently high. I told the doctor the patient always reacted nicely to sixth even better than thirtieth. But he was adamant and definitely wanted to give 200th. After I refused to give from my chest, the doctor himself gave one single dose. The result was disastrous. All antidotes of *Lachesis* were useless. *Ars.* also did not help. Other doctors were called, his old family doctor, who had not entered that house for three years came back and gave Morphine, and started his treatment. The poor old man died within 15 or 20 days.

Really it is correct to say that where we can manage with a needle, we should not use a crowbar. So, now, what is the "Ideal Dosage?" From the cases cited, readers would have already drawn some conclusions. I have mentioned 18 cases where different doses were used for different purposes and results. Let me summarise them again here.

*Case 1:* Shows that (mother tincture) single dose was given with satisfactory results. Patient was robust; complaint acute and severe. The doctor was not much worried even if there was some aggravation.

*Case 2:* On the other hand, the patient was very weak, delicate; complaint was acute, but no discoverable pathology was found. Here there was fear of aggravation, hence 40M was given. In fact, due to unnecessary repetitions, there was aggravation, which however passed off by stopping the medicine.

*Case 3:* There was gross pathological change, but not any special constitutional symptoms or mentals. Here large doses of crude drug worked wonderfully, while high potency doses failed.

*Case 4:* On the other hand, a constitutionally indicated remedy (not necessarily covering the pathology) gave good relief, in a far advanced case of heart disease.

*Cases 5 & 6:* These teach us that when indicated remedy fails when given low, it is better to try high potencies, rather than change the drug.

*Cases 7 and 8:* They are typically serious, acute cases, cured by masters of our *Materia Medica* with high potencies. The weaker the patient the more he is susceptible to the right remedy, and the more accurate the prescription, the higher should the potency be. The results are marvelous. No aggravation, only rapid gentle permanent return to health.

On the other hand, chronic, deep seated pathologies; with morbid changes in the structure etc. of organs or parts, can only be successfully treated with very low potencies and mother tinctures. See the long continued patient treatment in *cases 10, 11 and 12*. Compare *Case No. 3* with its damaged enlarged heart.

*Cases 13, 14 and 15:* They again show that pus formation, even in bones, can be marvelously cured with 3rd potency and even 1x. High potencies would have made matters worse. Extremely active curative process is dangerous in these conditions. See the disasters in *Cases 16, 17 and 18*, cases of Tuberculosis, Bright's Diseases and Heart Diseases, etc. where "curative" effort of nature produced violent reaction, even killing the patient.

From the time of Hahnemann to the present day the problem of selecting the right dose for a given condition has been studied



and analysed by the best brains in our system. Though it is far from definitely fixed a few fundamental rules have emerged. I would strongly recommend all to read the chapter on "Homoeopathic Posology" in the great work "Genius of Homoeopathy" by Dr. Stuart Close.

According to Dr. Close's analysis the choice of dose depends upon five factors:

1. The susceptibility of the patient.
2. The seat of the disease.
3. The nature and intensity of the disease.
4. The stage and duration of the disease.
5. Previous treatment of the disease.

Susceptibility of the patient is the most important. This varies according to age, treatment, constitution and character of ailment and environments.

"The more similar the remedy, the more clearly and positively the symptoms of the patients take on the peculiar and characteristic form of the remedy, the greater the susceptibility to that remedy and the higher the potency required." As we know, the fine characteristic symptoms of remedies are developed in higher potencies only, whereas the crude drugs only show gross changes. In cases where only pathological changes are prominent, low potencies are required; or in any case where three or four remedies seem equally indicated, it means that finer indications are wanting, and only lower potencies are indicated.

Young, vigorous people are more susceptible; they need higher potencies than old people. Similarly, delicate, sensitive, nervous, intellectual people need high potencies. Coarse, torpid phlegmatic people need lower doses.

Terminal conditions deaden reaction. Only large doses can produce some reaction. If the grade of disease is low and the power of reaction low, the remedy must be given low. In these cases finer shades of symptoms are absent. So, in terminal conditions or in gross pathological changes, resort to the crude drug and increase the dose to the point of reaction.

Environments and habits of life also should be considered in selecting the dose. People exposed to the continual effects of drugs, tobacco workers, druggists, chemical workers have less susceptibility to any drug, and need low potencies. Idiots and dull-witted persons need lower potencies.

Next the seat, character and intensity of the disease must be considered. Rapidly fatal cases require large doses to start with. Low vital action requires lower potencies; increased vital action requires higher potencies.

The main task is to gauge the susceptibility of the patient.

There is one more point, omitted by Dr. Stuart Close. "The susceptibility increases as the remedy becomes more and more similar, and is the highest to the "Similimum". If we apply this rule, it means "the more accurate our prescriptions become the higher we can go," with extremely gratifying results. Conversely, when in doubt about the prescription, give low first to see the reaction.

Dr. E. M. Hale, the great teacher of *Materia Medica*, who was the explorer of "New Remedies", has given his law of dosage as follows;

"If we prescribe a drug for symptoms similar to its primary effects, we must use high potencies – low doses will aggravate.

But if we are treating conditions similar to its secondary effects we must use the low attenuations."

This is true in almost all cases but specially in remedies like *Aconite*, *Digitalis*, *Nux vom.*, *Opium*, *Belladonna*, etc.

Let me explain by examples. *Aconite* produces primarily a chill; secondarily heat of fever, though we know it only for its fever. When we give it in the very beginning, say after exposures to cold, a high potency, say 30 will cut short all trouble. But when we give it in fever, according to Dr. Hale it is better to give lower potencies. Most of the homoeopathic physicians would have seen that people with "Domestic or family" chests of medicines use *Acon.*, *Belladonna*, and *Ferrum phos.* very successfully for fevers. The usual dose in these is lower potencies only.

"*Digitalis* primarily produces increased power of hearts contractions, the pulse being first regular and accelerated; next irregular and intermitting, finally slow until the heart ceases to beat and stops in a systole, i.e., in rigid tetanic, permanent contraction which ends in death or recovery with secondary effects".

"These secondary effects are reverse of primary i.e. the pulse is very slow, and soft, then irregular, intermittent and weak, and finally quick and weak, the beat rarely completing its normal

contractions because of the feeble condition of its muscular fibres.”

*Digitalis* is homeopathic to both its primary and secondary effects; but homoeopaths have used it only or mostly for its secondary effects. But it must be given in the higher potency for primary effects, and larger doses than are usually given by homoeopaths in the secondary effects. Cardiac dropsies and other failures mostly come under those categories as all the muscle fibres are feeble and contractions are feeble.

(This explains the cure in Case No 3, where an allopath cured the case with large dose of *Digitalis*.)

**Calc. carb.** produces primarily a diarrhoea from fats and milk; secondarily a constipation (e.g. of milk fed babies); the ideal method is to give high potencies in Diarrhoea and low, say 6th, in constipation. This has always succeeded in my hands. Though both, “Comatose, deep sleep and extreme wakefulness,” are given as indications of *Opium*, when we treat “Sleeplessness” with *Opium* high we may fail in the majority of cases whereas with lower and lowest potencies we cure this homoeopathically (not antipathically or palliatively). Many other examples could be given to elucidate this law. But to apply this in practice, we require studying our *Materia Medica* more, and the original works, to find out the exact action of different remedies. The greatest sources are *Materia Medica Pura* and *Chronic Diseases*.

Let me end with a request to readers never to pooh-pooh the cures done by others in any ‘pathy’ but to learn how they were done. The law of Homoeopathy is a Universal Law, and every cure can be explained through the Law, irrespective of the dose. ■ ■

## **THE VALUE OF SYMPTOMS**

Everyone was loving grandmother; elders asked her advice on financial and other serious matters; the younger set wondered at her practical wisdom; the tiny-tots would not sleep without getting a bedtime story from her. Everyone referred to her. She was the sole watchman in the house when every member was out of the house during the day.

What exactly was her value?

Suddenly, she started feeling she was a burden. No one bothered about her. So, she quietly went to the village to spend the rest of her life there. Now there is no one to look after the house during the day. They cannot have six keys for six members of the family. It was then realized that the mere presence of the old lady was the most valuable thing — nothing else mattered so much.

In our vast *Materia Medica*, we usually give some value to a symptom. Lot of time and argument are used up trying to find out if it should be awarded two marks or five! Is it not merely academic? The fact that the patient's peculiar symptom is PRESENT in the medicine is all that is important.

We should not forget that in our literature, when we say *The Text* (as Kent uses the word often in his *Lectures on Materia Medica*) we mean only *Guiding Symptoms of Hering* and that book started being printed in 1879, after collecting hundreds of bits of information and confirmation of symptoms of provings from all

the practitioners till then; and Hering gave his valuation to each symptom, basing only on its VERIFICATION. The symptoms found in his vast Materia Medica in ORDINARY TYPE are also of profound value and reliable guiding symptoms.

And as Kent's Repertory was mainly based on this Materia Medica, even remedies found in ordinary type should not be 'sent to village'.

The valuation of a symptom (a mere personal observation) can only go higher with each experiment or verification. ■■



# VALUE OF MENTAL SYMPTOMS

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

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

(2) After delivery of the fourth child, a lady got puerperal insanity. It was quite a mild type and the only thing was her refusal to feed or even look at the baby. She also had another symptom. She would be working something by herself. But if there were anyone else in the house or room, she would immediately lie down and close her eyes. They had tried various treatments including Homoeopathy for nearly six or seven months but she had gradually become worse. After trying three or four medicines, I saw in Kent's Repertory the symptom "Company, aversion, avoids sight of people and lies with closed eyes" under **Sepia**. It seemed appropriate, as she hated her own child and also her husband. Under the action of *Sepia* 1000, one dose, she gradually became normal.

(3) A college girl complained of severe headaches preventing her studies but not preventing her seeing cinemas. Rather, during the show, the headache was completely relieved even if it was there before. On enquiry I found that any occupation, which interested her and made her forget her trouble helped and also if she thought about her trouble it was worse. After trying **Sepia**, **Nux vom.** and others on the indication "Occupation amel." and failing to help, I was led to try **Calc. phos.** on the symptom. "Thinking of" complaints agg". (Alum. Bapt., Calc.phos., Caust., Gels., Lach., Med., Nux-v., Ox. acid, Sabad., Spong.) and "Headache of school girls" (Calc., Calc. phos. Lac. c., Nat. m., Phos. ac., Puls.), As we see *Calc. phos.* is the only remedy covering both. *Calc. phos.* 30 repeated daily for 15 days cured.

(4) Some children otherwise fairly healthy developed extreme shyness and will even run away from strangers. **Baryta. carb.** 200 and 1000 will make them bold, active and normal children. The



symptom in Guiding Symptoms is as follows: "Averse to strangers and company; child does not want to play but sits in the corner doing nothing".

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



# **PATHOLOGICAL PRESCRIPTION\***

**T**here are two distinct ways to the Simillimum. According to the advice of Dr. Lippe, "If from the numerical totality of symptoms, you deduct all those that are explainable by Pathology, the remaining are the symptoms indicative of the patient, and it is in these that we must search for the key to the totality". In other words we must treat the patient, not the disease. Most probably almost 90% of the prescriptions of Homoeopaths try to follow this dictum. So much is this in use that - believe it or not, in a vast number of infections of the tropics, we almost do not profess to have any definite or specific treatment at all, and also anybody not knowing all things in our system can say that in homoeopathy, they remove symptoms no doubt, but the cause or the pathology may remain.

Today's topic relates to the other way of finding the remedy or "Pathological Prescribing". Let us first make it clear what is "Pathological" in the case or Pathology in the case. Here just as in the broad word "Symptoms", we homoeopaths include morbid signs; the word pathology had come to mean 'morbid anatomy' and 'morbid physiology'. The first, morbid anatomy has actually a bad connotation i.e. changes found in the organs or body after death,

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\*A paper presented in a symposium conducted by Society of Homoeopathic Physicians, Madras, on 5th May 1968.

discovered in post-mortem. The actual meaning or pathology can be "structural changes" and "functional changes" which are found during an illness. So, now all our symptoms are a result of the changes - both functional and structural. When we take only those symptoms of functional changes (which are the only guidelines to the disease according to Organon) the prescription is NOT called a Pathological Prescription. But if we base the prescription on 'Structural Changes' or 'abnormalities in the discharges or constituents of the various tissues' this becomes a Pathological Prescription.

Normally, neither the client (I don't call him a patient as he has not bothered) nor the physician will worry too much about some abnormalities, which are not producing any inconvenience or symptom in the person. People can live fairly healthy life with even foreign bodies like bullets, guinea worms (dead) and so on; also with various deformities, which have actually been caused by diseases, hereditary or acquired, unless these are of such nature as to hamper their every day life. According to many authorities things like cleft palate, open foremen ovale, cervical rib, spina bifida and so on must have some deep inherited cause of illness - some miasm at their back. A few of these do need or ask for treatment, others may not bother to become a patient.

Now, suppose we take that these are certainly not normal, and that this disfigurement itself is an indication for homoeopathic treatment - what shall we call that prescription? Dr. Burnett, with his tremendous observation and remarkable study, found out *Calc. sulph.* to be the remedy that might help cleft palate and hare lip. Dr. Kent and others swear by *Naja* and *Spongia* and *Calc. fluor.* to

help build up the heart valves. Remedies like *Calc. hypophos*, *Hecla lava*, *Phos.* etc. have helped bony deformities in back, legs, etc. Exostosis by itself has been treated with remedies like Phosphorus, Hecla, Aurum, Ruta with wonderful results. So we see that in this group, even though the patient is NOT worrying about the illness or deformity, we can almost volunteer and see the wonderful curative action of our remedies. No doubt this is a field for pure pathological prescription. You know, W.H.O. and their agencies and also some Local Governments have undertaken mass investigation of those killing or devitalising diseases like Tuberculosis, Guinea worm, Filariasis, Malaria, Hook worm diseases, Kala Azar and so on. This is a huge health problem. There are lakhs of people who are heavily infected. They may be active carriers but not active patients. They do have pathological changes in their body.

But somehow, as they do not have any symptoms as such, homoeopaths do not really undertake their treatment. Only when a filarial patient develops fever, swelling or lymphangitis etc., we are asked to treat the patient. If actually a blood test is taken of the whole household, God knows, everyone, including children will be found to be full of Filaria. Is this not a field where homoeopaths must enlarge their outlook and see if any homoeopathic specific can be found for these diseases? Naturally more than one remedy may be discovered - and out of 3 or 6 remedies, individualisation may be done according to the constitution of the patients.

The third category of the pathological prescription is really based on "Clinical" or "Hearsay" or "Empirical" or "Guesswork" suggestions. Somehow, a great deal of knowledge has filtered in

into our vast materia medica. If an **enlarged liver** got cured by *Chelidonium* - it is noted and whenever **the only indication** is the peculiar type of enlarged liver (viz. **downward enlargement**, in contrast to sidewise enlargement of *Carduus mar.*) it is the remedy. **So these are some of my thoughts on this subject. ■ ■**

# **STRIVING FOR PERFECTION: THE SECRET OF GREATNESS\***

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**H**ow did Michel Angelo of Rome become the greatest painter and sculptor in the world? A friend who saw him at work in the dome of the Celestine chapel, asked him why he had spent the whole day touching up a finger of God, "a mere trifle". The painter is said to have replied, "Trifles make perfection, but perfection is no trifle".

The master prescribers of Homeopathy had the quality of "FINDING PERFECT SIMILLIMUM" by intense search in the Materia Medica so that the remedy COVERED EXACTLY THE IDENTIFYING FEATURE OF THE PATIENT.

Nash describes this beautifully in a serious case of dysentery as follows: "The patient had been so nauseated and faint at the smell of cooking food that they had been obliged to keep the doors closed between her bedroom and the kitchen. I was not so well acquainted with Materia Medica then as now ... But I had my Lippe text-book of Materia Medica in my carriage and I got it and sat down by the bedside; determined to find that peculiar and persistent symptom and 'fight it out on that line if it took all summer'. I began at *Aconite*, and looked at the stomach symptoms of every remedy, until, the first time I remembered ever having noticed it,

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\* The Homoeopathic Heritage, Mar. '89

there it stood in plain English under *Colchicum*. That cured the patient like magic”.

Sometimes the particular characteristic was not found in the available *Materia Medica*. Then the hunt would go on and the proper remedy discovered in Hahnemann’s original *Materia Medica*s, or in some clinical reports.

The following case illustrates the reason why Dr. Lippe was the master prescriber. “It was in 1851, and I was summoned to see a case of cholera at a great distance. The patient was emaciated, sharp faced German, a tailor, about 50 years old. He had indulged on the previous day for his supper in bread pudding and cucumber salad. He was taken ill about 11 P.M. with Asiatic cholera; he still continued to vomit and to be purged, with violent cramps at short intervals. All of these cramps and rice-water discharges ceased during that day, the principal remedy had been **Arsenicum**; but from that evening till the next evening he continued to vomit, and apparently was sinking from exhaustion.

“Thirst was very great; he had to drink large quantities of cold water, and felt better afterwards, till the water became warm in his stomach in from fifteen to twenty minutes, and then he had to vomit it up again, to be relieved of this exhausting painful vomiting and thirst by drinking another large quantity of water. A number of remedies administered produced not the slightest relief.

“The symptom found by the clinical experiment in this case - cold water drunk is vomited up as soon as it becomes warm in the stomach - was not to be found in our *Materia Medica*. But there was found, after a long search, under **Phosphorus**, in the fifth



volume of Hahnemann's Chronic Diseases, Symptom 745'. "In the most terrible agonies he vainly tried to vomit; only the drinking of cold water relieved." Nothing could be found in a search for a similar remedy but this symptom, and now we gave this suffering man one dose of *Phosphorus* 19M, about 9 P.M., with the order to repeat it every two hours until he was relieved. On the next morning we found that he had been given no more than this solitary dose, and that he was rapidly improving. He recovered without needing any more medicine."

Comments by Dr. Lippe: "The case here briefly stated might be claimed to belong to the "causes celebres." Ever since this case was cured and published everybody has admitted into our Materia Medica this so frequently confirmed *Phosphorus* symptom "Vomiting of what has been drunk as soon as it becomes warm in the stomach." Everybody knows it, and the knowing ones have and will continue to cure this not infrequently recurring symptom with *Phosphorus*. The case illustrates the manner in which our Materia Medica has been developed; how symptoms observed by provers only similar to the symptoms observed on the sick as the result of disease may be cured by a given drug, and that the confirmation of such cures entitle this symptom - the result of the clinical experiment - to as much importance as if it had been observed on a dozen of provers."

This is hard work UNDER PRESSURE. Kent has described a case of Diphtheria where he sat by the bedside watching, and did not give any medicine till there was a demonstrable sticky white membrane with other symptoms of **Kali bichrom.** and one dose of this, in high potency, saved the desperate case.

I am sure readers have read many such "Miracle" cures. If they have missed the most important point, which these doctors would not prescribe the remedy until it was found to fit correctly. **By REFERENCE TO MATERIA MEDICA AND THE ORIGINAL SOURCES** if necessary, they have discovered the **ONLY WAY TO BECOMING MASTER PRESCRIBERS.**

Homoëopathy, like other things in our life, has progressed to reduce our work and drudgery. Scott and other explorers had to trek to the poles. Now machines do the job. Lippe and Nash had no Repertories to help them in their search; we possess excellent ones to simplify the work.

But the road to success is the same. ■ ■

## UNORTHODOX TREATMENT

In 1940, I treated a lady – a high Government Officer, for suspected tubercular spine. She was having daily temperature and painful swelling deep inside the gluteal region on left side – and quite a few other symptoms. As a divorcee, there were many mental tensions. All the problems and symptoms improved but the temperature problem continued.

She went to Miraj American Hospital – and they found a deep pus pocket, opened it surgically – it healed nicely – and she was hundred percent fit within fifteen days. It was found that the aseptic abscess had been produced by a deep intramuscular injection of quinine ten years earlier.

Mr. S.B.Rao, aged about 58, was suffering for months with pain and stiffness in the left shoulder. Our *Ferr. met.*, *Rhus tox.* helped, but it would not go. One day he went to his friend Dr P.Rama Rao and asked him to take an 'X' Ray of the shoulder. That great man DID NOT TAKE the X-Ray of the shoulder but of the jaw. There was a rotten tooth - root with pus pocket. The tooth was pulled out, and the shoulder got well within a WEEK.

A young lady, mother of a nice boy, had been suffering from fever, pains, cold, backache, dysmenorrhoea etc for nearly a year in London. They finally returned to Madras—and I being the family doctor of her parents, was consulted. The worst trouble was sleep disturbance due to cramps here and there. After trying various

medicines, with only partial success, I took a very PATIENT HISTORY (which I had thought I had already done) and found that she was having a Copper T (IUCD), which they had suggested 3 months after delivery in London. I induced her to get it out at once. (I gave a dose of *Cuprum met.* 1000). She became a picture of robust health within about three weeks.

A 5/6 years old boy got well of an infective jaundice pretty quickly, but as days passed all got anxious as he had not passed stool at all from the second day of his illness. *Chelid.*, *Mag. mur.*, *Opium* etc.—and *Sulphur* (fear of passing stool) all in vain. On 10th day we sat up and took real notice that a huge mass of sticky, hard, brownish, slightly brittle stool was completely blocking the rectum and anus. Carefully scooping, breaking down and pulling out the matter piece-meal—taking nearly 20 minutes, brought out the “gate stone” after which quite a quantity of formed and semisolid stool followed. Why *Opium*, *Sulphur* and others were unable to help the body to push the matter out could be realised only after extracting the “plug”!

Ramu was a four years old boy, well fed, round belly, very irritable, and threatened to get fits whenever he got a fever near 102° F. His father has been epileptic and that was one worry. I had been watching and treating him to the best of my ability but not satisfied. One day I gave him a mixture of half grain *Santonine* and ½ grain *Calomel*. In the next two or 3 days, he must have passed hundreds of roundworms (“a small bucketful” was the statement of his mother). Even after a week he was still passing a few. Followed later by *Cina* 1000 and *Psorinum* 1000, he became the healthiest member of the family!

Let us keep our eyes and ears open for situations that **NEED** to be treated as obstacles to recovery, and **NOT HESITATE TO TAKE ACTION**. The indicated right homoeopathic remedy can always be administered later, with a double surety of cure. ■■



## **SHADOWS OF COMING EVENTS**

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**D**o coming events cast all their shadows before? In the matter of future health, this may not at all be correct if we go only by cognisable symptoms.

The trouble with people who are in apparently good health is that there are no symptoms guiding even the best homoeopathic prescriber to any remedy that may prevent a breakdown in health later. They have hardly any peculiar mental symptom. Their likes and dislikes may be explainable by their nationality or community e.g. a Bengali may like sweets, a Gujarati only fried knick-knacks, an Andhra may prefer his pickles and so on. Liking and aversion to company may similarly be moulded by circumstances. Who does not like fresh air or fan in Madras? Who will prefer cold to heat in Simla Hills? It is indeed an extremely difficult thing to fix a "constitutional similimum" to a person who is not yet ill.

Of course, we have all been taught in our science that every one is psoric and that if he does not have symptoms of Active Psora, then he must have symptoms of Latent Psora. Well, knowing this much, how are we to prevent some serious break down that may be coming in a year or two.

I am a doctor and friend of a family, all of whom are in fairly good health. The gentleman has very responsible and worrying

job, as he is himself extremely efficient. He has never fallen ill. Once a year his company gets a thorough medical check-up for him in a very fine nursing home. Everything has been normal except a borderline rise of Blood Cholesterol and slight rise of Blood Pressure. Every year these points are seen slowly increasing. He follows all diet and health care. Yet, he got a coronary attack—and now he is a patient.

A well-known Homoeopathic Doctor, extremely busy, has had a persistent blood sugar of more than 200 to 300. He is such a staunch Homoeopath that he refuses even to consider this as condition worth being treated. He has his own theories about high blood sugar. "Pathological changes not being guide to selection of remedy need not bother you".

There are so many insidious illnesses like stones in kidney or gall bladder, hookworms, filariasis, congenital heart disease and even tuberculosis, that are absolutely symptomless for long years without showing themselves up. Uric acid diathesis is sometimes shown only in the routine urine and blood examinations.

Unless we Homoeopaths evolve a definite method of our own science in preventing further progress and curing of these conditions of ill health, we will not be doing justice to the public, and we shall be witnesses to sudden grave illnesses among our own Homoeopathic friends and families and feel guilty of neglecting to use our art in these cases properly.

This entails a new look at our antimiasmatic treatment, and an appreciation of the great rediscovery of Hahnemann's theories by Dr. Margaret Tyler.



# **MODERN THOUGHT ON HAHNEMANN'S CONCEPT OF PSORA—AND ITS IMPLICATIONS IN MEDICINE\***

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**I** believe that the way shown by Hahnemann, Lippe, Burnett and Tyler is the best way to perform miracles of cures of tough chronic diseases.

Why should we not make use of the superb technique based on the Master's discoveries and cure our cases in the quickest and simplest way, as he wanted?

On November 3, 1932, Dr. M. L. Tyler delivered a lecture at the British Homoeopathic Society. The topic was "Hahnemann's concept of Chronic Disease as caused by parasitic micro-organisms". It was a most remarkable study and showed a profound insight into Hahnemann's thinking.

Till that day, we can say, homoeopaths did not know exactly what Psora meant. Each explained it in his own way. Nash, in typical Yankee fashion simply asked back, "What is Scrofula?" and only stressed the "When seemingly indicated remedies fail".

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\*Lecture delivered at the International Homoeopathic Congress, Mexico-1980

See what Kent thought of psora. He propounded his theory that Psora was susceptibility to disease, being the effect of man's evil thoughts—a moral leprosy—sin, and “As long as man dived in sin, psora would be there.”

He says, “Some will say that acarus is prior to the eruption, but they don't know that a healthy person will not be affected by the acarus. The miasm is simply evolved out of a state and the acarus is in turn its ultimate.”

Hahnemann never thought of Psora as man's state before the infection; he spoke only about the miasm, the infection. In one place he says he was himself completely free of psora, though quite susceptible to most of the acute diseases. Though a venereal disease originates in sin, it is contracted only when one partner is already infected, never otherwise. None can contract syphilis from a non-syphilitic prostitute.

Tyler says, “Hahnemann's Chronic Diseases was a big pill to swallow for our predecessors. I think not one of the great teachers since his day—even, Burnett, who with his *Vaccinosis* came nearest to it, has grasped its true inwardness.”

When we study carefully her interpretation of Hahnemann's great discovery, we feel that she is perfectly justified in her claim that “only now he could be fully appreciated.”

I shall recount her reading of Hahnemann's discovery as follows:

1. True natural Chronic Diseases are those, which owe their origin to a chronic parasitical miasm, or germ (or as we should

say, chronic parasitic micro-organism) they are fixed Chronic Miasms, which extend their parasitical ramifications to spread through the human organisms and to grow without end.

2. All chronic diseases start their spread immediately after they have infected the system; local treatments invariably fails; and unless they are thoroughly cured by (Homoeopathic) art, continue to increase in intensity until the moment of death.

3. These chronic miasms are semi vital moribific organisms, which can only be neutralised and annihilated by a more powerful remedy producing analogous effects.

4. These chronic cases were incurable until he discovered their true character of being parasitic, and their Homoeopathic cure.

### MODERN CONCEPT OF PSORA

What Hahnemann could only surmise, with brilliant insight, that chronic diseases were indeed a growing parasite and microbial infection (the microscope was not invented then), Tyler could prove to be correct with the help of latest scientific developments about syphilis being a microbial infection there was no doubt—and its remedy was “the best preparation of **Mercury**”. For Gonorrhoeal infection, Hahnemann gave just two remedies, **Thuja** and **Nitric acid**. Why did the Psoric infection need more remedies, though *Sulphur* was the most important one?

See what Tyler says, “It is rather with the extension of Hahnemann’s Chronic Diseases that we are concerned. His Psora theory still needs sorting out, but will doubtless obtain elucidation or confirmation in the end.”

“Some day, pathologists will demonstrate his perspicacity in regard to psora by proving that the acarus is the intermediate host of some micro-organisms responsible for one or more chronic diseases of mankind”.

Itch, he avers is at the same time especially an internal disease.

“But Hahnemann is not frightfully definite in regard to aetiology of psora, which he seems to have associated with Leprosy, Taenia Capitis, Crusta Lactea, Herpes etc.; these being vicarious symptoms of an internal infection affecting the whole organism. Hahnemann talks about the immense host of chronic diseases, which originate in psora. One cannot doubt that were Hahnemann alive today, the chronic parasitic non-venereal disease psora would have long ago sorted itself out into not one but a dozen such.

“Ever since Hahnemann developed *Psorinum*, Homoeopaths have followed on with preparations of disease products for the cure and prevention of diseases.

“For Hahnemann, there were acute as well as chronic parasitic diseases caused by micro-organisms; in both cases, the infection took place in a moment. The acute, semi vital organisms have the peculiar nature of becoming extinct after the diseases have run their course. Yet, they may linger and leave sequel in their train. From experience, we are led to suspect that many of them are capable of entering into the changed latent state and persisting in the form unrecognized, of chronic microbial parasitic diseases, with which we have to reckon, if the best work is to be done”.

Dr. Tyler has given a number of cases, cured, to prove her

statement. Some of her observations are extremely thought provoking. For example: —About nephritis of scarlet fever, she says:

Why do we not see the effects of *Scarletinum*, high, in our patients with nephritis, especially those who have had scarlet fever at some stage?"

She reports a brilliant cure wrought by *Variolinum* given for a person who had pox 40 years previously. On the same lines, she reported cures with *Influenzinum*, *Streptococcin*, *Chamomilla*, *Diphtherinum*, *Tuberculinum*, *Thuja* (Vaccinosis).

This profound lecture explains why nosodes and etiological remedies perform so many cures. I had always wondered at the greatness of the master prescriber Dr Adolph Lippe for his cure by **Lac. can.** of a patient of impotency because he had had diphtheria fourteen years earlier and the symptoms indicated that remedy during the attack. Now Tyler explains this simply that the Diphtheria Microbic Infection remained in the body until cured by this remedy. How correct Hahnemann was.

I have been a great follower of Etiological Prescribing. But I was in the dark as to why the etiological remedy or nosode cured. Now Tyler and Hahnemann have opened eyes.

This great lecture remained hidden— not published by journals, not taught to students, not debated upon. Why has it been put in cold storage? A thing, which could have made easy the work of annihilating most Chronic Problems, was out of bounds. Can it be because we have been influenced completely by the Philosophy of

Kent? (Lecture ix) He was firm in his belief that "Cause of disease is an invisible simple substance and everything that can be seen, that can be observed with the finest instrument is but the Result. Bacteria are the outcome of or results or disease".

What an unfortunate result came out of this. The teachers of Homoeopathic Science and Philosophy now refuse to consider Bacteriology and Microbiology as subjects to be learnt; and we go about stressing, "treat the patient, not the disease". Does it not mean, "Do not consider psora, sycosis, syphilis etc? If we really accepted Hahnemann to be correct, we should have been talking mainly of diseases—as he did writing of Acute and Chronic Disease. Similar and Dissimilar Disease, Natural and Artificial Disease and so on. He only pitted one disease against another, that was all.

I have come before this Congress only to reopen the case for understanding Chronic Disease as actually conceived by Hahnemann, and reintroduce Tyler's lecture that helps us to do this and cure as only we can.

Please get and read the original lecture; it is grand. ■■



# MISCONCEPTIONS IN HOMOEOPATHY\*

Our old and wise sages have given us a Sanskrit sloka of advice:

*Satyam bruyaat, mitam bruyaat, priyam bruyaat,  
Maa bruyaat satyam apriyam”.*

*“Speak the truth, be moderate; speak what will be liked.  
Do not speak a truth that will be disliked.”*

Nice advice, no doubt - but I do not think it allows much progress in science of civilisation. Truth can be bitter sometimes.

What is a misconception and what brings it on?

Misconception is a wrong idea about some fact or thing. It can be an impression or a view - a wrong opinion. Everyone likes his or her own opinion and prefers to stick to it. It is sometimes impossible to convince a person and change an already formed strong opinion by arguments, like the village schoolmaster.

“Though vanquished he could argue still,

Though convinced against his will,

Of the same opinion still”.

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\* Paper presented at a seminar organised by the Max Muller Bhavan and the Indo -German Nachkontakt Association on 17th Oct. 1994. Courtesy :  
Homoeopathy in practice, Oct -Dec, 1994

Quite often this is “prejudice” which means preconceived opinion or bias; judgement without proper study. The great philosopher Herbert Spencer said, “There is a principle which is bar against all information, which is proof against all argument, and which cannot fail to keep a man in everlasting ignorance. That principle is contempt before investigation”.

This principle, which was a speciality of quite a few religious and other leaders of middle ages, condemned Galileo to prison for his using a telescope and for discovering about the solar system, poisoned Socrates, condemned Darwin for his theories on evolution of species. Though the law of similars had been mentioned as one of the possible methods of cure when our master proclaimed it, the entire medical world rose against him, ridiculed him, driving him from town to town under one local law or another. His appeal to other physicians to try it and see was not accepted. Those few who studied and tried became his most zealous followers, like Hering.

Our system of medicine has developed based on the study and experience of hundreds of sincere doctors who remained students all their lives. The three fundamentals of homoeopathy are:

1. The law of similars, that a drug that can produce a disease or symptom group in a healthy person can cure a patient suffering from a similar condition or disease. “Let likes be cured by likes”.
2. Experiments on drug effects on the healthy human beings, called “provings”. This stupendous work of the master and his followers has produced the vast “Materia Medica Pura”.
3. Use of single drug at a time - in a minimal dose, just enough



to cure. This has developed our infinitesimal dose and the theory of potentisation.

All of you know about how these tenets have been followed and perfected by the later masters. Now I place before you some misconceptions of homoeopathy.

When any new person comes in contact with a homoeopath he or she is puzzled by the boxes of small bottles of liquid or pills, say 1 or 4 boxes. Is this all the armamentarium of the homoeopath? How can these cure a serious disease?

In 1932 my uncle, Mr. D.N. Koppikar, wanted me to become a homoeopathic practitioner. I had seen him ten years earlier, carried to the homoeopathic dispensary at Kankanady, Mangalore, an emaciated, big-bellied ghost of a man, slowly dying of malaria and anaemia. He had returned after about 2 or 3 months, wonderfully healthy, vigorous and an enthusiastic follower of homoeopathy, which had saved his life. He reminded me of this and said he had been lucky to help and cure hundreds of people of such serious epidemics as plague, pox, cholera and so on - and of course malaria, the most dreaded and persistent epidemic of those days.

My misconception that these small pills could not cure such infections or that they would be too slow in cholera etc. were simply driven away within two months. I saw with him more than a dozen cases of Asiatic cholera. They taught me not only the wonderful curability of this great system but also the technique of differentiation on the spot by study of "Key-notes". I shall briefly describe some of them:

1. The patient, absolutely dehydrated, gasping for breath, wanting water to quench his thirst, cold hands and feet, rice-water stools and simultaneous vomiting. Uncle put 3 drops of **Verat. alb.** 200 on his tongue and waited some time. No more vomit, no more stools! Uncle mixed 3 more drops of *Verat alb.* 200 in a cup of water and asked them to administer spoonfuls every 15 minutes or half hour. The patient became quieter, warmer and was well in a day.

2. A few days later we rushed to a house where a tall, hefty man was rolling on the floor, demanding pots of water to drink and to wet his body, as he wanted a cool place for his body. Other symptoms of cholera were there. **Secale cor.** 200 stopped the troubles at once.

3. A case of malaria - quite tough, tertian, recurs in forenoon, of a wayside tea shop owner. Uncle had tried various remedies but the fever still came on. One day we happened to pass along the road and we saw no one in the shop. A curtain separated the shop from his small home, and there someone was talking loudly behind the screen. Peeping in, we saw the patient having high fever and talking loudly in delirium.

We rushed home and uncle sent **Podophyllum** 1000 - 2 doses to be given before evening. No more attacks.

Needless to say, I became a homoeopath. Any doubts about the small dose or slow action just vanished.

4. I read and published in our journal *Homoeopathic Heritage* a story of early days of homoeopathy in America. In those days

each state had its own laws and courts. In one court they filed a case against a homoeopath and wanted to ban him. The prosecutor was viciously arguing against the doctor. The homoeopath thought that this gentleman was a typical **Nux vom.** patient. When the final argument was about to begin later, the prosecutor got a sudden, severe colic, which used to trouble him occasionally. The accused took out his bottle and coaxed him to put a few pills onto his tongue. He got all right in three or four minutes. The prosecutor sat and waited for some time and then went up to the judge and said, "My Lord, I withdraw the case. The remedies of homoeopathy are wonderful."

Coming to the third misconception of the other schools and the laity that there is really no medicine in the infinitesimal dose, and that it is all faith cure, does not really deserve much of a reply. Like Hahnemann, we simply say, "Try it and see." A wrong selection of remedy by the most famous homoeopath taken with fullest faith by a patient will not do anything. Only the right remedy does exactly what the doctor expects it to do, even bring back suppressions. "It is the faith of the healer in his medicines that cures, that emboldens him to wait."

The next misconception against homoeopathy is in relation to surgery. They say that we have no surgery. But as Dr. Harish Chand once retorted, "Neither have allopathy, ayurveda or unani systems, strictly speaking. These are systems of therapeutics - treatment by medicine. Surgery is common to all - to use when necessary." I know two homoeopath graduates who are surgeons. Every M.B.B.S. does not practise surgery. We do succeed in curing some threatening surgical conditions.

The next misconception is about other auxiliary aids to treatment, like clinical laboratory examinations, radiology (X-ray, ultrasonography, etc.). Dr. Diwan Harish Chand related a very interesting incidence at a meeting of the Delhi Homoeopathy Board. "While discussing the desirability of introducing homoeopathy as a special form of therapy in National Health Service Scheme, the allopathic representative of the health department maintained that those who opt for homoeopathy would not be allowed facilities for laboratory tests, X-ray, dental care, and optical attention. What a mistaken notion and narrow outlook! I asked him, 'What was Roentgen, the discoverer of X-ray - a physicist or an allopath? Then how does his discovery become the monopoly of a particular system of treatment?' Are practitioners of others systems not using blood pressure apparatus because it was invented by Dudgeon, a homoeopath, or Dr Skinner's mask for giving anaesthesia because the famous obstetrician and gynaecologist became a homoeopath later in life?"

Next misconception is that homoeopathy is meant only for children. Yes, it works wonderfully well in children. We are in fact specialised in children's troublesome ailments - for example, the large number of upper respiratory infections and allergic bronchitis is a field for major success. Almost all of these allergies have come from those DPT prophylactics and from ill effects of BCG. We have no idea if the MMR and polio vaccines also bring in their own allergies too. In our clinic we have succeeded in curing these attacks - of wheezing, bronchitis etc., with cycles of **Drosera**, **Pertussin**, **Aviare**, **Psorinum** or **Sulphur 1000** or next higher potencies at intervals of 10 days to 21 days. Lately we have found a great remedy in **Streptococcin 1000** wherever tonsils are involved.

Now about the misconceptions, wrong ideas held by the homoeopathic practitioners themselves. Let us examine a few important ones:

No other treatment, not even our own acute remedies should be given during the course of our high potency treatment.

I remember the case of an old aunt aged 76. For her attacks of migraine type headaches, she was being treated by one Dr M. The attacks were slightly under control. She had to travel by train to the city and walk 2 kilometres, climb 3 storeys to meet him once a month or two. On one such visit she had a severe attack and when she found out that the doctor was not in station, with great difficulty she went downstairs and bought one tablet of Saridon, waited ten minutes for some relief, and went back. Next time she told him about the visit. When he heard that she had taken one tablet of Saridon, he became furious. "Get out! I am not going to treat you any more." The poor old woman, insulted before other patients, wept. She had to change the doctor. Now, are our remedies so weak, and treatment so flimsy, that one tablet of any other system will kill the action of our remedies and prevent their further use? I wonder how such a misconception was created in the minds of homoeopaths.

I have seen the beautiful curative action of high power remedies **NOT AT ALL AFFECTED** by ANY drugs used for some unfortunate ailment like epilepsy, heart or coronary diseases etc. I have treated quite a number of such cases, allowing the tablets of Eptoin or Phenobarbitone etc. - gradually reducing them - and have managed to cure some.

A husband always locked the room from outside while going

out. On enquiry I found that the wife was an epileptic taking daily a mixture called 'Peacock's Bromide' which kept the attacks under control, but made her sleepy, and sometimes unaware of things. He wanted to try homoeopathy and I took him to a very famous homoeopath. After careful enquiry and case taking he gave one dose of **Silicea CM**, told them to stop all medicinal substances, including tea and coffee. The dose was given one morning. When the husband returned, she was in an extreme 'status epilepticus', a fit every fifteen minutes or half hour, with complete unconsciousness in between. Nobody knew when it had started. She had to be removed to hospital, and it took a week of intensive care to make her come round.

Let us kill this misconception regarding the weakness of our remedies. Please read the wonderful book on Alcoholism by Galavardin. As his patients were not cooperative and not to know about their treatment, he advised their spouses to administer high potency doses dissolved in tea, coffee, brandy, whiskey, gin, soup etc.

I tried this and it had proved correct. No patient of Madras stops drinking coffee. No Bengali or Bombayite stops his tea. They may only lie to the homoeopath who may be like our friend Dr. M. Do patients in the Continent, Germans or Frenchmen, stop drinking beer or whatever they are accustomed to? Our potencies work without those hundred and one taboos that grew up with homoeopathy. Many leading homoeopathic consultants think that no one, not even the next town homoeopath and definitely no patient should know the remedy given. My friend and college mate Dr. Ganapathy of Coimbatore, whose opinion I sought on this topic

wrote, "How many patients get the prescription from the homoeopaths on demand? How many homoeopaths even discuss their prescription with their brethren? Herein lies the fear that your prescription may be criticised, or lack of confidence in your own prescribing abilities. Thankfully this trend is on the wane."

I believe that the biggest, and most often misconceived, misunderstood and misused sentence in our literature is the quotation from Hahnemann "The name of the disease is no concern of mine. The name of the medicine is no concern of yours." I feel that this with an added "treat the patient, not the disease" has damaged our system more than anything else, and how do these agree with what Hahnemann said in the Organon? The entire system, the law and its practice, have only two main topics - artificial disease against natural disease and they could be similar or opposite. They of course could be known only through symptoms (which included signs).

How did Hahnemann prescribe in his washerwoman's *Bryonia* case? Collecting peculiar or prominent symptoms and comparing similar remedies. Read this in Clarke's Prescriber and you see the beauty. Naturally, finer distinctions can be made by the temperament of the patient matching those in the remedy. That was all. Boenninghausen developed the case taking - location, sensation, modality of each individual symptom and concomitants - it was perfect. See how Kent perfected it - by his Generals to Particulars and vice versa. All these took into account the possibility that every symptom of a drug in every part might not have been noted in proving or curing. Analogy was used to fill up the gaps. Kent in his *Materia Medica* used this phrase hundreds of times - "if symptoms agree" when describing situations.

And when we have to face an epidemic to select prophylactics, how are we to go about without the name of the disease? Hahnemann gave out prophylactics against cholera, scarlet fever, whooping cough etc.; described fullest treatment for specific diseases gonorrhoea and syphilis. Where did he say, "Treat not the disease"?

Thousands of cures have been performed based on key-notes or regional indications. The materia medicas of Farrington, Allen, Margaret Tyler and others are treasure houses for various troubles of all regions of the body. The differentiation can be based on any of these local or regional symptoms. Are there no books on typhoid fever, convulsion and so on?

All of you have read and admired and followed Kent's great work - "Philosophy of Homoeopathy". He rose to great heights in explaining and developing the art and the science of Hahnemann's Organon, but now in his fifth lecture he became a staunch antagonist of the "germ theory of diseases". That he shut his eyes and ears to every proof that was produced by Louis Pasteur, Virchow, Koch, and hundreds of other scientific workers is indeed a mystery and great tragedy for homoeopathy. Most probably he felt that as our "vital force" was invisible, only a similar invisible force, which he named "simple substance", could affect it.

Look at the following statements in the fifth chapter:

(a) "Causes (of disease) exist in such subtle state that they cannot be seen by the eyes."

(b) "There is no disease that exists of which the cause is known to man by the eye or by the microscope."



(c) "They will tell you that a bacillus is the cause of tuberculosis. But if the man had not been susceptible, he could not have been affected by it. As a matter of fact the tubercles came first and the bacillus is secondary. It has never been found prior to tubercle but it follows that and comes then as a scavenger. The cause of the tubercle is psora, the chronic miasm. Bacilli are not the cause, they never came until after the disease."

(d) "The bacteria theory would make it appear that the Creator has sent these micro-organisms here to make a man sick. Hahnemann did not adopt any such theory as bacteriology."

(e) "A dissecting wound is very serious if the body dissected is recently dead, and this we suppose to be due to bacteria of wonderful power producing erysipelalous poisoning and strike him down with septicaemia. In truth, soon after death we have ptomaine poisoning, the dead body poison. The poison is there and can produce serious illness. But if after the cadaver has remained some time and becomes infected with bacteria, the dissection wound is not dangerous. The more bacteria, less poison."

(f) "...We have the cause of phthisis not in the bacteria but in the virus which the bacteria are sent to destroy."

(g) "Man lives longer with bacteria, than without them."

Let us take the statement (b): Is it not a fact that what the telescope and radio telescope etc. have done to astronomy, the microscope and the electron microscope have done to medicine? Microbiology has become a vast science by itself, contributing a lot to medicine.

Let us take the statement (c): We all know this to be incorrect. Any specific infection can be produced artificially in any animal by means of a large dose or by injection. It is done in many laboratories in experiments on rabbits, mice, and monkeys and in suitable cases on human beings. In Calcutta, in 1934 or 1935, a rich young zamindar died unexpectedly of high fever with a bubo. As it happened in the Medical College Hospital, they found plague bacilli in the bubo. How could a single case of plague come? The Crime Branch of Police took up the investigation and found out that it was a murder. A young doctor who had been sent by the brother of the victim to the Haffkine Institute, Bombay for some research, had stolen a live plague vaccine ampoule and had injected this in the gluteal region of the victim while they were standing at Howrah station. The victim shouted that something had pricked him in his buttocks - as witnesses testified. The culprits were sentenced.

It is obvious that a sufficiently large dose of disease, natural or artificial, **MUST** act on anybody.

“Bacilli are not the cause of disease. They never come until after the disease.” Sounds so archaic and unscientific. Both infectious disease in live person, and rotting in the dead depend only on bacteria, fungi, and viruses. These can be completely prevented by either killing by sterilisation or by freezing. Crores of rupees have been saved by introduction of refrigeration in food preservation and preservation of other materials. Are not mortuaries a standard requirement now to preserve dead bodies?

The earlier some editing is done in this work “Lectures on Homoeopathic Philosophy” by Dr J.T. Kent the better it will be for

our science. At present, our students are expected to learn and write one thing in pathology and social and preventive medicine, and a completely opposite view in the Organon.

I am very sorry this may hurt some members. I personally worship Kent for his work and I know our potencies can vitalise our bodies to fight all infections. But at the same time we should keep modifying and improving our views in the face of newer and equally authentic research.

Next, the misconception held by the greatest prescriber, Dr Adolph Lippe against nosode, equating them with isopathy. Remember Hahnemann's strong words about isopathy? As we can see, after centuries of experience and lakhs of prophylactic injections, vaccines have slowly conquered dreaded diseases like diphtheria, whooping cough, measles, cholera, yellow fever, polio and many others. Small pox has been totally eradicated from this world.

But Hahnemann did not mention isopathy for prophylactic use, but only for curing according to law. He said it could not be done. "You cannot cure syphilis by its own poison."

When Swan and Fincke introduced their high potency medicines, they also potentised the nosodes. They were also proved, to get their symptoms clearer. It was then that masters like Lippe shouted at them, wrote long arguments, and almost banned them from materia medica. Unfortunately *Tuberculinum* used by us and also Koch and Co. proved a disaster sometimes. No one knew why. But by good luck, H.C. Allen supported these pioneers, brought out a book on nosodes and their superb action in almost

incurable cases, and put them on a pedestal. I can say that the great Margaret Tyler's cures are the best examples to prove that the 'misconceptions' of Lippe and some others were unfounded. Kindly read her articles, especially "Modern Thoughts on Hahnemann's Conception of Chronic Diseases". It is a pity that this is not read by every practising homoeopath. His cure rate would double in no time, if this booklet is read and understood.

And lastly I believe that we have been misled by the very definition of disease in our science. Section 19 in Organon says "DISEASES ARE NOTHING MORE THAN ALTERATIONS IN THE STATE OF HEALTH OF THE HEALTHY INDIVIDUAL, WHICH EXPRESS THEMSELVES BY MORBID SIGNS". This has led to an almost fixed notion that a symptomless person is healthy not needing treatment. This NO SYMPTOM, NO DISEASE, NO TREATMENT attitude is unsafe and sometimes disastrous. ■■

# **ONE MORE MISCONCEPTION\***

**I**n continuation to my paper on 'MISCONCEPTIONS ABOUT HOMOEOPATHY' (HIP, Vol.2 No.4), I bring in one more misconception. Our master Hahnemann was indeed a master observer – keen and perceiving. In the sections dealing with the theory of Homoeopathy, and its comparisons with antipathy and allopathy (words coined by him for accurate descriptions) (Organon of Medicine para 36 to para 40), he said that two dissimilar diseases, meeting in the body - had the following effect.

I. If the dissimilar diseases meeting together in the human body are of equal strength, or still more if the older one be the stronger, the new disease will be repelled by the old one from the body and allowed to affect it .....

II. Or the new dissimilar disease is the stronger. In this case the disease under which the patient is originally labored, being the weaker, will be kept back and suspended by the accession of the stronger one, until the latter shall have run its course or been cured, and then the old one reappears uncured.....

III. Or the new disease, after having long acted on the organism, at length joins the old one that is dissimilar to it, and forms with it a complex disease, so that each of them occupies a particular locality in the organism, namely, the organs peculiarly adapted for it and,

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as it were, only the place specially belonging to it whilst it leaves the rest to the other disease that is dissimilar to it.

Well, this has been accepted in full by all of us, both as regards two dissimilar natural as well as artificial disease (drugs and medicines).

Is this the true experience today? Let us remember that disease need not be always with symptoms felt by the patient or observed from his action by others. The person may look healthy, live well and long, but a thorough medical checkup shows a serious defect in the body and let us again stress that ANY ABNORMALITY in our system MUST be counted as a disease, may be latent or hidden or neglected or unnoticed till the checkup. With the developments of Public Health and Social Medicine, large or small AREAS of population have been found to harbour sickness NOT known to the people. A mass checkup of some districts have shown leprosy, filarial infections, worms, tuberculosis, pre-gouty conditions, thyroid deficiencies, iron deficiencies and anaemias, endemic amoebiasis, and so on. The positive people DO NOT HAVE ACTIVE DISCERNIBLE ILLNESS SYMPTOMS. In coal and mica mines areas diseases like silicosis, fluorosis, etc. are discovered in as high as 60% of population. POLLUTION harbours so many diseases - which according to definition must be diseases - as they cause deviation from normal health.

You will wonder why so much is mentioned here which you all know. It is to point out those dissimilar diseases can be active in a person, each working out its pathology and not influenced by others. So the statement that the weaker one will be suppressed for

a time by the stronger, till that is over, to be aggressive again later, is not necessarily so. Is not a tubercular patient MORE prone to influenza type of viral infections which when going increase the virulence of original T.B.? Are not diabetics more prone to infections, abscesses etc. and does the diabetes get LESS during this episode? There are examples where during measles (a viral infection) the child gets pneumococcal pneumonia and almost dies.

I have been trying to find examples of the stronger and weaker dissimilar diseases meeting in a body and performing as predicted or observed by Hahnemann - I find the other one - say like 'Symbiosis' of disease to be more widespread or common.

I shall be obliged if our keenly observing experts think on these lines. ■■





# **CURE WITHOUT AGGRAVATION— HAHNEMANN'S VIEW**

**I**n an article written by the great master Fincke I had read that the ideal homoeopathic cure would be a rapid, gentle and permanent amelioration of the symptoms without any aggravation whatever. This would be possible if the remedy was the perfect similimum (not merely similar) and the potency absolutely correct to the plane of the disease.

In Kent's Philosophy in the chapter "Prognosis after observing the action of the remedy" the fourth observation is as follows: "You will notice a class of cases wherein you will find very satisfactory cures, where the administration of the remedy is followed by no aggravation whatever.... We know then that if there is no aggravation the potency just exactly fitted the case.... In cures without aggravation we know that the potency is suitable, and the remedy, the curative remedy, provided that the symptoms go off and the patient returns to health, in an orderly way. It is the highest order of cure in acute affections, yet the physician sometimes will be more satisfied, if in the beginning of his prescribing he notices a slight aggravation of the symptoms".

Basing my work on the authority of these two masters, I had been aiming at curing without any initial aggravation as an ideal to

be attained. Then one day in Hahnemann's *Materia Medica Pura* I received a stern "warning". When studying the prefatory note to the "Magnet" both North and South Poles, the following caution occurred: -

"Where we find only under the general magnet symptoms a homoeopathic resemblance to the case of disease we wish to cure and where we do not know which of the two poles is more especially indicated, we apply that one which offers the greatest number of similar symptoms. But if after applying this pole we observe an almost instantaneous disappearance of the ailments we wish to cure (or even the occurrence of other symptoms not previously present) for half an hour, or only a quarter of an hour, then we may be sure that the pole we applied was not the curative (homoeopathic) but the palliative (enantiopathic) one. We shall soon be convinced of this by the speedy recurrence and increasing aggravation of the malady. But the practitioner who wishes to cure and not to experiment, will not wait for the aggravation, but when the sudden palliative relief has lasted but a quarter of an hour (and especially if new symptoms have appeared) he will apply the opposite pole, but not for a longer time than he applied the palliative pole. This will first of all remove the new symptoms, then cause a slight homoeopathic aggravation of the original malady and finally effect, the complete permanent, cure by homoeopathy, as occurs with all other medicines selected according to similarity of symptoms (homoeopathically)."

So, according to Hahnemann, an immediate amelioration of symptoms meant that the remedy was antipathic or palliative. I could not completely believe it, but the authority was the master himself, and he was definitely talking from experience.

Just when I was brooding on this point I got the following case: Mrs. J, aged about 19, pregnant about 6 months. Due to some operation on the hip in childhood (details not known) her left leg was a bit shorter than the right but otherwise she was quite healthy. She used to carry water in a big pot, from the public tap. One day she slipped and sprained her groin. With great difficulty she crawled home, and got into bed. The pain was unbearable. Fever came later. Two or three doctors, who perhaps thought it might be filarial trouble, as she was living in a filarial area, treated her. After 4 or 5 sleepless nights and agonizing days, her brother asked me to see her.

I found her intensely restless, thirsty for small sips of water; fever worse midday and midnight; fear of death or disease especially elephantiasis; pain sticking, shooting, burning but, above all as of a severe sprain - worse walking especially straight, must walk bent; wants covering; stools constipated, hard, (given purgatives by other doctors). There were a few more symptoms, not very important, and I could think of no other remedy but *Arsenicum alb.* I had seen her at about 6 p.m. I prescribed one dose of **Ars. alb.** 200 and about six doses of *Sac lac.* to be given every three hours. I requested the brother to inform me next morning.

Well, next morning the brother came with an extremely broad smile and started praising me to the skies 'Oh, what a cure! What a remedy! What a doctor?' because she had been immediately "cured" (!) of all her troubles and had slept perfectly and had no pain and no fever in the morning.

In the usual course of events I would have been extremely proud and happy. But I had just read and, as I said, was brooding

over the words of Hahnemann. The first thought was - Was *Arsenic* only a palliative? How could such a correctly indicated remedy be antipathic? No, Hahnemann was wrong and it was only a typical example illustrating Kent's fourth observation.

I went out for work and returned by about noon. By then I had come to the conclusion that Hahnemann might be right. If that was the case, I must search for the similimum - at once. The sprain in the groin was the "entrance complaint" but alas, "groin" is not a region easily found in Kent's Repertory. It is not under Abdomen - it is not under Extremities. Still I started a search - in Knerr's Repertory and in Kent's. After a lot of search I chose the following to be referred to in the materia medica (Guiding Symptoms of Hering) - Agar., Alum., **Amm. mur.**, Berb., Clem., Helon., Lyco., Mag. carb., Merc., Nat. mur., Sulph.

Pain as from sprain was found under: Calc., Euph., Hydr., Nat. mur., not one of which was found to be suitable in the materia medica. And imagine my surprise and pleasure when I found under **Amm. mur.** the following in Guiding Symptoms.

"Tearing and intensive pain in the groin when walking. Pain as if sprained in left groin; during pregnancy, has to walk crooked; Uterine displacement. Cannot walk erect, on account of a pain as from a sprain in the groins."

I decided that, if by chance the complaint came back, I would try *Amm. mur.*

At 6 p.m. the brother came with an anxious face, to tell me that she was again suffering from the horrible pain, though there was

no fever. She was afraid she would not be able to sleep that night and was again restless.

I had only the 6th potency of *Amm. mur.* with me. I gave four doses with strictest instructions that in case of amelioration or aggravation the next dose must not be given.

Next morning the report was that she had been given only one dose. The first dose had produced a severe, definite aggravation of the pain, though the patient could bear it better now. The remaining three doses were not used and were not at all needed, as she was completely relieved of her ailments by the morning and had no recurrence of those troubles.

Though I have been lucky to be able to cure many cases without the preliminary aggravation, I have always remembered the lesson taught by Hahnemann; and in all those "cures" I try to find out some other suitable remedy, "in case the trouble comes back".

What a great observer was our master, Samuel Hahnemann! ■■



# PATIENT'S PROGRESS\*

**H**ow can we estimate the improvement or otherwise of a patient who comes to us for treatment? No doubt great teachers from Hahnemann, Hering (Laws of Direction of Cure) to Kent, have left a number of instructions on this point. Kent's "Observations" chapter is a classic. Later we find scattered here and there; some beautiful hints by masters like Dr. Roberts, Margaret Tyler and Pierre Schmidt.

But on quite a large number of occasions, we are not able to decide which particular (what we may call) Aphorism actually applies to the case in hand. Somehow things do not happen according to the Text.

Take the Hering's Law "Cure takes place from above downward". Honestly, we do not find this frequently. Now, see how a person can misinterpret it; especially if he does not "believe in Pathology, but only on Symptomatology".

I have a great friend who is a staunch and orthodox Homoeopath. We meet often and discuss problems of philosophy and so on. He was treating a patient of suspected Cirrhosis of Liver (Malignancy?), who was suffering from Ascites, with other complaints. After 3 or 4 weeks treatment, the patient developed oedema of feet and legs. The size of the abdomen seemed to be about 5 cms less. My friend jubilantly told the family that the patient

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was on his way to cure, as the disease had gone from above downward! When the patient developed serious problems of coma, etc., they were very angry with the Homoeopath, who had clearly misled them and bragged about curing when the patient was actually going down in health.

Such things should not happen. It is not wrong to be at least fairly up-to-date with the sister sciences of Physiology, Pathology and Medicine.

Sometimes under strong drugs given by the allopaths for very high blood pressure, the patient feels awfully miserable - often doped. If under the advice of a Homoeopath, the drugs are stopped, the pressure increases slowly, and he feels better, more energetic, with a sort of euphoria - which may be misunderstood as an example of Kent's:

“The patient feels better though the individual local symptoms may be worse or unchanged as one of the happy signs of curative action.” This situation should also be guarded against.

In doubtful situations, it is always good to have a consultation with some other physicians also. It may not be “two heads better than one” but definitely “shared responsibility is safer to all”.

“The physician's high and only mission is to restore the sick to health, to cure, as it is termed.” ■■



## THOUGHTS ON MIASMS

In 1932, I went and stayed with my uncle, Mr.D.N. Koppikar, in a village bordering a reserve forest. He was an extraordinary homoeopath - an intense student of materia medica, and a wonderful prescriber, esp. in serious, acute, epidemic disease like cholera and plague, and also Rinderpest of cattle. I learnt things the best way by seeing the practical aspect of the materia medica, with minute differentiations which we find in Allen, Farrington and so on. Seeing the variety of even extremely serious illness cured by Homoeopathy, I fell in love with it. It was he who forced me to go to Calcutta, where, to my surprise very few of our professors were using Kent's Repertory, which had become out of print - but were masters of the keynotes. It was their art of differentiation in serious acute diseases that made doctors like P.C. Mazumdar, N.M. Choudhary, Mahendra Lal Sircar and others famous AS SAVIOURS IN FATAL ACUTE DISEASES, especially of children and the pneumonias of the elderly.

In our organon classes I was absolutely charmed by the great genius of our Master who separated acute diseases into indispositions and miasmatic (infectious) diseases. These were self limited and could be cured by our vital force by the various curative processes like development of Immunity, Antibodies, Phagocytosis, Inflammatory fevers (the high temperature being capable of destroying the infection and so on). It was wonderful how he described the possible cholera germs without the aid of a

microscope. He and Boenninghausen and Hering were all for Immunization Therapy against Small pox, and so on which in their view, WERE SPECIFIC DISEASES TO BE CURED BY A HOMOEOPATHIC (Similar) REMEDY and PREVENTED by this same means.

I hope you have read our Master's remarks on Jenner's vaccination against small pox in the Organon footnote number 63 under section 56.

In our Bengal Allen college was large library of books and especially old American Magazines like Medical Advance, Homoeopathic physician and others nearly 7 to 8 hundred pages of matter per year in well bound volumes. I think I was one of the few students who could manage to read these as they were segregated as "Reference books" in special almirahs not to be lent out to students. There were British Journals of Dr. Burnett and others, I could enjoy and admire the meticulous thoroughness of the study of Materia Medica by our Masters of that age, who were prepared to sit by the bedside of a patient and studied the various remedies and cured the patients. Almost every issue contained new provings, which ultimately found a place in the great Encyclopedia of T.F. Allen and Guiding Symptoms of C. Hering.

You will be surprised that in all these years- there was NOT A SINGLE MENTION OF THE SENTENCE "TREAT THE PATIENT, NOT THE DISEASE" especially as saying or equal to "TREAT THE MENTAL PICTURE, THE WHOLE BODILY AILMENT WILL GO". Even Kent whose wonderful lectures on Materia Medica appeared first in "THE HOMOEOPATHIC PHYSICIAN" in describing the use of remedies, used only a caution

- "If Symptoms agree or when symptoms agree" in the appropriate place, mainly to avoid routines, as for example use of *Pulsatilla* for delayed menses. No doubt mental symptoms were also noted and many times were used to differentiate similar remedies indicated by the other symptoms. The ONLY and absolutely always followed words were "Peculiar, Uncommon, Characteristic" and - "Not usually explained by the pathology of the case" and so on. The hunt for this was intense. Lippe and *Hering* to find out a remedy where the stool of a typhoid patient contained blood with clots looking like charred straw used half a night. Were there no other symptoms then? But the Doctors who found this peculiar and uncommon searched and found it under some reference in *Lachesis* and cured the case with it. It became a famous Keynote AFTERWARDS. Have you all not read Nash's famous *Colchicum* case with the peculiar nausea where he searched his Lippe's "Text Book" from first page till he read it under *Colchicum*? These are not rare examples - but were daily practice.

I have been very sorry that things changed after 1900 or 1910 under the powerful influence of the great teacher Doctor Kent. Homoeopaths refused to accept the "infection part of acute or chronic disease". If asked by the patient they would not like to name the illness - but only the remedy. Our system became a Sect. We went about vehemently opposing all the efforts of Governments to conquer those dreaded epidemics like Cholera, Plague, Small pox and Diphtheria, whooping cough and Polio etc. If today Small pox and plague are not heard of, no thanks are due to Homoeopaths. If lakhs of safe deliveries take place due to the antiseptic and aseptic procedures we have no part in this - why? because officially we still not accept the microbial origin of acute or even chronic diseases.

One person develops a safety belt for car drivers. But he and his friends go on wasting time regarding its ideal length, strength, material to use, design etc. and conclude that due to so many difficulties it is not safe and should not be used. Others start manufacturing and lakhs are fitted to cars, saving thousands in case of accidents. This analogy fits us. Prevention of infective disease through its own vaccine was based on OUR LAW. Hahnemann generalized and condemned the use of so called Isopathy in Therapeutics. Some others talked of reactions to large doses, and still others maintained that these were unnecessary, as they believed only in the strength of the vital force and not in the microbial or viral causation; so why need the vaccines? So we were left standing on the banks, while the world moved on to eradicate such fearful diseases like Small pox, Plague, Yellow fever, Scarlet fever and even TB etc. The discoveries through the microscope and electron microscope have developed the science of microbiology to become a subject for even post-graduate studies. And where are we? We still stick to our hatreds. Are the Government Homoeo doctors used in public health services? Let us at least now open our eyes to the modern world of science. It is in no way going to disturb the truth of our law of curing infections through our remedies; but even here we shall be hauled up if a life saving anti-biotic was purposely withheld on our advice leading to calamity.

Now about my personal study and development of the ideas on chronic diseases. In 1940, I sent an article on "Psora" for the Annual Meeting of the International Hahnemannian Association. It was well appreciated by the members like Dr.H.A. Roberts.

You see, according to the teaching of Kent that Psora is the

result of "Sinful thinking" and that this has come from Biblical time to mankind and so on, the treatment should be by remedies which have lots of bad thoughts in their provings. Look at the remedies having bad thoughts:

- (a) Inhuman, cruelty : Anac, Hep, Hyos, Platina etc.
- (b) Dipsomania: China, Crot. h., Ran.b., Verat alb.
- (c) Dishonest: Ars, Bry, Calc., Lach, and Puls
- (d) Greedy: Ars, China, Hyos, Phos, and Sepia.
- (e) Jealousy: Hyos, Lach, Nux vom.
- (f) Liars: Morph, Opium.
- (g) Rage: Agar, Canth, Hyos, Lyco, Mosch, Stram, and Verat.

We do have "Raagaadi Rogan" of the first sloka of Astanga Hridaya of Ayurveda. "Kama, Krodha, Lobha, Moha, Mada, Matsara", are our own enemies, and so on. But as you see, these do not become "Psora" of Hahnemann. The top remedies coming up above in our best repertories are NOT the greatest antipsorics.

I felt that the only special thing about Psora and other "Chronic Diseases" specially separated by our master was the tendency to spread and develop inside slowly going from less important to more important organ, from below upward, from outside (skin) inwards, as time went on, the vital force being helpless to conquer this trend. The only cure discovered by Hahnemann and developed wonderfully by his greatest disciple Constantin Hering was the one from above downwards, inside outwards, from more important

to less important organs, and in the reverse order of their appearance". Only some deep acting higher potency remedies alone had this power of doing this work.

Well. This explained one aspect the mode of action of chronic miasm. But why it was NOT TOUCHED. I have just explained how I was convinced about the microbial or infection theory of disease. How did it fit in with Hahnemann's "Chronic Disease"?

When I came across the great article by Dr. M.L. Tyler- "Hahnemann's Conception of Chronic Disease as by Parasitic Micro-organism". I got the answer. I felt sorry that such a wonderful article was overlooked, neglected, bypassed and relegated to "old files" by the leaders of our system. In Mexico Conference, I read about it explaining it briefly as the time allotted was very short. I published it later in our Homoeopathic Heritage. But I have wondered whether we all LIKE to be the Village Schoolmaster who was "convinced against his will, but of the same opinion still".

She has proved that Hahnemann knew what he was curing and how. He knew about the "Germs" but could only theorise for want of a microscope, and he found from experience that just as his acute homoeopathic (similar) remedies could cure acute infections like Cholera, Pox and others those separate antipsoric, antisycotic and antisyphilitic deep acting remedies could reverse the action and cured the Chronic Miasms as no other system could cure at the time.

So now, having said a lot of things, let me offer a few things that I have learnt by brooding over problems.

(1) The first was: Why does an etiologically indicated remedy cure even when it does not cover the presenting symptoms?

I have found that my best cures were done based on causation. My highest ideal was Lippe's *Lac. can.* case. I wrote an article "Art as a technique in daily prescriptions." Well. It gradually dawned upon me that this followed a peculiar Corollary of our law of Similars.

If a person who got the illness after a certain cause if we know what homoeopathic remedy was needed exactly, at that point of time, and if he had been given that remedy, the whole thing would have been cured and the condition "never well been since" would not have occurred. It is still not too late to try that remedy, if we choose a really powerful high potency. Try this. It works.

(2) Many acute infections do not get completely cleared by our body. Some infection remains safely out-producing a "Psora". The biggest culprits are Amoeba, Filaria, Lepra Bacillus, Streptococcus, Gonococcus and the other Mycosis of the vaginal tract and many of the acute viruses, and some fungi. Quite a list you will say. The chronic effects can be conquered, not only by the Similimum of the first or subsequent attacks but even more surely by the appropriate nosode. This is almost like tautopathy, which also is needed because many cases get mixed with drug diseases too.

Perhaps *Diphtherinum* might have also cured Lippe's case.

Please read the wonderful reports of cures by Dr. Tyler with *Morbillinum*, *Scarletinum*, *Diphtherinum* and so on.



I have made it a rule to write a separate line for a complaint mentioned with an immediate query as to when and how it came about. It has made things quite easy.

**“THE REMEDY WHICH SHOULD HAVE BEEN THE SIMILIMUM AT THE START WILL STILL BE NEEDED TO CURE.” ■■**



# **THE VALUE AND PURPOSE OF CLINICAL CASE REPORTS**

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**N**ow-a-days it is a common complaint of the Editors of Homoeopathic Journals that they do not receive ideal case reports for publication, meaning thereby those cases in which all the mentals, generals etc. have been noted, repertorised, and a single similimum arrived at, which has cured the entire three pages of symptoms and signs presented by the patient. They say that the reports sent do not conform to the desired educative standard. I have been an ardent admirer of the pioneering and enthusiastic homoeopaths of the early days, who conquered such terrible scourges like diphtheria, scarlet fever, small pox, cholera, malaria, by their tremendous hard work and immense courage and faith in their Law and Medicines.

As an Editor, it has been my good fortune to restudy many wonderful cures by the old masters. I also liked to go through experiences of simple homoeopaths, practicing professionally or as laymen. I had come to realise that there is not a single decent, sincere Homoeopath (irrespective of his grading in the study of *Materia Medica*) who prescribed a remedy in a case without a Homoeopathic indication. I am not thinking of a person prescribing Aspirin tablet for a headache; but our every prescription has to be a remedy indicated by something in the patient. And the more wonderful the relief, and the more unexpected the good result, the

more is the case and the indications remembered. Who can forget the beautiful, identifying symptoms that led to dramatic cures in their lives? I think this is the best way to study and remember our great *Materia Medica*. I find that almost all case reports in the Journals of early years were “*Materia Medica* study” oriented, each case bringing out something new in a drug, or confirming a doubtful symptom or bringing out a new and unknown action, or a possible use of a drug in a particular condition. So much so that some times the reporter did not bother to mention the potency! The huge work on “Guiding symptoms” of Hering was the sum total of thousands of case reports, “verifications” as they were called. Only a verified symptom got a || (double bar). The keynotes and the symptoms found in Lippe’s Text Book, or mentioned in Farrington and others were those with a reputation of Cure. Instead of poohpooing clinical case reports as not worth studying, let us try to make use of them to improve our *Materia Medica*, and add the new observations to that great work. We shall come to realise that the “Case Pictures” will turn to “Drug Pictures”.

Let us also make it a point to give out freely our experiences to others. The best way is to discuss the experiences with friends, then write out briefly and neatly for publication and post them to our favourite Homoeopathic Journal. If it is any new symptom of a new remedy, a copy should be sent to Central Council for Research in Homoeopathy. I do hope they have a department for such work.

It is only in this way, that every Homoeopath can help in the growth of our *Materia Medica*, which has practically stopped growing for the last half a century.

# CONSTITUTIONS AND TEMPERAMENTS\*

(A paper presented in symposium conducted by Society of Homoeopathic Physicians, Madras).

**B**efore we undertake the study of constitutions and temperaments, it is better for us to know exactly what we are talking about. For example, what is a constitution, what does it signify? What is the difference between the two words?

Constitution describes our make-up, or what ingredients we are made of. Mostly it is based on heredity. They say all our peculiar characteristics are, as if, stamped on every cell of our body by various permutations and combinations of genes. Shall we be short or tall, Indians or Arabs, dark or fair, curly haired, or otherwise, and these depend upon heredity. This heredity, as you know, depends entirely upon the father and mother and their ancestors.

Now, what for should we study the constitution for our prescription? It is because we want to study not only the normal human characteristics, which we expect, but also any variations from normal expectations. For example, if we find that both father and mother are tall and the son or daughter is short, we naturally wonder why this should be so. Has any disease intervened? After

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\* The Homoeopathic Heritage, January 1997

all, great changes can happen in the constitution by the persistent action of the important organs of our body viz., the endocrine glands especially Thyroid, Pituitary, Sexual glands and the Suprarenals. A slight over action in thyroid makes a person leaner, darker. Some extra work of adrenal cortex makes a person dark, at least dark patches appear on face, below the eyes, neck and so on. Great work has been done on the action of many of these glands. Many a time it has been noted that stress and strain in life produce changes in these glands and change the whole life of the individual. It means that environment certainly has its full share in shaping the life or in modifying the constitution.

Just now, in the previous paragraph, I asked the question, has any disease intervened? Sometimes, an apparently insignificant disease plays havoc on the constitution, especially on children. Though many childhood illnesses come and go, a few leave a stamp on some people. "I have never been well since that measles, whooping cough etc." is not so uncommon as we think. That is why a life history, temperament acute and sub-acute illness suffered by the individual are so important in studying the constitution.

Then again, various types of shocks and traumas deflect the even growth of life so to say. Depending upon the inherent strength or weakness, people are affected more or less by these external circumstances. Some can stand any calamity with equanimity. Others will be simply crushed by an insult or quarrel, and, mind you, I am not so much considering the acute upset; I am only thinking of great or marked changes in life after those shocks or incidents - never been well since."

So, if we wish to appreciate the exact meaning of constitutional

study, we can do it by comparing life with a river - not at its source but near its meeting with the sea or ocean or as a matter of fact at any intermediate spot. It has arrived there from a great distance. It has seen innumerable hills and valleys, towns and villages, met so many rivulets and tributaries, grown bigger or shrunk, and collected a huge quantity of water, and matter good or bad. You find, for example, gold particles in its sand. If so, where did it collect it, how big is the source of gold? If it contains too much of some particular type of waste matter, was it thrown by any particular industrial town on the way?

Now let us consider life of an individual, say a lady at the age of 45. We see her in a particular condition of health. The actual complaint might have started at age of 13 with puberty or after any of the childbirth. One or two big calamities might have happened each slightly modifying her temperament. Originally very jolly and cheerful, now she may be morose and melancholic, not interested in life and so on. What type of shocks came in her life - that needs investigation. It is better to note down every important landmark in her life journey. We cannot know straight away whether a small insult or a big calamity hurt her more. Are there not cases where, though, the lady is married 20 years, mother of children, quite in affluent circumstances, she has never forgotten or got over the love affair before marriage - and the persistent regret at having married a man she did not love, and against her wishes? Perhaps **Calc. phos.** high or **Ignatia** high at any time in these 20 years might have helped her to get over this one important sad feature in her life.

In some cases, the reaction to such shocks or situations is very

quick and sudden. The son of a friend of ours, recently committed suicide swallowing some large quantity of sleeping tablets - just because parents had arranged a nice marriage for him. This is life, in all its diverse forms. No wonder we find all sorts of people, some angry, some sad and so on. Go to the root of this and you come to the study of constitutional peculiarities.

When we try to treat constitutionally what exactly are we supposed to do? Suppose we find a very emaciated, anaemic person, no use simply giving our *Natrum mur.*, *Iodium*, etc. Why not investigate why the patient is so wasted. Is there enough or proper food to eat. Is there some waste, fever, too much bleeding during menses, or piles etc. or is there any deep rooted worry, grief, diabetes, or tuberculosis? Is, thyroid working too much? Unless we feed the patient, cure his other tendencies or improve financial or social position, we may not help the patient.

We have not yet tackled the other word Temperament! In studying this, we have taken into account the reactions of the MIND of the individual to various external stimuli or circumstances. Is the person of equable temperament i.e. not upset by anything? You have, most probably all of you, read and appreciated the great description of a "Sthitaprajna" in Bhagwat Gita. He must be absolutely calm, not disturbed by external stresses etc. Now, this not easy; it can come only by hard work or Tapas.

For most of us mortals, our enemies, desire, anger, greed, pride, love, jealousy, suspicion etc. go on harassing and weakening our moral strength - and making our body also weaker and unable to resist diseases. No wonder we all fall a prey to so many diseases in the midst of best circumstances.

In Homoeopathy, Hahnemann found out magic for curing-likes will cure likes. This is a fundamental truth. Once we appreciate this, treatment of constitutions or temperaments becomes simpler. If causes are similar, they produce similar effects and most important, they cannot remain in the same body at the same time and so cure or neutralise each other. If the bad effects of mumps are prominent in a case, a remedy that was extremely similar to mumps - that might have cured the acute trouble, can now cure the chronic effect too. No wonder we have developed remedies like *Staphysagria* for effects of insults, *Ignatia* for peculiar type of grief, *Arnica* for effects of trauma, *Lachesis* for suspicious natures, or jealous people, *Lycopodium* for greed and *Nux vomica* for impatient, overbearing constitutions and so on. Every one of them has come to the respectable position of a constitutional curative remedy only by constant use and study by numerous physicians. ■■

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## **ATYPICAL OR NON CONFORMING CASE**

**I**n an editorial Carrol Dunham<sup>1</sup> wrote how the masters “eliminate” some possibly indicated remedies, by careful questioning on their negative symptoms. Most of the great polychrests have such strong pictures, desires or aversions or general modalities, that the absence of these in the case would lead to their being discarded. We like to see the patient’s picture fitting the one, which we have identified as that of the remedy before we prescribe it. How can we give *Iodium* to a fat chilly patient, *Aconite* for a quiet, non-restless child, or *Nux vom.* for a mild gentle lady?

But there are cases needing and demanding the remedy by sheer number of genuine indications - worked out by Repertory or Materia Medica study, which do not have the picture, which we have formed of that remedy. What shall we do? The following Editorial by Dr. Margaret Tyler in *Homoeopathy* of May 1938 is of profound importance for deciding on this question.

“Let us consider for a moment the question of prescribing for ‘atypical cases’: i.e. those, which respond to remedies which, in our judgment, ought not to help them.

“Typical cases are child’s play: the elderly woman, a hearty eater who likes fat and is famished at 10-11 A.M.; who feels the heat and sticks her burning soles out of bed at night, shrieks for *Sulphur*, and you must indeed be deaf to miss her cry. She will

respond every time, whatever ails her and will return once or twice a year for any little ailment or flagging health, just to get the fresh stimulus which keeps her going happily.

“Or the tall, slender, sensitive child, to whom darkness and thunder are terrors; who prefers highly seasoned foods and salt to the sickly sweets that appeal to her fellows, and whose eyes gleam at the mere mention of ices; here it is very hard to miss her magic - *Phosphorus*.

“But there are plenty of atypical people: some *Pulsatillas* who like fat: a desperate acute *Arsenicum* even, that is neither restless nor anxious- one comes across such- once in a way: and it is well to know this. Quite a number of patients fail to conform to any remedy, in common use and within our easy ken; or needing such remedy, in acute sickness, fail to put up the plea which it is impossible to miss for one of the common drugs whose typical symptoms one has at one’s finger-ends.

“It is important to remember in these cases, what Dr. Clarke insisted on: It is the positive symptoms that decide the remedy. Negative symptoms are of no use i.e. the fact that a person has a certain symptom, is all-important; the fact that he has not symptoms that you think he ought to have, if a certain remedy is to fit him, is quite unimportant.

“Any person may require any remedy, in his acute sickness and it is useless to say, “He cannot need this or that” because he has not put up what one (rightly) considers the characteristic symptoms of a drug; and where they fit well, one is there! But always, it is the positive symptoms of the patient at the moment

that demand a certain remedy; and the negative symptoms must not be allowed to call us off.

“Here is a recent case that has brought the subject to mind. A doctor, himself a pretty experienced prescriber, got a fairly virulent cold. After some three days, during which it moved on, first affecting nose and frontal sinuses then an evidence as a sharp attack of laryngitis, it emerged as a small, sore spot (merely) somewhere behind the sternum. He felt ‘rotten’ with (quite unusual) night sweats; and even bloodstained sputum- quite a good deal I have really no symptoms; I am not the least like any remedy!’

“This was not quite the case, and the few positive symptoms were considered.”

Burning palms (never in normal health, but always with such septic colds): ACON., ASAR., BRY., Eup. per., Ferr., Fluor. ac. Gels., Ip., Lach., Lil. tigr., Lyc., Mur. ac., Nux, Petr, Phos, Samb., Sep., Stann., Sulph.

Sputum sticky: Bry., Nux, PHOS, Sep., Stann., SULPH.

Sweat at night (never, unless with such colds): Ferr. phos., Sep., Samb., Sul.

Sputum bloody (again, never except with such colds): Ferr., Phos., Sep., Sulph.

Worse uncovering: Phos. (Sep)

“Now these symptoms, characteristic of his acute sickness suggested *Phosphorus*. And after a few doses of *Phos.* 30, they all

disappeared, as never before with such colds, and he was suddenly well." But he had no Phos. symptoms. His negative symptoms would have protested against that drug: for he liked being alone, had no fear of the dark: no craving for salt, did not eat it even with eggs; had any thirst; no desire for cold drinks - though he did like ices- when set before him.

"The typical drug is magic; but the quite atypical drug when called for in sickness by unusual positive symptoms and even when contra-indicated (as it seems) by the general symptoms of the patient, is the one that will give the desired result- in the usual sudden, brilliant and unmistakable way, when the remedy actually called for is given.

"We have come across a cutting from the 'Homoeopathic Recorder' of Dec. 1936, which fits in here, so we will give it:

"Dr. FARRINGTON: A question, which I think important; especially to the beginner, is amply illustrated by *Aconite*.

"We know that *Aconite* is especially indicated when there is anxiety and restlessness, but *Aconite* is also useful in chronic cases where apparently there is no particular restlessness and perhaps little fear or anxiety. We have to take this into consideration in prescribing. The lecturer or the teacher gives his student a full, well-developed picture of the drug, and he has to include all of these things. He has to say that *Aconite* comes on like a storm, that **Belladonna** starts suddenly and all its symptoms are sudden and that its action is rapid. Nevertheless, we may find cases where there is little of this, and only a few particular symptoms, which lead us to the remedy. We all know that *Aconite* would cure an unnamable

fear, perhaps in pregnant women. Sometimes the fear takes the form of crossing the street although there wouldn't be a vehicle within half a block. Of course, in that there is the element of *Aconite*, because of the fear."

"I have seen **Belladonna** in many cases act wonderfully when there was no fever and not the bounding pulse and the intense throbbing that we usually associate with that drug.

"Not long ago I had a case of a woman of 52 who suffered a stroke of apoplexy and the right side was affected. Several remedies helped her, but finally they developed a group of symptoms like this: she had a headache that was throbbing and she had pains in the affected side. She had slight temperature; it ran up to about 100°F. Almost all of these symptoms were along toward 3 o'clock in the afternoon. There is nothing very distinctive in that, but I gave her *Belladonna* and it had a very unusual effect in clearing up her symptoms and helping her in a general way, and she has been improving ever since.

"The deciding feature was that she had to keep the room dark and was sensitive to noise; light and noise aggravated the headache."

"I just mention this to show that we must not overlook the fact that a typical case such as is given in our lectures and such as we see in our textbooks is not always found, and the symptoms there put down are not always found in the patient." ■ ■

The first thing I noticed when I stepped out of the car was the smell of fresh air. It was a relief after being stuck in traffic for so long. I looked around and saw a few people walking towards the building. The architecture was modern and sleek, with large glass windows reflecting the sky. I took a deep breath and felt a sense of anticipation. This was my first time here, and I was excited to see what was in store. The entrance was grand, with a high ceiling and ornate details. I followed the crowd and saw a sign that said "Welcome to the new building." I smiled and felt a sense of pride. This was a great day for me, and I was looking forward to everything that was ahead.

As I walked through the lobby, I noticed a few people talking to each other. They seemed to be in a hurry, but I didn't mind. I was just enjoying the atmosphere. The lighting was warm and inviting, and the music was soft and pleasant. I saw a few people sitting at tables, and I thought about getting a drink. But I decided to wait until later. I was still getting used to the new environment, and I wanted to take it slow. I looked at my watch and saw that it was 10:30. I had time to spare, and I was enjoying every moment of it. The building was beautiful, and I was glad to be here. I was looking forward to the day ahead, and I was sure that it would be a great one.

# Therapeutics





# ANSWERS WITHOUT QUESTIONS

## IN ACUTE ASTHMATIC SITUATIONS

Can we prescribe the remedy by merely seeing something in patient?

I had heard Dr N M Choudhuri give this instance: In the clinic, conducted by Dr H C Allen, as a patient came, Dr Allen asked the class, "What is his remedy?" Not a single question had been asked, and no one could answer. Dr Allen said the patient was a **Can. indica** patient, as he had crossed a small, narrow ditch, by jumping over it as if it was twice wider! It was indeed his remedy.

I saw Dr Choudhuri prescribe **Stannum met. 200**, straightaway, as a patient sat down, "dropping down" in the chair. I saw it actually curing him.

Now, I am giving below some postures or expressions of remedies, which are almost definite pictures of their respective patients. We hardly need more than a few questions, except to confirm our prescriptions. They are all acute or sub-acute sufferers of Asthma or Bronchitis.

Please add more by going through the Guiding Symptoms.

**Aconite:** Asthma labored, anxious; with agony, sits up straight; the patient has all *Acon.* symptoms of fear of death etc. Only diaphragmatic breathing in bronchitis etc.; < Speaking, when sitting up, cannot lie on right side.

**Ambra g.:** Cannot take deep breath; old people and children. Asthma while attempting coition; cough worse while lifting heavy weight; agg. in a meeting or class when someone recognises him.

**Ammon. carb.:** Inability to exert, dyspnoea; aggravation going up even a few steps; better open air; dare not enter a warm room; chokes and has to sit quickly.

**Apis:** Rapid, painful breathing, gasping, worse exercising; worse inspiration, worse ascending; feels as if his breath would be the last; cannot get breath except when sitting (*Acon.*); mere touch on larynx produces cough; worse warmth of bed or room.

**Arg. nit.:** Many people in a room takes away his breath; violent attacks forcing him to rise and walk about; abdominal breathing (*Acon.*), the effort to breath deeply seems to choke him.

**Arnica mont.:** Inspiration quick, expiration slow; asthma with inclination to move about; cough shakes the whole body - aggravated after weeping or screaming; child cries, before cough.

**Arsenic. alb.:** Deep quick inspiration, difficult interrupted expiration (see *Arg. nit.*); loss of breath immediately on lying down; turning in bed takes away his breath; suffocation inducing cough; Cannot breathe fully, anguish, obliged to sit up in bed; must incline

chest forward (*Acon.*); dyspnoea when vexed; cough with suffocation, with palpitation, during cough catching of breath.

**Aurum. met.:** Cardiac asthma, excessive dyspnoea, not relieved in any position; suffocative fits, constriction of chest; face bluish red. (*Fer. met.*); falls down unconscious; propped up in bed; violent palpitation.

**Belladonna:** Short breath alternate with slow gentle almost imperceptible breathing; danger of suffocation; from swallowing, when turning or touching neck; violent dry cough as if a foreign body had got inside the throat; agg. fine dust in air; child begins to cry immediately before cough (*Bry. & Hepar & Arnica*); violent cough in sleep with grinding teeth.

**Berberis v.:** Obstructed breathing; agg. ascending; agg. raising arms; contraction in chest to abdomen compels him to bend over.

**Borax:** Short breath after ascending steps, so that he cannot speak a word (*Calc. c.*); later a stitch in right side of chest when he speaks or on any exertion; arrest of breath when lying in bed; he is obliged to jump and catch for breath every time he has a stitch in right side of chest; violent cough with pain through right chest; obliged to press chest and flank with hands whereby pains are tolerable; cannot lie on painful side; he has to catch for breath. Agg. on raising arms.

**Cactus g.:** Constriction: Like a band of iron; could only breath with shoulders elevated when lying on back; dyspnoea while walking especially ascending stairs (*Borax, Calc. c.*); cannot lie down.

***Caladium***: Breath in sighing jerks; respiration incomplete; inspiration catching; grasps his throat with hand every moment. Asthma: Alternate with rash, sudden; caused by irritation in throat; (half cough, half moan agg. attempt to speak; weak cough),

***Cannabis sativa***: Asthma: has to stand by open window leaning forward; must sit most of the time by the window.

***Chelidonium***: Must loosen clothing; interrupted speech, due to asthma; cough with forcible ejection of small lumps of mucus (*Badiaga*).

***Ferrum met.***: Must sit up; walking slowly about and talking relieves; uncovers chest; reading and writing relieves; but when he sits still he suffers again (Whooping) cough better by eating food (*Graph.*). Drinking makes it worse; with bluish blushing face.

***Graphites***: Suffocation awakens him out of sleep at midnight; must quickly jump out of bed, hold himself firmly to something and quickly eat something, which relieves.

***Grindelia***: Fear of going to sleep; has to be aroused so that the breathing may continue (*Opium*).

***Helleborus***: Gasps for breath, with open mouth; must sit up in, propped up in bed (*Ascites*, etc.).

***Ignatia***: Sighing and sobbing continue long after crying; desire to take a deep breath frequently (*K.C.*); which momentarily relieves everything; impeded inspiration, as from a weight on the chest. Coughing increased by dust; (*Bell., Pothos, Ars.*). The longer the cough, the more irritation to cough.

***Ipecac:*** Oppression as if inhaling dust, difficulty of breathing from least exercise; cough inflates respiration even to suffocation; loses breath with the cough, turns pale in face and stiffens in between cough; asthma of emphysematous subjects; patient cannot by any effort throw up sufficient quantity of phlegm. (Constitutional remedy).

***Kali. carb.:*** Weakness and weariness in chest, from rapid walking as if there was no air in the chest; draws deep inspiration often; stitches on inspiration; worse after eating; must lean forward with head in knees; worse early morning - Agg. 3 a.m.; during cough, stitches in rectum (*Lach.*); violent cough after lying for some time in bed; dislodged mucus falls back into stomach; chest feels weak, faint; worse by lying on painful or right side; chest becomes very sore, especially on talking; abdomen distended during asthma.

***Kalmia:*** Oppressed short breathing; obliges him to breathe quickly, involuntarily; pain as from a sprain in chest, pressure behind middle of sternum (*Borax*); with palpitation, pulse irregular, sitting erect; propped up in bed, with anxious expression of face, livid hue of countenance; visible tumultuous and very rapid action of heart; (after acute rheumatism).

***Lachesis:*** Constantly obliged to take a deep breath. (*Ign., K. carb.*); desperate fits of suffocation, must sit up in bed; obliged to sit up and lean right side against a pillowed rocking chair so that pain in left chest with dyspnoea might be better; difficulty of breathing better sitting bent forward; worse talking, eating, < walking, < on moving arms. The least thing coming near mouth or nose interferes with breathing; < strong fan (table); lying in bed at night slightest covering over mouth or nose produces suffocation;

lays hand upon third of sternum and declares she cannot get her breath below that; as soon as he falls asleep breathing immediately interrupted (*Grindelia*); suffocating fits, waking from sleep; pain in anus when coughing or sneezing; with every single cough a stitch in on haemorrhoidal tumor.

**Lobelia:** Sensation of a foreign body in throat (*Bell.*); impeding breathing, lump; impossibility deep inspiration; extreme dyspnoea; Short inhalation and long expiration; inclination to sigh or to get a deep breath; short and slow inspiration, with desire to cough; going up or down stairs, eating warm food; cough with sneezing, gaping and belching; pain in chest, while sitting after dinner, better walking about.

**Lycopodium:** Child wants to yawn, but cannot, this makes it cry; Difficult breathing; as if he had inhaled sulphur fumes; likes to go about without any covering on head; (opp. *Sil.*) desire for open air, when alone, fearful, despondent; sensation as if lungs were too full of phlegm; bolstered up in bed, face bluish white; nose pinched, eyes staring, great dyspnoea, rattling and fine crepitation; lying on left side with legs drawn up and abdominal muscles relaxed; nostrils in rapid fan-like motion, great sensitiveness to pressure over right side of chest and liver.

**Mephites:** Asthma: as from inhaling vapour of sulphur; inhalation difficult, exhalation almost impossible or barking; when drinking or talking, liability to foreign substance substance getting into into throat; (*Bell.*) whooping cough, child be raised, gets blue in face and cannot breathe out; supports last ribs when touching, when coughing or sneezing (*Borax*).

**Natrum sulph.:** Constant desire to take a deep, long breath, < cloudy weather, short breath when waking, gradually better by rest; short breath, with piercing pain in left side; sharp stitch in the right side prevents respiration (*Borax*); dyspnoea, accompanied by aching between scapulae; for years attacks of asthmatic breathing, so marked as to herald his approach at a distance; had to sit up and hold chest with both hands.

**Nux moschata:** Loss of breath when standing in water; Difficult inhalation hysteric asthma; during pregnancy weight in chest, constrictive feeling in muscles of chest; desire to expand chest, take a long breath; remarkable sleepiness with imperfect speech, as if it were difficult to move tongue; weight, pressure on chest, on failing sleep at night or waking from a siesta.

**Nux vomica:** Forced to sit up in bed for half an hour or one hour at night, felt as if room had been exhausted of air; felt as if he must die, each successive attack increased in duration and intensity, better in open air although scarcely able to stand when supported on either side, completely worn out from protracted suffering, from loss of sleep and inability to take food; short, slow, stridulous breathing; child holds its head, face blue; bleeding from eyes, nose and mouth in whooping cough.

**Phosphorus:** Inclination to take a deep breath; breathing: anxious, panting short, hurried, very much oppressed, with elevation of whole thorax, very labored, noisy; complained of want of air though she frequently took deep breath (see *Nux.*, *Graph.*, *Sulph.*); stridulous inspiration, as if lungs were paralysed; Could breathe only with a loud rattling noise; asthma: worse while lying on back,



or on falling asleep; cough: before a thunder storm; on appearance of strangers; cough with a tight feeling in left ovarian region; spasmodic, at the same time constriction in larynx; he can raise better if he turns from left to right side.

***Psorinum***: Short breath or want of breath; convalescents go out for a walk instead of being invigorated return home in order to get breath or to lie down so that they can breathe more easily. Feels worse instead of better being in open air; chest expands with great difficulty; cannot get breath; dyspnoea worse when sitting upright; better lying down, worse the nearer, arms are brought to body when breathing; asthma, thinks he will die.

***Pulsatilla***: Breathing, groaning or rattling: Oppression of chest on walking fast; ascending an eminence or exercising; oppression of breathing accompanying symptoms in parts not involved in breathing; relieves the death rattle; cough: as soon as he gets warm; worse on lying on left side; startled and frightened in sleep; followed by crying; tossing about, mild delirium in the morning; lying on back, cannot lie on sides, semi lateral perspiration.

***Sambucus nigra***: Nightly suffocative attacks, with great restlessness, shedding tears and throwing about arms; drowsiness; (*Nux m.*, *Apis*) breathes with mouth open (*Helleb.*) and with a snoring whistling sound, head bent backward; suddenly springs up, becomes blue; roused up at 2 a.m. with phlegm choking the air passages; constantly pointing to middle of chest. Circumscribed red cheeks. (*Acon. Cham.*). With face very pale, feels better when slowly moving about (*Fer. met.*) than when resting.

***Senega***: Sensation as if chest were too narrow, with tendency



to deep breathe, stooping. Sore chest with dry cough, cough ends in sneeze; profuse phlegm.

**Sepia:** Oppression of chest when walking; emotions - loss of breath; shortness of breath, < Sitting a long time, especially stooping; walks rapidly without dyspnoea; but if he is stopped gets so short of breath that he cannot speak; with severe anxiety till he resumes walk; short inspiration, long expiration; cough: Only on going to bed, with phlegm; hollow sensation in chest, < repose; presses chest with hands.

**Spongia:** Breathing, wheezing, violent laboring of abdominal muscles (*Acon*); sawing sound between cough; breathing as though in through a sponge; dyspnoea severe on lying down; when tottering, weakness, better bending body forward. Asthma with goitre; spasmodic with heart disease; throws head back; Suffocation on falling asleep; cough: intense caused by a plug in the throat (*Bellad.*); better sitting up or eating; better bending forward slightly.

**Stannum:** Weakness of respiratory organs and great emptiness in chest. (*Sepia*); paroxysms of asthma increasing and decreasing gradually. Cough; caused by coughing (*Ign.*) laughing, lying on side, drinking any thing warm; worse Feb. to Sept. Chest so weak he cannot talk; loosens clothing; on beginning to sing, constantly obliged to stop and take a deep breath.

**Sulphur:** Shortness of breath on bending arms backwards; from talking much feels suffocated; wants doors and windows wide open; great anxiety, rush of blood to chest, sudden cessation of respiration, jumps out of bed for relief (*Graph., Fer.*); discharge of faeces;

(*Phos.*); weak chest, worse talking or reading; does not walk erect, stoops or bends forward.

***Thuja***: Breathing short and quick, worse from deep inspiration and talking, better from lying on affected side, but pains compel him to lie on back; cough: during day, none after lying down; pain in left pectoral region, worse when putting left side on stretch; draws upto left side. ■■

# **IGNATIA IN SERIOUS SEPTIC CONDITIONS**

## **WITH LOCALISED INFLAMMATIONS**

I have often wondered at the one sided treatment meted out to poor *Ignatia* by Dr. Kent in his *Materia Medica*. After going through all the 'hysteria', 'full of surprises' etc. there is every likelihood of any one thinking that it is only good for 'such' cases. The long list of unexpected and contrary symptoms is not met with in everyday practice. So, *Ignatia* gets relegated to psychosomatic types of troubles only.

What a bad loss it will be for us if we do not know this most powerful *anti-septicaemia* remedy. For this we must read articles by Dr. Knerr.

The first lesson on the tremendous power of *Ignatia* was taught to me by my uncle Dr. D.N. Koppikar who said that he found only three remedies capable of curing Bubonic Plague: **Lachesis**, **Anthracinum** and **Ignatia**. In fact this was his first choice in case of doubt. He always prescribed above 1000th for this disease, in repeated doses. Dr. Edmond Carleton the famous Surgeon Homoeopath mentions the peculiar experiences of one of his cured patients. This patient who had been free from appendicitis pain,

found that the remedy used was *Ignatia* 200 and produced a bottle for any emergency. He became an ardent advocate of it and offered it as a cure for serious cases of appendicitis. It cured every one of them. (Pages 39 to 43 "Homoeopathy in Medicine and Surgery" by Edmond Carleton).

I once saved a family from a very serious problem. The lady aged nearly 39, very well built and healthy, pregnant about 7 months, was suffering from appendicitis. Doctors, both physicians and surgeons were equally divided on operation, at that stage of pregnancy, some saying it was dangerous to delay it. After trying an extremely able Homoeopath for nearly 3 weeks, with no benefit at all, they consulted me, as I was the second best. My real qualification was that I had read Edmond Carleton. *Ignatia* 200 stopped all trouble and she had a normal delivery and went home happy (total doses six).

In early 1940 there was a young girl of 14 years, who was very nice, obedient, wise for her age, good in studies etc. Her big problem was huge, septic tonsils. I found that she had been given almost all the important *Homoeopathic* remedies, indicated in various ways, for nearly two years with no improvement in the tonsil trouble.

One evening, because she could swallow solids without pain, while empty swallowing was painful, I gave one dose of *Ignatia* 10M that we had just procured. At about 9 P.M. she got fits of cough all from throat, and in two hours, pieces of tonsillar tissue were coughed out. She suffered for about 2 hours. Then slept. Next morning we found the tonsils gone. Her tonsils and throat are normal. Even till today.

A young boy, son of rich parents, used to have prolapsus ani for 2 or 3 years. The mother, herself a good prescriber of Homoeopathy, had consulted and tried a number of top Homoeopaths, after full trial of allopathic doctors.

The only thing that struck me from her letter from Ooty was that the stool was always normal, especially when the trouble was more. No dysentery. I became a life long friend of the family by the one dose of *Ignatia* 1000 sent by post that cured the boy outright.

In such uses of *Ignatia*, we hardly find the patient having *Ignatia* mentals. No Hysteria of *Ignatia* type. They are all normal, well behaved.

Kent's pictures are of course correct indications for its use. ■■



## **MY EARLY EXPERIENCES WITH COLIC OF CALCULI**

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**Y**ou will be surprised that we do not get much chance to treat cases of biliary or even renal calculi during the pain. Usually patient comes to us only to see if Homoeopathy can remove or dissolve the stone that is already diagnosed. Anyway, in my practice, I got quite number of cases of biliary colic.

One was typical **Chelidonium** pain, very tender gall bladder, < jars, < lying on right side, pain extending to the lower angle of right scapula, > fomentation, > hot drinks: actually he had been treated for hyperacidity and suspected peptic ulcer especially because he was getting pain in the duodenal region > by eating. So when the pain became intense, the doctor got afraid that it might be some complication of the ulcer. A consultant thought it might be only biliary colic and advised X-ray. It was taken and showed a shadow like a small stone in some duct. It had been a plain X-ray. At that time I was asked to treat the patient. I did not know whether to give *Chelidonium* high or low. I thought I could give Q, which might dissolve the stone too; 7 drops at a time three times a day was given. The pain got better. He continued the treatment for 2 or 3 weeks. I heard later that another regular X-Ray was taken and they found nothing.

One lady, very hysterical, getting attacks of fainting off and on, aged nearly 40, used to have peculiar attacks of pain in liver

region. In evening time pain used to start with gradual bloating of the right hypochondriac region; pain used to be continued, small pain with severe attacks of short duration every 5 to 10 minutes. She could not be on right side as it was very sore; she could not be on left side due to a heavy weight of liver, feeling as if liver used to hang down if she lay on left side. Ultimately frequent, loud, odourless belchings used to start and gradually she felt as if gas would press up and choke her, and that used to cause fainting lasting from 1/2 to 2 hours during which nothing could make her conscious, even smelling salts. After trying *Bell, Ign.* and a number of medicines, I gave **Mag. mur.** 30 doses. It became very bad next two days, but the remedy was not stopped, only doses were reduced to two a day. Gradually the complaints got milder and milder. After 10 days the remedy was stopped. She continued to be free. Then after about 5 weeks again she had severe pain and fainted away. This time **Mag. mur.** 200 was given daily one dose. I am glad she did not get any trouble after this. No higher doses were given. Even the hysterical tendency was removed.

I treated a lady, of a big stone in the gall bladder. Any amount of my pleading that she must get operated and remove that, she absolutely did not heed at all. She is a widow and said, "Prepared to die any time rather than get operated. She had taken **Card. mar.** Q, 3x, 6x, regularly. Some months she took *China* 200 or 1000 as needed by the symptoms. Later she got swellings of hands and feet (she was anaemic) and then > after **Digitalis** 30 – one dose a day. She had no pain or discomfort of the stone for years. I doubt if the stone has been dissolved or not. She did not bother. She refused to take an X-ray, afraid that I might again force an operation.



Now why was I anxious about the operation? It was because of one thought. You know a chronic irritation in any part of body can produce cancer. So she might get gall bladder cancer. I remembered a great and noble well-wisher of Homoeopathy was having a big gallstone. Mr T.S. Iyer was sending him medicines, mostly **Nat. sulph.** 1M, 10M, 50M, for more than 7 years. They never worried about seeing if it was better or not. Ultimately this gentleman died of cancer of gall bladder and liver. So, I feel, if we try our hand, if the stone is not dissolved in a fixed time, say 1 or 2 years, we must advise operation. After all a big stone in gallbladder makes the gall bladder useless to function.

Kidney colic is a terrible thing. The only two remedies I found effective were **Berb. vul.** and **Tabac.** Acute trouble of colic is best cured by **Sarsaparilla.** I have heard from my friend Dr.P.V.Venkatraman that **Nit. acid** 30 dilates the ureter and helps to get out the oxalate stone. ■ ■

The first part of the paper is devoted to a general discussion of the problem. It is shown that the problem is well-posed in the sense of Hadamard. The second part is devoted to the construction of the solution. The third part is devoted to the study of the properties of the solution. The fourth part is devoted to the study of the stability of the solution. The fifth part is devoted to the study of the convergence of the solution. The sixth part is devoted to the study of the error of the solution. The seventh part is devoted to the study of the numerical solution. The eighth part is devoted to the study of the application of the solution. The ninth part is devoted to the study of the conclusion. The tenth part is devoted to the study of the references.

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# **SOME CLINICAL PROBLEMS IN COMPLICATED CASES\***

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**Y**ou may be wondering what sort of complicated cases will be dealt with today. So, first let me explain what I have in mind as to what is a complicated case?

The dictionary defines 'complication' as 'complicated situation' and 'complicated' is defined as 'involved, - hard to unravel'. In medical language, every new trouble developing in the course of a disease, is not a complication. Only if it really mixes up or spoils the case and makes - treatment difficult or adds to the uncertainty - of a good prognosis, it is called a complication. For example, haemoptysis in T.B., haemetemesis in peptic ulcers, carbuncles or coma in diabetes are all complications, though caused by the pathology of the same disease.

When we refer to complicated case in homoeopathy, we have in mind - not this sort of trouble. The case is a chronic one, of mixed miasms, suppressions, treatment and so on and ultimately has reached a stage when the 'clue' to the whole case is missing. There are too many things to note, too many important symptoms - shall we say, too many keynotes claiming our attention each perhaps brought on by some particular factor of wrong living, and each indicating a different remedy. Homoeopaths, more commonly

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\* A paper presented in symposium conducted by Society of Homoeopathic Physicians, Madras on 15.10.1966.

see these. How shall we tackle them? One thing is definite: they are involved, hard to unravel.

Before I give a few of my experiences, let me suggest a few things. The best way to study our system and the peculiar therapeutic techniques - is to study the reported cases of real masters of the art. Luckily for us they have left us a huge treasury of these case reports and essays. How did they manage to cure those tough cases? Though some of you might have already read these things, I hope it will not be a waste of time to recall some of the cases. I do not wish to give in detail all the cases - only refer to them, so that you can study them yourselves in the books.

Lippe, the Elder, was recognised as the greatest prescriber of our school. Though his phenomenal memory and arduous study of *Materia Medica* no doubt brought him full honours, it was his peculiar technique, the application of the fundamental rules and laws as advised in the *Organon*, sections 2&3 that gave him all the success. He says, "If from the numerical totality of all symptoms of the case, we strike out all the symptoms which can be explained by pathology as due to the disease the remaining symptoms are the symptoms of the patient - and they guide us in the selection of the remedy." I would request you all to study 'Close's Genius of Homoeopathy' as well as 'Kent's Philosophy' where they have elucidated the valuation of symptoms as practised by masters. I need not tell you that mental and general symptoms always guide us to the remedy, as well as those peculiar uncommon characteristic symptoms.

But this is only one side to the problem, applicable to all cases - A case will look complicated to one when actually it may not be so to another, depending upon the ability of the prescriber. Here

once again let me tell you "Experience alone does not increase ability." A very raw hand, yet a keen observer - with absolutely no bias or prejudice - may prescribe better than one who will only say that he finds *Eup. per.* the only remedy for so and so. The beginner may believe in the books like Nash and Key-notes implicitly and being on lookout for peculiar symptoms, may hit upon the right remedy whereas, the old gentleman with all his repertorising etc. may not come, to the correct remedy well.

Now, have you read the case given by Boenninghausen, in his Pocket book? It is a case where no keynote prescriber would ever dream of the remedy '*Valeriana*'. It was quite a big and complicated case - and the entire totality came to *Valeriana* only through his Pocket book. Please work it up and see.

Dr. Clark, in his book 'Constitution' has described in detail about the famous three constitutions of Von Grauvogel. There he had mentioned a number of cases. Case No. 9 is simply wonderful. Now, in this case, with a long and troublesome list of complaints, it was the method or technique that enabled the doctor to hit upon the right course.

Well, in the same book, there is a description of CARBO NITROGENOID, which is similar to our PSORA. The Chief indications for this are, a sort of anxiety in heart, loss of weight, dyspnoea etc. There is one chief remedy mentioned ARG. NIT. Now, except for its anticipatory diarrhoea, gas trouble, etc., we do not get a chance to try *Arg. nit.* But I got the opportunity to test this remedy from the carbo nitrogenoid angle. In 1954, summer, a school teacher from South Kanara, came to Madras to his father-in-law's house; I was shocked to see him. He was emaciated, nervous, tired and had lost hope of recovery from a chronic diarrhoea which had

persisted for two years. Afraid to eat anything of strengthening value, like milk, he was on an extremely strict diet, not knowing what food to take. A minimum of five stools, after every food or drink and some symptoms of the alimentary system made me to try remedies like *Sulphur* (early morning hunger, craving for sweets, desire for open cool air, all gone feeling etc.), *Aloes*, *Crot. tig.* etc. for 15 days or more. Just then, luckily, I got the book 'CONSTITUTIONAL MEDICINE?' by Dr. J.H. Clarke where he has described the three constitutions - Hydrogenoid, Carbonitrogenoid and Oxygenoid. Their keynote indications are simple. They almost look like Syphilitis, Syphilis and Psora; the causes are different. For Oxygenoid (our psora) he advises *Argentum nitricum* alone. The patient was indeed Oxygenoid. *Arg. nit.* 30 daily for 4 or 5 days then 200 once daily for 3 days (after about 15 days) and order to eat everything prepared at home stopped the diarrhoea gradually, he became very cheerful and put on 15 pounds before he left to join his school after holidays. This was my first experience in Oxygenoids.

Hahnemann had given detailed accounts of treatment to be adopted if Psora is complicated with Syphilis and Gonorrhoea. He advised the piecemeal treatment, first a dose of **THUJA** for Gonorrhoea, the **MERC SOL** for Syphilis and then **SULPHUR**. It was indeed quite a simple affair once we separated the symptoms of the patients into the three miasms. Dr. N. Chatak wrote a beautiful book on Chronic Disease - Translated into English by Dr. P. Banerji advocating the same principle. **ALWAYS TREAT THE SIMPLEST THING FIRST** - Start with antisycotic then go to Syphilis and then Psora in treating. This always saves time and worry. Please buy the book and go through the cases too.

Fundamental rule which has always helped me - "Irrespective of number of troubles and symptoms, if there are symptoms of Gonorrhoea either history or even the indications of Medorrhinum - give first THUJA 200 and allow a few days for it to act.

We can call a case complicated when a number of organs are involved - each giving a different twist to the case. There was one old man, having very high blood pressure, heart valvular trouble with hypertrophy and slight enlargement, urine albuminous, having palpitation, and so on, developed apoplexy, coma and gradual recovery. A typical **Lycopodium** patient - he was given only these three by a sort of rotation, **Nux vom.**, **Gels.** and **Ars. Alb.**, whenever B.P. went up, he took **Nux** and **Gels.** whenever heart gave trouble, with dyspnoea, scanty urine etc. **Ars.** was given and so on. He lived healthy for 10 years.

A lady having very high B.P., severe asthma, enlarged heart, albumin loaded urine, liver enlarged 3 to 4 fingers, and with so many complaints, carried on and improved, on a number of medicines given as indicated from 1961. Only last year after typhoid. and dengue and so on she started losing health. Poor lady died of congestive heart failure this year. Of course, I must thank some of our remedies that worked quicker than any injection - especially **Amyl nit.** 30, 200. **Acon.** 30, 200 **Ars.** **Ipec.** 30. This last proved to be a wonderful remedy to bring down blood pressure.

I have been trying it on other cases too. It is really powerful for that trouble. Now in this sort of complicated cases, we cannot find one remedy and give in high and sit tight. Here the advice given by another great Homoeopath, Dr. Thomas Skinner, is very useful. He, of course, used it for some of his brilliant cases of cure, giving high potencies. The advice is 'The symptoms last to appear, are



always the guide to the prescription' (I am not quoting exact words). Whatever may be the hundred other trouble and the present acute condition must guide the doctor in selection. I have been able to help a number of extremely serious cases to recover completely - though perhaps slowly sometimes, only because of NOT giving any drastic high potencies. I must mention the five remedies most helpful to pick up strength: **Ars alb.**, **China**, **Coc. ind.**, **Helonias** and **Gels.**

You know, I have a fancy for aetiological treatment. I always consider that the case referred to in Clark's Prescriber - of Rev. Canon Upcher, where he gave *Bellis per.*, *Thuja* and *Bacillinum* as a master piece of treatment. Here I would like to say that in the whole of case taking if there is one big fall or injury irrespective of other complaints by the dozen, give **Arnica** first. Wherever I have failed in this duty, I have had to feel very sorry afterwards. **Arnica** has not only a physical trauma; it has also as a mental trauma.

Only a few days back, one great gentleman died in the G.H. after an operation for pituitary gland enlargement. He had been having headaches, fainting occasionally, and blurred vision. Once the diagnosis was made, his end was certain. Now, the pity was this - as it was my brother who pointed out that this gentleman had a fall from a railway wagon, hitting his head and then lying unconscious for nearly a day and from then on 'complaining of the troubles. If only I had started with *Arnica* 1000, he might have been alive today. You must know till the surgeon put his knife on him, he was hale and fit and working 16 hours a day. It is indeed a bitter lesson for me. I should have known that his consultation with me was a casual fancy - under pressure from another officer. ■■



# TUBERCULOSIS\*

**F**irst let me give my experience with tubercular adenitis along with nosode (**Bacillinum** 200, 1000, 10M) once in 15 to 21 days. I have found a remedy so effective as to surprise my patients and me. It is **Belladonna** 6. It has been given daily 2 doses of 2 to 4 pills. Large, threatening or hard glands, along with fever etc., are cured. I think *Belladonna* is a truly anti-tubercular remedy.

About 15 years ago, I had a unique experience; a worker from railway workshop at Arakkonam came with his wife who had T. B. lungs. She was a mother of perhaps 6 to 7 children. She was very pale, fair, lean, sweating all the time, menses excessive and frequent. She had occasional bout of haemoptysis. The husband had been advised to take her back from Perambur Hospital to some sanatorium but he could not afford. From Perambur they came to me on the advise of a friend. The condition was rather terrible and I did not know what would happen. I gave **Calc. carb.** 30, *Ferr met.* 30, and **Arnica** 30 - 1 dram each and asked him to try them in a particular way (i.e. *Arnica* for hæmoptysis etc.). About 6 weeks later, some boy came and asked for refill of the bottles, which were given. Sometimes in my absence my nephew or wife used to give refills. After about 2 to 3 years, I met the gentleman, who introduced himself, reminded me of the case and told me she was completely cured within about 6 months. He had been giving daily *Calc. carb.* morning, *Ferr. met.* midday and *Arnica* at night. The most surprising

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\* A paper presented in a symposium conducted by Society of Homoeopathic Physicians, Madras in 1967

news was this, he had offered the same treatment to a number of patients of T.B. and they all had improved greatly and one or two cured completely (as far as he could say). Now I understood why so many people were asking for these three bottles.

I learnt in the case of one bad case of T.B. mesenteric (abdomen) that we should never give up but fight till we win. Of course the credit for the cure goes to the parents of the girl. The father after handing over the case told me he trusted me to do my best, but would not blame me if anything happened.

The lady was getting high temperature, diarrhoea, etc. The trouble had started after a bad chickenpox. I started with **Merc. sol.** 1000 - and soon came to know that **China 6** and **Bell 30** worked well. These two main remedies given daily, with occasional doses of **Calc. carb.** 1000. **Tuberculinum bovinum** 1000 and **Merc. sol.** and **Sulphur** 1000 and finally **Psorinum** 1000 cured her. She is quite hale and healthy having had 3 or 4 more pregnancies and normal deliveries.

I shall mention only two more medicines that have worked satisfactorily. One is **Stannum metallicum** 6x, 30. It is a great tonic remedy. The other is our wonderful **Pulsatilla**. It may not cure, but it is a great solace to the cough etc. of bad cases.

After discovering the beautiful article on **Drosera** in the "Drug Pictures" of Dr Margaret Tyler, I have been able to help and cure a number of cases both Primary Complex and genuine pulmonary T.B. This remedy in 1000 - with the nosode a similar potency at intervals of 1 month or more, has helped to reduce the time taken for the regular antibiotic treatment and also when any relapse occurs.

# ALLERGIC BRONCHITIS OR REPEATED U.R.I. IN CHILDREN

**T**his complaint, seen in children, especially of educated or modern society has become very common and troublesome problem for physicians of all schools.

Till about 10 years ago I used to struggle to cure these children, with my knowledge of Materia Medica and Kent's Philosophy, mainly seeking help of *Nat. sulph., Ars., alb, Sulph., Thuja* – with no definite guarantee of 100% cure. The rule “treat the patient and not the disease” being interpretable in various ways may lead to quite different prescriptions for the same children if treated by two really capable top Homoeopaths. It all depends upon an “individual doctor” approaching an “individual patient”. I had managed like this for about 30 years not without success. I did cure quite a percentage but there was no guarantee that the particular child would be in that percentage. Something was missing. I came to that accidentally, some ten years ago, and that made me think and work on it for more than five years to realise the reason why the cure by the new method could be so sure and sometimes dramatic.

The first inkling of the cause and cure of this trouble came from the case of a child about 15 months old. The mother, a child specialist was one of the doctors in a children's hospital. She had

taken the child to the hospital for intense treatment of a severe attack of asthma with bronchitis. A mother of one of the patients there told her to try Homoeopathy especially giving my name.

Now, as is done by all Homoeopaths, I took down the case history from birth. No Asthma or Eczema or itch in the family. The first attack was a simple bronchitis on 100th day, which took two days to go with some Elkosin syrup etc. Next one after 40 days took a bit longer to go. The third one, which came after another two months, was fairly severe needing an antibiotic and some antihistamine syrup. From then, almost every 3 weeks the child was down for 4 to 6 days, each time a bronchitis threatening broncho-pneumonia and wheezing dyspnoea, (expiratory wheezing more) and needing stronger and stronger and different antibiotic every time. The cough used to be severe with choking.

Now, leave aside the constitutional picture or the picture of the acute stage, one thing struck me. The first attack happened 10 days after Triple antigen injection (plus Polio oral vaccine). The 2nd came about 15 days after the 2nd shot; and the 3rd came after 20 days after the 3rd one. Every attack was more severe than the previous one. The child used to vomit after the severe cough. Of the four antigens that might have produced the allergy, only the whooping cough vaccine, I thought, must be the culprit. Diphtheria toxin can place havoc on nerves, but any choking produced is purely mechanical!

I administered, as an antidote, one dose of **Drosera 1000**. Luckily it was NOT in the acute stage, having got over that at the hospital. Imagine the surprise and pleasure of the doctor when no more attacks occurred. Well, I am always a pessimist – the definition

of a pessimist being "A man who wears a belt and braces", So, inspite of no attacks, I gave one dose of **Tuberculin aviare** 1000 and **Psorinum** 1000 each at intervals of 2 to 3 months. The cure was permanent.

Well, I started getting quite a number of similar or rather same problems, many from the hospital. Surprisingly, the history was also practically the same; only some had received B.C.G. too.

Anyway for me, **Drosera** was the important discovery for curing the trouble.

The next step happened in a curious way. I found that one of the top Pediatricians of Madras, the late Dr. Govinda Menon, was diagnosing (or treating) almost all such children as Primary complex - with full INH treatment for 18 months. Of course they improved and become strong and healthy. But why? If my theory was correct, the Pertussis vaccine produced a tubercular tendency. One day, re-reading Dr. Margaret Tyler's Drug Pictures, I come to the discovery of *Drosera* by Drs. Curie and Tyler as the only drug which in the proving (on cats) could destroy immunity to TB and could thus produce immunity in potency. Why was *Drosera* such a powerful specific for whooping cough as well as T.B? What is the relationship between whooping cough and T.B? Working on this idea has helped me to fairly perfect a technique for the cure of these children.

The following treatment has been evolved as a standard treatment and can be tried in every case of this allergic bronchitis etc with history of the preventive vaccines.

(1) **Drosera** 1000 (2 doses in water on same day, 4 hourly)

- (2) **Thuja 1000**(even if not vaccinated against small pox)
- (3) **Pertussin 1000**
- (4) **Sulphur, Calc.carb., Lyco., Pulsatilla, Silicia, Nat mur., etc**  
(indicated by consitution in 1000)
- (5) **Bacilinum 1000 or Tuberculin aviare 1000.**

(*Bacillin. in bronchitis* or tonsillitis (“itis” being important) *Aviare* (when dysponoea is more with rapid breathing or pneumonia). This or a modified cycle is repeated at intervals of 10 to 15 days. Then next cycle every 3 to 4 weeks. We can substitute *Nat.sul.1000* for the *Sulph.* etc. in one of the cycles (if parents have asthmatic history).

Note 1. Never start *Drosera* etc during an acute stage.

Note 2. No objection at all to any palliative treatment during acute stage.

Depending on the picture, the parents keep a stock of *Ipecac.*, *Ant. tart.*, *Antim. ars.* (a great remedy), *Arsenic alb.*, *Cocc. cacti*, *Aralia* almost all in 30s or 6th) with instructions to try them according to clear indications. But if the attack is severe, never to withhold the usual syrups like *Tedral* syrup, *Benadryl* syrup etc. or any other stronger drug prescribed by the family doctor. Though the cure is certain, there may be acute attacks for a few occasions and any treatment for relief does not affect the cure. This particular view may be rather like a red rag to the bull to some exclusive and orthodox Homoeopaths. But I can assure others that it is a fact.

Actually allergy is the subject for research for all of us,

Homoeopaths. We are the only ones who can cure it. How we underestimate our remedies - After reading Dr. Shepherd's article, admiring the cure of a most likely case of "Primary Complex" (the last case) I feel sorry for thinking "*Diphtherotoxin*" can play havoc on nerves, but any choking it produces is purely mechanical." I have already begun using *Diphtherinum* 1000 as the dose No. 1 and allowing it more time than the usual 10 days to observe the effect most probably, it should be administered at least in every case of "Allergic Bronchitis of Modern Children." ■■



The first of these was the...  
The second was the...  
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The fifth was the...  
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The thirty-first was the...  
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The thirty-eighth was the...  
The thirty-ninth was the...  
The fortieth was the...  
The forty-first was the...  
The forty-second was the...  
The forty-third was the...  
The forty-fourth was the...  
The forty-fifth was the...  
The forty-sixth was the...  
The forty-seventh was the...  
The forty-eighth was the...  
The forty-ninth was the...  
The fiftieth was the...



## SOME CASES

1. A girl aged 2, got pneumonia, after a mild attack of measles. It was badly neglected and when I saw the child at about 8 p.m., she was almost unconscious with gasping respiration, rate 80, pulse not easily countable, a constant, shallow, painful cough and some semisolid faecal matter oozing from the anus with every slightly forceful cough. This was indeed a rare, peculiar symptom. I did not know the remedy then. I gave two blank powders to be given every half an hour and asked them to report in an hour. Meanwhile I found from Kent's Repertory and Guiding Symptoms that *Phosphorus* was indicated. This remedy was given dissolved in 4 oz. of water, a teaspoonful every two hours if the child was awake or semiconscious. After two doses, the child slept and by morning the pneumonia had cleared, respiration almost normal, temperature normal.

2. Why does a child cry just before and during a cough? Perhaps the cough is extremely painful and the child is afraid. Well, I read this interesting symptom in *Arnica* but did not have any use for this for nearly two years. Then I had a case of a child with an extremely severe whooping cough. Apart from the usual symptoms, the mother said that she knew when a cough was coming, because the child would cry then. This was a good chance to see if *Arnica* had any influence on whooping cough. *Arnica* 200, two doses at intervals of 3 hours and then placebo cured the case in two days. This was one of my best cures of whooping cough. Even *Drosera* had not done such efficient work, even when it was indicated. Since

then, by actually watching for this symptom I have been lucky to find it in several cases of cough and whooping cough; and never has *Arnica* let me down.

3. A lady in the eighth month of pregnancy had some slight fever and other symptoms (not even noticed by herself) for about 2 or 3 days. On the third day morning she suddenly noted an absence of foetal movements. She herself could not say whether she had noticed its movements on the previous evening. Anyway that evening she came to consult me. We could not hear the foetal heart sound in spite of careful examination. What to do? Though we assumed that, everything would be all right, we were worried. The smaller books of *Materia Medica* and *Guernsey's Obstetrics* did not mention that symptom. *Knerr's Repertory*, which is an index of *Guiding Symptoms*, mentioned *Sepia*. *Sepia* 1000, one dose was given and she was asked to report the next morning. She told us the next morning that one hour after she reached home she felt a violent movement for a minute and then somehow felt that everything was normal. Indeed it was so on examination.

4. The potency question is an open one. Which is better, low or high? Perhaps lower ones (6 to 30) are better for acute troubles.

The son of our milkman, a boy aged three, was having diarrhoea with 7 to 10 stools a day and had become quite weak. Careful study with *Bell's Diarrhoea* induced me to try *China* which being very clearly indicated was given in 200th potency, one dose at 7 a.m. No stool after that. But by evening the abdomen was bloated and the child was gasping, his hands and feet were cold, and even urine had not passed after midday. Glycerine and warm water enema proved useless as also *Carbo veg.* 30. I kept him in house and

gave **Arsenicum** 30 (antidote to **China**) at about 8:30 p.m. After 15 minutes he passed urine and after another 15 minutes one broad stool and then he was restful. That day again the diarrhoea recurred. **China** 6 daily three doses cured in 3 days. This shows that though the remedy was right, the potency was wrong.

5. A lady, aged about 35, felt one day that the food she was swallowing got stuck somewhere midway in the gullet. From that day, she continued to have a peculiar pain when swallowing (solids) - a sticking pain right under the centre of the sternum, extending upto the back between scapulae. This had gradually increased, rendering it more and more difficult for her to take her food. Doctors examined, X-rayed and treated her, but she became worse. They would not confirm any malignant growth though they suspected it. She came to homoeopathy as a last resort.

Repertory study brought out three remedies viz. *Baryta carb.*, **Kali carb.**, and *Nitric acid*. In the Guiding Symptoms under *Kali carb.* were the following symptoms :—

“When swallowing food remains half way, with gagging and vomiting”; “Pain in the back when swallowing”; “When swallowing food, especially solid, pressing intensive pain at a point of chest, simultaneously burning stitching pain in back.”

*Kali carb.* 200, 2 doses on the same day cured the whole trouble within ten days.

6. While *Kali carb.* has pain both in front (Sternum) and back while swallowing, will it remove “pain in the back (only) between the scapulae, when swallowing”? I tried it and it did not even help

in a boy aged about 16 years. After trying *Kali carb.* in various potencies, I found that **Rhus tox.** is the only remedy in the materia medica having that symptom. No wonder it removed that complaint, in a day. (**Causticum** has pain under the shoulder blades when swallowing - not between them).

7. This dysphagia problem brings to mind a wonderful case of similar trouble.

A gentleman from Andhra was treated in a General Hospital for a number of months for difficulty of swallowing. There was almost a paralysis, and every mouthful of solid or liquid took more than 3 to 5 minutes to go down. They had failed miserably to help him and sent him out as a case of hysteria or neurasthenia. He was advised to take lots of Vitamin B and was asked to report after 3 months. By half that time he had lost one more stone in weight when a friend brought him to me.

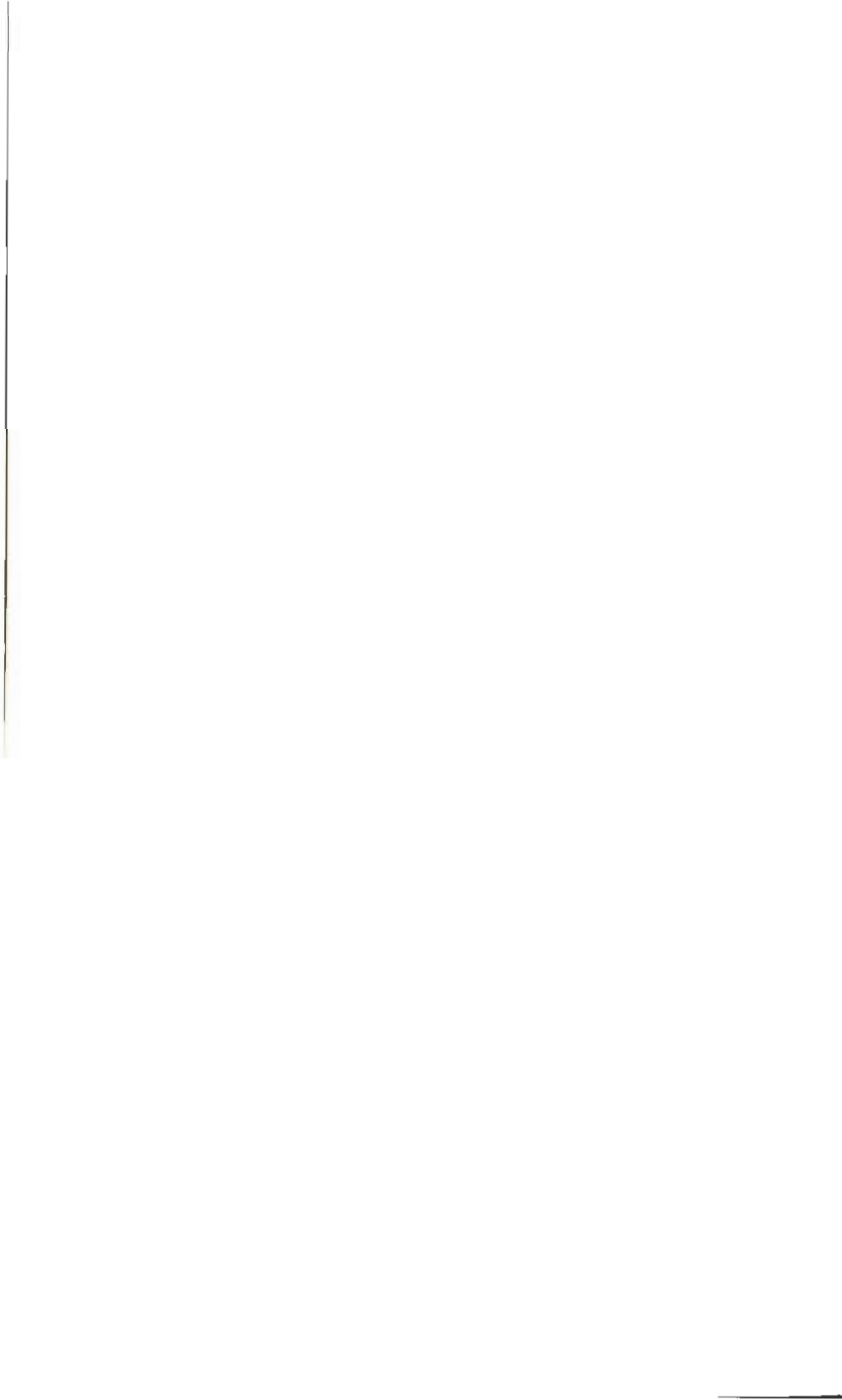
One or two remedies were tried with no use. One symptom was very marked - his face! When trying to swallow anything he used to keep the morsel in the mouth and go on making all sorts of contortions of the face before it would go down. I wanted to see if there was any remedy in the materia medica for this peculiar symptom. In Kent's Repertory only **Nitric acid** is given with 3 marks. That remedy was tried, with absolutely no change! Again, I studied, this time Knerr's Repertory and Guiding symptoms. Under *Nitric acid* was found "Swallowing very difficult, distorts face and draws head down - cannot swallow even a teaspoonful of fluid as it caused violent pain extending to ear". (In this case there was never any pain.)

And under **Silicea**, were the following: "Sensation of a lump in throat - she could only swallow with great difficulty - each effort to swallow distorts the face, and swallowing difficult as from paralysis. Paralysis of velum pendulum palati".

*Silicea* 200 and then after 10 days or so, 1,000 improved him more than 75% when he went home.

10 years later he came for treatment of his wife. He still had slight difficulty but he did not consider it worth treatment.

8. We all know the usual remedies for sprains - **Arnica**, **Bryonia**, **Rhus tox.** etc. Sometimes **Natrum carb.** works wonders in "tendency to sprain ankles". But in one chronic case of menorrhagia and other troubles, the patient's frequent spraining of various joints led me to study **Carbo animalis**. The remedy acted beautifully, curing not only the tendency for sprains, but also the menstrual weakness etc. In the materia medica we find under *Carb animalis*: "Easily sprained from lifting even small weights". "During menses the flow weakens her, she can hardly speak." ■■



## THE PLACEBO EFFECT?

M. Raju, aged 41, was declared to be dying, and the relatives were asked to take him home from the Govt. Hospital. It was a case of coma—developing in ascites' and uraemia—as the culmination of cirrhosis of liver. I went to the small room with my 3 books—the *Materia Medica*s of Allen, Kent and Hering. It took me about an hour to decide finally that **Helleborus** might save the situation. About 10 pills of 1000th potency were dissolved in half a glass of water; one to two teaspoonfuls poured into mouth every hour and later, every 2 hours. When the solution got half finished more water was added to it and stirred (to change the potency slightly).

Slowly, the patient became conscious, passed plenty of urine and after one week finished some pending orders (he was a glass picture painter). He lived an almost normal life for 1-1/2 years, and then died suddenly one day.

In a case of severe complications of measles, coupled with pneumonia and diarrhoea, when the child was desperately ill, it was found that his anus was completely open and that stool was oozing out. **Phosphorus 1000** was given in teaspoonful doses after every 15 minutes. There was only one motion after that and the recovery was indeed quite fast.

A case of severe haemorrhage after an incomplete and unsatisfactory abortion was being attended by my friend—a D.G.O. He became, as pale as the patient (due to anxiety) and no

arrangement was possible to remove the girl to a hospital immediately. She was almost gasping for last breaths. **Carbo veg.** 200 pills were pushed on to the tongue and rubbed. Rugs were used to warm her, cot was raised on the leg side, full fan was switched on, and a small quantity of brandy was also tried. Recovery from the shock was noticed in 2 or 3 minutes as more *Carbo veg.* was rubbed on the tongue. The bleeding stopped. She became quiet, air hunger subsided and gradually she became normal. Both of us sat there watching her for two hours, administering *Carbo veg.* every 10 and 15 minutes, respectively. She recovered and a D & C was done after 3 weeks to be on the safer side.

As a rule, I never mention my dramatic cures in writings. I hate self-advertisement, since it amounts to that. But this time I have broken the rule and given three cases.

I have been lucky to have many top-class brilliant and famous prescribers as my personal friends. I have learnt a great deal from them. Every one among them can vouchsafe that they experienced desperate situations where the (fairly) right remedy, in high potency, dramatically saved the patient. I think if we pool only such cases, there would be quite a large number of them.

What shall we say if someone (one might not have had opportunities of trying his skill in such situations) came and said these were all 'faith cures', that the patients got well because there was no medicine in the water they took, that it was all 'Placebo Effect'? ■■



RESEARCH



# **BOENNINGHAUSEN'S RESEARCH**

## **ON THE COMPARATIVE VALUE OF LOW & HIGH POTENCIES**

**I**n his "Lesser Writings" Boenninghausen has a number of chapters on the value of high potencies. After a long practice with 30th, he changed to 200th. The first chronic case where he made his experiment was on April 16, 1835, with a girl aged 10. She received first *Silicea* 30, then (badly selected) *Sepia* 1500, and cured perfectly by *Calc. carb.* 1000

Every chapter contains reports of a number of authentic cured cases, taken from his Journals, which were meticulously observed and studied.

I am giving below some extracts from the various chapters of his great book, which I hope all our readers will make it a point to read.

In a chapter on the cures of animals with high potencies, he writes:

"Convinced of the far-reaching importance of these cures of animals of various kinds, and in order to be able to gather with the greatest ease their results for this purpose I have kept a special journal of these cases for a year, during which the number of those

seeking aid also for this purpose has very much increased. This journal already shows a great number of, in part, very remarkable cures, all of which present the most irrefutable proof not only of the great curative power of medicines selected according to strictly homoeopathic principles, but especially also of the power of high potencies in minimal doses, since I almost exclusively employed these."

In the chapter on typhoid fever and high potencies he says: "In all 80 or 90 cases are taken from my patients, Journals which have now advanced to eightyseventh quarto volume, without exception I used only the 200th potency, and each time only a single pellet. As my experience of many years has showed me that my apprehension that one or the other of the pellets might not be properly saturated, is altogether unnecessary. Only one time, when I ran out of the 200 potency of *Tarax*. I had to give the 30, but I found afterwards that the 1000 potency of Jenichen's preparation was quite sufficient. Almost one-third of all the cases were cured with one single dose of the 200 potency of the suitable medicine; only very few received more than three such doses, and where this was the case, either the description of the case had been defective and incorrect, or mistakes in diet were made, or lastly, the patients had, before calling me, used all sorts of allopathic or domestic remedies."

"In traumatic ailments and high potencies, I would only state in addition, that I only noted down so much concerning every case as seemed necessary to individualize it; and that my Journal is by no means written with a view to later publication, and that I have neither here nor elsewhere added anything from memory which is so apt to deceive. I must, therefore, expressly repeat, that these

communications have solely for their end to show that with a proper use of high potencies the cure really proceeds according to the motto cito! tuto et jucundo! Whoever asserts that he can reach this only goal of curing more perfectly with lower potencies and frequent doses let him demonstrate this in a like manner faithfully and truly; but let him not limit himself to a selection of the most favourable results, but let him communicate as I have done all the cases occurring within a definite, not too brief period. If any one should wish for my cases in any other period since 1844 since which time I have used high potencies almost exclusively (from pharmacist Lehrmann in Schoeningen near Brunswick), he need only express this wish. For only by such comparisons can we determine which method actually deserves the preference."

Again in cures of animals with high potencies he writes:

"When I first began twenty years ago (in 1843) my experiments with the 200 potency, I limited these experiments both for these reasons (and also for others) exclusively to animals, but by the most surprising successes I soon gained the courage to transfer them also to men. The successes were of such a kind, and they still remain of such a kind, that I at this day never descend as low as the 30th potency, while I only rise to Jenichen's highest potencies when compelled by necessity. The material carefully collected in this long series of years in my carefully kept records shows much that is curious and convincing, but I shall leave it to my successors later on to make use of them which will benefit science, if it should be deemed best."

In the chapter "Experience with high potencies in chronic cases" he writes:

“There is about the same proportion between the adherents of the high potencies and their opponents as there then was between homoeopaths and allopaths. But just as little now as then can it be proved through numbers, who is in the right, and just as little now as then will it be granted that truth lies in the middle of the way, for then both would be wrong. Now as then the decision must be entrusted to experience as deserves that name and which is communicated with all the circumstances belonging to it, so that every expert will be able to render a judgement about its worth or worthlessness which will have a sound basis to rest upon. The latter is necessary if we would find belief, since every Homoeopath will be able to show quite a number of cases in his practice that it was not the lack of power in his remedy but the imprudent choice, which was to blame for his lack of success. In the present dispute as to the excellence of the one or the other potency the question cannot well be whether the one or the other potency has the power to produce a cure. That both of them have the power has been proved by innumerable facts, and just as little can it be denied, as this must be admitted with many allopathic mixtures given in large doses frequently repeated. The question can only be what potency has the greater excellence, not only with respect to the “*cito tuto et jucunde*”, but also especially as to the thoroughness and durability of the cure. In acute diseases this matter is of far less importance than in chronic diseases, the cure of which is especially able to demonstrate the correctness of a method. Acute diseases will pass over into a cure with or without any medicine. But chronic diseases never, and even when these, owing to remedies, change their form, owing to the imperfectly curing remedies, or even disappear entirely for a time to return later in the same or another, often a worse form,

no experienced physician will have the assurance to assert that the first had been really cured and that a new chronic disease afterwards arose without cause of itself.

Now since the cure of the chronic diseases regularly requires more time and after the disappearance of all the symptoms of the disease a lengthy period must elapse before we can be sure that the cure is really thorough and permanent it is also manifest that cases just cured are subject to many doubts and older ones proved by time are decidedly to be preferred.

“This last requirement it would be at present almost impossible to satisfy and to show a sufficient number of old cures proved by the lapse of time, which has been effected with high potencies so as to establish by them a valid experience unless we can secure from the passed time something useful. Such are the experiments which doubtless many older homoeopaths still living have made.”

Let us note that the above observations were made AFTER A PERIOD OF FIFTEEN YEARS of trial with high potencies.

Can there be a better research method than this? ■■





## **BOENNINGHAUSEN'S UNIQUE EXPERIENCE**

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**B**oenninghausen has given the following experience in connection with a chapter on "High Potencies" which he was trying. The whole chapter in his Lesser Writings is worth its weight in gold.

"Potentising increases the RANGE OF ACTION of a drug. Inert substances become polychrests. High potencies increase the range of curative action. When two remedies are fairly similar to a disease picture, both will act as similimum even if each does not cover everything."

"This is the fundamental truth that should be fully made use of by us when treating epidemics or in prophylactic application. This experience also gives us courage and confidence in their prescription, where the doubts of "Similimum and Similar" go on nagging even after prescribing. The given remedy will cure even if not 100% correct, provided it is not a very low potency.

"The higher potencies seem to offer a means of making the medicine more assimilable, and, therefore homoeopathically more effective."

Of the numerous facts bearing on this subject the following from our experience may serve as an example:

“A few weeks ago there appeared in the neighbourhood of Darupp a disease among the cattle, which distinguished itself by a sudden but complete paralysis of all the limbs. Of nine or ten cows seized with this distemper, so far as is known, only two were kept alive, but, also, these are to this day stiff in all their limbs and hardly walk. Two weeks ago a cow on our farm at Darupp was also seized by it, and all attempts to get her on her legs again were in vain. A messenger was at once dispatched to us for aid. He could give no additional symptom and took with him two powders, namely, powder one: *Pulsatilla* 200 and two: *Nux vomica* 200, with the direction to give the second only after twelve hours (as always, dissolved in water), in case that number one should up to that time not have shown any effect. The messenger who returned the same night to Darupp arrived there in the morning at 4.30 a .m. and about 5 o'clock the cow, which still lay in the same condition, received powder number one, according to our prescription. About ten o'clock in the forenoon, thus five hours later, the maid servant found the cow, much to her astonishment, standing up in her stable eating her fodder with good appetite. When the cow was led out there was not the slightest sign of lameness or stiffness, and the cure was complete, and still remains so. So *Pulsatilla* had been the right remedy. A few days later the same disease seized a cow of a neighbouring farmer (Nagel). Since the rapid cure of our cow had caused a great deal of a stir in the neighbourhood, the man asked for the other powder, number two, *Nux vomica*, and the cow received the same, and this cow was also cured, though not so quickly as ours, but also within twelve hours, and it has since then remained in good health. Since the disease was altogether the same in both cases, there had not been a single case of spontaneous

healing, and since both of these remedies, though so different from each other, nevertheless had the same strikingly favourable result, the conclusion is very clear that only on account of the high dynamization the curative power of each of them had reached such an extension that both of them were homoeopathically suitable, and could equally though not in the same short time, but still in a short period, produce a complete and lasting cure. Another equally, fitting solution of this question, which is by no means, however, isolated, might be difficult to find." ■■



# **RESEARCH IN HOMOEOPATHY - I**

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**W**hat exactly do we mean by *Research*? And can everyone do this work?

Let us see how the Oxford Dictionary defines Research: “CAREFUL search or inquiry AFTER OR FOR; ENDEAVOUR to discover facts by SCIENTIFIC study of a subject; course of CRITICAL INVESTIGATION”.

Well. We find that at every important Conference or Seminar, at least one or two Homoeopaths, some of them from The Central Council of Research, describe their work on Research. We hear them, study their work and admire them. But quite often we find no practical utility of this knowledge, unless it has been a new proving on the lines laid down by our Masters earlier.

But in our everyday life as Homoeopaths, we have ample opportunities to do research as defined. Three things stipulated to make any work a research are:—

- (i) CAREFULNESS
- (ii) SCIENTIFIC STUDY
- (iii) CRITICAL APPROACH

As regards the subject for our research or experimental work, our problem is really simple. We need not waste time to PROVE the Law of 'Similaris. A Law that has worked in a million cases does not need further proof.

Whether potencies do work and upto how high they can be used has also been tested by the best prescribers in our system. The only conclusion that has emerged from the combined experiments of the Masters has been that the more accurate the prescription, the higher the potency that can be used. But as no final conclusions have been arrived at, this is a fine field for research for the common homoeopath, where he can strive to achieve the highest type of research.

Here, if anyone is interested in further scientific research, he can follow the great example set by Boenninghausen who prescribed ONLY 30th for every prescription for a trial period of one year and then ONLY 200th for next year and so on, and came to the conclusion that 200th worked faster and that the duration of illness was cut short better by it.

This line is open to all of us. For example, suppose we administer 200th of *Bacillinum* in every case of ringworm or fungus, or tendency for tonsillitis or sore throats of any other group of symptoms, and after a period of a year or two use say, only 1000 or 10000 in every indicated case, for a similarly long period, we can form an idea which potency is better.

As most of us have quite a different type of practice than Boenninghausen's, perhaps we could separate cases of a similar nature, like children's tonsil troubles, skin troubles, rheumatic type

of troubles, etc., among patients, and trying exactly one potency in one set of patients and a different potency in another, and keeping a CAREFUL RECORD of various cases in separate files or books. Carried on, over a long period, this study MUST give the homoeopath a good and accurate conclusion about the capability of different dosages used.

If we have many cases of epidemic "Flu" or viral fever, we can try the experiment carefully by using 30th for one set of patients, 200th for another set and perhaps 1000th for the third set. We may have to keep a separate book for this purpose, so that this experiment does not get distributed among our files of other varieties of ailments.

There is one more area for Research for every one of us, and it is this area that is absolutely neglected by almost all the present day prescribers.

Right from Hahnemann's time we find that in every case, important, peculiar, uncommon or striking symptoms of the patient were noted, one below the other, and numbered. And then followed reference to a fairly big *Materia Medica*, and seeing the slight differences in the presentation of the group of symptoms as given in the text to see which remedy covered the symptom complex exactly. Nowadays we only try to do this haphazardly by reference to Boericke's *Materia Medica* or some such book. The Masters like Lippe and Kent always verified the remedy picture in the *Materia Medica* and made out precise and very accurate prescriptions.

Any chapter or even a page in Farrington's *Clinical Materia*

Medica or say, Guernsey's book dealing with therapeutics of Gynaec cases, will show the minute, subtle differentiation between similar remedies that can never be found in Repertory. And sometimes, we find that the most important of peculiar symptoms noted by us in the patient is NOT found in the remedies referred to. The Masters hunted until they found it. This was real research, and when the case was cured and the particular symptom was also removed by the prescription, THAT symptom became a keynote, worthy of being admitted in books like Allen's keynotes.

This is the only area for Research for all of us, big, or, small, expert or novice. Only thing required for this is sincerity and sticking to the three adjectives of Research - viz., carefulness in search, scrupulous study, CRITICAL investigation.

I have tried in cases of infective jaundice. We find that quite a few of the old giants of Homoeopathy made similar experiments. ■■



## **RESEARCH IN HOMOEOPATHY - II\***

I am sure that every one of us would like to do some nice research in our system. It is doing so much for us; we should do some thing for its development in return. But most of us do not know how we can do it. In which department? Will it take too much time? or money? Suppose we undertake to prove a drug, will it be safe? What are the rules? Will the result be accepted by others? How shall I get other provers? Is there any other thing that needs research?

Well, Luckily for us, medicine as a science has had such a large number of discoveries, so many departments for research, which we could, if we wished, take up ANY line, which might suit us. Secondly, lives of these discoverers, their methods of work guide us - so that we an also try to emulate them.

I am reminded of two great poets - our H. W. Long Fellow - who wrote -

*“Lives of great men all remind us,  
We can make our lives sublime,  
And departing leave behind  
Footprints on the sands of time.”*

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\* Speech delivered in Decennial & Annual Celebrations of I.H.K. at Thiruvalla, Kerala on 12/01/97. - HIP Vol. 4 No. 4.

The other was a Kannada poet Someswara - 'whose 100 stanzas -called Shataka is a gold mine of wisdom. The first stanza says:

*"Something we learn from knowing people, something from Shastras, something from seeing the craftsmen doing things, something from our own thinking, something from company of wise and good people - drops and drops of water make the sea -Hara Hara Shri Channa Someswara".*

Two things are fundamental for us to be good researchers:

1. We MUST be unprejudiced observers.
2. Try all things - but hold fast, that which is true.

About the first, what wonderful two words! We could write pages about these. Actually every one is prejudiced - already we have -preconceived ideas, some religious, some from history, some from elders opinions, etc. Don't we hear our own friends say, "No, I don't believe in high potencies, I only give single dose, I don't use mother tinctures, I don't allow coffee or tea, etc., etc." ? Oh! Do we dare to try simple home remedies? Do we recommend, say mud pack, fasting, enemas, medicinal oil massages? Are we supposed to believe in "Germ theory" of diseases, of Immunisation or Prophylaxis? Each one of us thinks he knows things; and would not like to try out any other thing.

Research cannot be done on this line. Well, after this introduction let me try to follow the lines of the poets and to see how our great masters did research in on system

Leading aside our master Hahnemann who was the greatest

thinker and researcher who kept the motto “**Aude Sapare**”- dare to be wise, the first and perhaps next in greatness was Count Von Boenninghausen. I shall just mention a few instances from his “Lesser Writings” which **MUST** be a text for us all next to “Organon” in our colleges but neglected.

1. How did he arrive at *Thuja* as a remedy for small pox? First, observation then theorisation, then conclusion, trial and verification, these are the steps for Research. He was a rich landlord and had a number of horses - and he was dispensing remedies to the rural people and their cattle and horses. Well, he observed that whenever small pox appeared as an epidemic, horses got a similar disease called “Malanders”. He had found by studying and comparing symptoms in different horses, and in materia medica that the remedy was *Thuja*, and had actually cured many horses with it. Why should small pox and this epizootic come together? Were they only two varieties of same infection? Then would not *Thuja* help Small Pox also?

By that time he had been trying 200th - and lo! *Thuja* 200 worked wonderfully - and this discovery helped another great researcher later, Dr. Burnett, to cure hundreds of children and adults of what he called ‘Vaccinosis’.

2. Take the disease ‘Croup’ of children which even killed sometimes. It was almost always in the bitter winter months, at night, say starting suddenly at 9 or 10 and worse after 1 or 2 A.M. and dry croaking etc. Carefully observing the three stages, the pathology and the symptoms, he arrived at the famous trios called ‘Boenninghausen’s Croup Remedies’, **Aconite** 200, *Spongia* 200

and *Hep s.* 200. Read the experience of Dunham in his book, 'Science of Therapeutics'.

3. When higher potencies started coming, Boenninghausen started using them. Well. Which was better or quicker 30 or 200? How to find out? We can not compare speed etc. in two separate patients, as no two patients react exactly alike. Boenninghausen then started his MOST BRILLIANT UNPARALLELED RESEARCH.

You know he kept large casebooks - one book for one year. Every case and prescription was noted carefully in that book for that year. Well. For one year he used only 30th for every case. Next year he gave 200th - no 30th at all.

Then carefully comparing results he found 200th was surer and quicker. Have we tried this method of testing?

4. Hahnemann had noted that potentising increased the depth of action - and even inert substances became powerful. Well. Increasing the potency to 200th did it increase the range of action? Boenninghausen confirmed it in his 'unique experience' of *Nux* and *Pulsatilla* 200 cases mentioned earlier

Next let me take you to the father of Research in America Dr. Hering. I wonder if any one of us would be prepared to try snake poison proving. *Lachesis*, you must know, was only ONE of his proving<sup>s</sup>. Please go through 'Guiding Symptoms', just the headings of remedies to see how many remedies he introduced and proved.

Remember he was the first person in the world to try nosodes and to arrive at the following:

'If a drug can produce a disease or a syndrome, it must be able to cure the same in a patient'. If this is true, then, 'If a remedy has removed a symptom or a syndrome or a disease in a patient, it must be assumed to have the power to produce it in proving'.

You know the great T.F.Allen had built his 'Encyclopedia of Materia Medica' on Proven Symptoms only. Hering added all 'clinical' symptoms from case reports' of hundreds of enthusiastic homoeopaths in his 'Guiding Symptoms of Materia Medica', What a great work of research!

All of us, I am sure, have followed his 'Three legs to the case' for using Keynotes. Also the 'Law of Progress of Cure' from above downwards, from more important to less important organs, from centre to periphery and in the reverse order of appearance of symptoms.

Now let us see the works of great J.C.Burnett. You must read all the books or booklets that he has written. Oh! Fantastic research indeed! I shall just mention a few.

1. As an allopath, just introduced to Homoeopathy and Hugh's Pharmacodynamics, Burnett was in charge of an admission ward of a large Children's Hospital. Most cases were early fever, quite high sometimes with diagnosis not established. I quote from the First Reason from his 'Fifty Reasons for Being a Homoeopath'.

"I had some Fleming's Tincture of *Aconite* and of this I put a few drops into a large bottle of water and gave it to the nurse, with instructions to administer it to all the cases on the one side of the ward as soon as they were brought in. Those on the other side were



not to have the *Aconite* solution but were to be treated in the authorised, orthodox way as was customary. At my next morning visit I found nearly all the youngsters on the *Aconite* side feverless, mostly playing in their beds. Those on the other side were worse or about the same - and had to be sent to various wards like Pneumonia ward etc. This went on day after day.

I had told the nurse nothing about the contents of my big bottle, but soon they baptised it 'Dr. Burnett's Fever Bottle'.

One day, when I went after a two day absence, the nurse was rather quiet and informed me with a certain forced dutifulness that all the cases might, she thought, be dismissed.

"Indeed", said I, "how is that?"

She confessed that she felt it bad not to give the solution to both sides and had administered it to all children. From then on, this was followed till Burnett was in charge.

Note: *Aconite* did not help genuine cases of Measles.

2. How did Burnett discover the use of *Urtica urens* (Nettle) against Gout? Studying its peculiar power of pushing out uric acid sand in the urine. Please read about it. A similar remedy **Acorn - Glandium Quercus** have cured more cases of gout than any other remedy in our materia medica.

3. I am sorry time does not permit me to describe all the discoveries and research of Burnett. I shall mention *Ceanothus*, *Carduus marianus*, *Aurum* and its salts, *Calc. sulph*, *Cundurango*, etc. are to be read and enjoyed in his various booklets. After Drysdale brought out *Pyrogen* - a brilliant discovery - it was Burnett

who put it into use, got pharmacies to prepare it - and it became a great saviour of dangerously ill patients.

4. How many of you have tried and seen the work of *Carduus mar.* on varicose veins? But his great discovery and experiment, which should be my ideal for all of us, is on *Condurango*.

He says 'Homoeopathy' raises one from the dependent position of journeyman therapeutics to that of a master.

'Some years since, as you may perhaps know, a drug called *Condurango*, came up in your school as a cure for cancer, much as Chian turpentine did subsequently, and like it, had its little day, and then passed out of sight.

"*Condurango*, thought I, will certainly only cure one variety of cancer, not all. How are we to know which? The clinical records of *Condurango* showed that it really has genuine curative power over some cases of cancer, particularly of the stomach. Hahnemann taught that the true way to define the curative sphere of a drug is to give it to healthy people, to see what it would do to them.

I procured some of the *Condurango* bark, made an infusion, and drank quantities of it. Well, I found that it causes cracks in the angles of the mouth.

Subsequently I had to treat a case of cancer of the left breast in middle aged woman, but patient had also a deep crack in the angle of her mouth on the left side, with thick indurated edges. I think you would have agreed with the diagnosis had you seen the case. I therefore reasoned thus: we know empirically that *Condurango* can cure some cases of cancer; I now know from the direct

experiment on myself that it causes the angles of the mouth to crack; the homoeopaths maintain that like cures likes, ergo, *Cundurango* ought to be the curative agent in this case.

The patient took a homoeopathic preparation of the remedy steadily for about three years, with gradual, slow amelioration, and eventual perfect cure. Since then eight years have elapsed, and she is still in excellent health. I think it must be manifest that, had it not been for homoeopathy, this cure could not have been wrought, and the patient must long since have died of the dire disease.”

Now, today, there are a number of well known, well established “Carcinogens”. Why don’t we use them homoeopathically, why have they not been introduced in our materia medica? Because no one of us has even thought of Burnett’s simple programs. Do we think, proving these like *Condurango* will produce cancer? No homoeopathic proving with say 6 or 30 potency, will do it, but it will definitely give out some identifiable guiding symptoms for its selection.

Let me quote about another Discovery from Clarke’s Dictionary. “When travelling in Iceland, Garth Wilkinson noticed that the sheep in the vicinity of Mount Hecla had immense exostoses on the jaws. Another effect was the drying up of the milk both in sheep and cows. Several young horses died of lumps on the jaw bones so large as to cause dislocation.”

“Dr. Wilkinson cured toothache, gum abscesses, swellings about jaws, and difficult dentition. It has arrested many forms of bone diseases including osteosarcoma, scrofulous and syphilitic



ostitis and exostosis, cervical glands indurated and infiltrated like a row of pearls.”

I find it wonderfully effective in calcaneus spur. I am trying it now in osteoarthritis. Read it in Clarke for full details.

Clarke may not have been a researcher by “proving” medicines on himself, but he was always prepared to prove the efficacy of drugs, which had been used by others to cure effectively.

I wonder if you have read his “*Gun Powder* as a war remedy”. It was the great ‘antibiotic’ long before Sulphonamides and Penicillin were discovered. Madras was famous for its “Mango Boils” as summer boils were called -especially attacking the younger generations. I became famous as the curer of these - with a standard Boenninghausen type formula -”*Arnica* 1000, *Hepar sulph* 1000, *Tuberculinum* 1000 or **Sulphur** 1000 -at intervals of 5 to 6 days - and *Gun Powder* 3x - 3 doses daily for 1 week. It is effective even now for other boils and infections. Try it.

Let me take you to a unique experiment of Dr. Curie (father of the famous radium Curie). I quote from *Drug Pictures* by Margaret Tyler:

“Curie chose cats for his experiments, the cat being of all animals least liable to tuberculosis. He says, ‘It is not certain that tubercles have ever been found in cats.’

His experiments were only three, because of the difficulty of obtaining enough of this small plant for the long time these experiments require. Because, as he says ‘it is not a question of exciting functional symptom depending on the nervous system

'Tuberculinization' he says 'is a work of time and a drug capable of producing in its action on the organism the formation of tubercles, will require time in which to do so.'

In Curie's first cat, killed after six weeks of Drosera, besides TB, lesions in pleura, he says, 'I found a very considerable enlargement of the mesenteric glands.'

In the second cat, killed after a year there were also TB, abdominal lesions - spleen, Peyer's patches -and of the shut vesicles of the large intestines. ALL THREE HAD DIARRHOEA.

And Curie says of his cats "Drosera causes production of tubercular elements in the lungs and acts at the same time on the lymphatic system in general. And in the second cat there were ENORMOUS SUBMAXILLARY GLANDS."

Dr. Tyler has cured quite a number of T.B. bones, joints, and cervical and other glands. She asks us to read *Materia Medica Pura* to learn more about this MOST POWERFUL remedy.

I hope all of you have read her Drug Pictures. How *Tarentula cubensis* (actually just like *Hispanica*) became such a fantastic remedy for carbuncles due to an accident - is a great historical study.

I just like to mention the Swiss experiments on rats by Lise Wurmser to prove "elimination through urine of poisons in the system". Two metallic salts were used; Ars. alb. and Bismuth. Rats were injected small doses. The salts got deposited in tissues after the major quantity was excreted in urine. Careful urine analysis was made for days and weeks. First some larger amount, then

smaller and smaller quantities were excreted and then stopped. One dose of 4th potency was given; some drug was out, and then stopped. Again 5th and then 7th potencies were given - followed likewise by elimination until entire amount of the drug came out.

So, potencies are capable of elimination of residual poisons. Why should they not be tried to eliminate drug effects of allopathic strong drugs like streptomycin, cortisone etc. - working havoc for years? This has perhaps led to Dr. Patel bringing out what are called Tautopathic remedies.

If this works, why not nosodes work against bad effects of that disease remaining in the body for years? This will also bring in all pollens like ragweed, parthenium, cobweb, house-dust, and such allergens into our materia medica. This is pure homoeopathy but without the "three legs" of Hering's teaching.

Lastly, I request you strongly to study Tyler's booklet on 'modern concept on Hahnemann's theory of chronic diseases.' - her greatest contribution to Homoeopathy. It was this research, which induced her to try and cure the incurable diseases with nosodes like *Streptococcin*, *Morbillinum*, *Scarletinum*, *Diphtherinum*, and *Influenzinum*, etc. easily and dramatically.

Let us help in broadcasting these aspects of Homoeopathy. We need to develop "Mass" treatment, recognising diseases even before they attack. Prevention, both of acute and chronic cases are indeed a vast field for research and study.

May God and Hahnemann guide us to fulfil our tasks! ■ ■



# **HOMOEOPATHIC RESEARCH AND IT'S UNDERUTILISATION\***

**H**onourable President of this meeting Shri B.N. Kirpal, Respected Chief Guest Sri Jag Pravesh Chander, Chairman and other members of the Homoeopathic Educational and Research Foundation, respected guests, ladies and gentlemen. I must thank the Foundation for the honour they have given me by their award. When I was told about it, I felt rather embarrassed. I am not an educationist, though I did teach for some years. I cannot call myself a researcher. So I wondered if I deserved the award at all. Then I remembered an old poem of J.H. Leigh Hunt that we had studied in our school days.

## **ABOU BEN ADHEM**

Abou Ben Adhem (may his tribe increase)  
Awoke one night from a deep dream of peace,  
And saw, within the moonlight in his room,  
Making it rich, and like a lily in bloom,  
An angel writing in a book of gold,  
Exceeding peace had made Ben Adhem bold,  
And to the presence in the room he said,

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\* Lecture delivered at Homoeopathic Education and Research Foundation, New Delhi, while conferring HERF Award.

'What writest thou?' - the vision raised its head,  
And, with a look made of all sweet accord,  
Answered, "The names of those who love the Lord".  
"And is mine one?" said Abou. "Nay, not so,"  
Replied the angel. Abou spoke more low,  
But cheerily still, and said, "I pray thee, then,  
Write me as one that loves his fellow men."  
The angel wrote and vanished. The next night,  
It came again with a great wakening light,  
And showed the names that love of God had blessed.  
And Lo! Ben Adhem's name led all the rest.

Perhaps I am the most ardent admirer, hero-worshipper and follower of the researchers and torch-bearers of our system; and that is what brings me to the doors of the hall of these pioneering spirits, and I am glad to have this opportunity to place before all my brothers and sisters here, how much we are losing, by not trusting, not trying out, but just treating with almost a sort of contempt, some tremendous facts discovered by our own researchers; and how all of us could reap a rich harvest of simple, definite cures by the hundreds if only we had faith in their unique experiences and tried them out ourselves.

You must know, fear of ridicule is a very powerful deterrent to all of us to proclaim something, which may be against the establishment.

Some of you may remember the famous doctor from Gujarat and Bombay, Dr. Maganbhai Desai. In Scientific Seminars in

Gujarat and Delhi, he demonstrated most difficult cases of tuberculosis bones, joints, etc., completely cured by the administration of *Tuberculin* alone in CM doses being given 3 or 4 times a day for weeks. The audience was against at this utter nonsense. The poor doctor was almost insulted. In this, it was forgotten why he had tried this method; the cure was not perhaps accepted and I am sure not one in the audience tried this method in even a simple case, except perhaps Dr. Sarabhai Kapadia.

You see, it requires as much courage in us to try out something new, something against our previous ideas, as for the discoverer of this new idea to announce it. You know, the famous village schoolmaster—"convinced against his will, but of the same opinion still".

Herbert Spencer said, "There is a principle which is bar against all information, which is proof against all arguments, and which cannot fail to keep a man in ever lasting ignorance, that principle is contempt prior to investigation." We homoeopaths have all along blamed the official school for this attitude; actually we are also full of it. No one even tries out anything new, which does not appeal to his formed notions. "No. I never use mother Tinctures". "I only use single dose, never repeat". "I never alternate remedies." "No. I do not believe in organ remedies." "I always base the prescription on mental symptoms" and such other assertions naturally prevent our looking into any different types of experience of our own researchers.

In addition to freedom from prejudice, I think some bit of appreciation of the work of research, and admiration and sometimes



actual hero-worship of the researcher are essential to induce us to try out the discovery and benefit from it.

Now, I should like to bring before you some of my experiences with the unbelievable gems of discoveries and observations of old researchers, to show you how quite the majority of these have gone utterly un-noticed and lost.

In 1935, when I was a student in Calcutta one friend who wanted to stop his drinking habit asked my help. *Sulphur* helped him, but not quite. Then I got the book, "Gallavardin on Alcoholism" which was in a remote corner in the college library, gathering dust and unread since it was kept there. Well, I read in it an unbelievable statement. As some of these patients were being treated without their consent and knowledge of their being treated, he advised the wife to give the dose mixed in tea, coffee, soup, beer, wine, whisky and so on. Mind you, soup would naturally be hot and all were single doses of high potencies. And they cured. Well! In those days we were influenced very much by the slogan, "If you want homoeopathic treatment - no coffee, tea, smoking, no asafoetida, garlic and onion are allowed." One of Dr. Younan's disciples, Dr. T.S. Iyer had written a booklet about coffee giving a warning that coffee produced sterility. You see. Once a view is given out by three or four big shots of a school, it gets almost automatically accepted. So Gallavardin's observation was thrown over-board, even if read by accident. Most teachers and students never knew about his name at all. Now, I got a chance. A friend of mine in our building had a peculiar problem with his sleep. When I came back in the evenings at about 7 or 8 P.M., I found his room bolted from inside as he was sleeping. I asked him one day why he slept so early, and he said that in our street, the dhobies used to start bhajan



at 11 P.M., or so, and their noise woke him. This was his trouble that once awakened, he could never sleep at all, and this was a typical symptom in **Nat. mur.** It had also come about as a result of malaria treated by strong doses of Quinine, fourteen years earlier. I offered to give our medicine. He laughed and said, "My friend, how will it work? I smoke 6 to 7 cigars a day, 3 cups of coffee, 5 to 6 cups of tea, drink, beer etc." I had just read Gallavardin. I induced him to take part in an experiment. I put 3 or 4 drops of *Nat. mur.* 10M in his cup of tea (for which I had invited him). Next day he was late for office, as he had slept right through the night. Every trouble of his got cured, especially constipation. It could not have been faith cure; he neither believed in Homoeopathy nor it's working in a cup of tea.

One swallow does not make a summer. I tried this 'Gallavardin Method' with fear; it worked. But in Madras, people had already been so much brainwashed that Homoeopathy and coffee and asafoetida were antidotal and enemies that the patients would not agree to try this. But somehow I persisted and I am glad to say my repeated telling of what I call my 'Gallavardin Experiment' in almost all the conferences gradually convinced my friends that our high potencies cannot be neutralised by cups of beverages or drinks and changed the stubborn view that beverages would antidote our remedies. I acknowledge here the great moral support given to me by my friend the late Dr. Sankaran in this campaign.

Now I shall deal with a few drugs, discoveries of which have always been so rarely put to use as to make them unknown to students and leaders alike. One of these is **Gun Powder**. In the last pages of Clarke's Dictionary, in the appendix, I came across the

use of Gun Powder (Then I read more about it in his booklet, "Gun Powder as A War Remedy". I purchased two ounces of 3x trituration and kept it with me when I started practice. Somehow, I could not make use of it at all because I had no confidence in it. You know, I used to believe in high potencies and Allen's Keynotes. Then a small boy, two years old was brought to me with his entire back full of multiple abscesses. The hospital had been dressing and actually inserting gauze to keep the openings for free flow of pus. Of course, there was fever and other bad conditions also. This was a chance to try *Gun Powder*. One dose of *Arnica 1000* and *Gunpowder 3x* four times a day. On the 5th day, one dose of *Hepar sulph 1000* and *Gun Powder* continued. The entire pus had been absorbed and dried up and the child was fit in another three days. Somehow, this case brought many more cases of boils and abscesses. One in a girl aged 8 years was extending from gluteal region to the knee, full of pus. They were going to the surgeon when the first patient's mother sent them to me instead. Their one worry was what will happen to that pus. "Will it not kill the child, if absorbed in the blood?" *Gun Powder 3x* 4 times a day cured it in toto in seven days. Such is this powerful and life-saving remedy. I have seen wonders like this and used pounds of it, and it is still practically unknown-because it does not come out in the repertory.

There was a famous doctor Masurkar in Karnataka who made a name for his brilliant midwifery. Now, he was specially known for his cure of habitual abortions. I asked him how he managed it. He gave me his secret. First, he said, there is a remedy *Plumbum* in which there is a symptom "feels a lack of room for foetus in uterus; inability of uterus to expand; threatening abortion." He used this successfully in 6x potency. Then, he also found that it failed in a

few cases. He discovered the other powerful remedy **Aurum mur. nat.** Now he combined these two in 6x and used this and succeeded beyond his own expectations. Well, it has been used in our own practice, i.e., my wife's and mine, for the last, say 30 years, I should say, extremely successfully.

One of the most original researchers in our system was Dr. Burnett. Actually his books are worth their weight in gold. One of his small hints was his accidental discovery of *Carduus marianus* as a remedy for varicose veins. This has helped hundreds of my patients to get over this weakness of vericosities and ulcers. Try it in mother tincture.

Now, I wish to bring before you a most profound and original hypothesis by one of our greatest doctors, which I think is also practically unknown. You might have read the article on typhoid by Dr. P.P. Wells. In that, there is mention of his idea or theory on what you may call "incubation period" for the action of the drug. Just as diseases take a week or two to start showing their symptoms, drugs also take time. So, his theory was that after administering the drug, it is no use giving more medicine, but it will certainly show its effect after a certain period. He called it "Latent Period". I doubt if this hint has made any impression on the general fraternity of Homoeopathy. Kindly read my article on this. From this I give just one example; my guru and uncle, suffered terribly from what was diagnosed as osteoarthritis of both shoulders. He tried Homoeopathy for 1½ years, with advice from doctors Choudhury and others. He was desperate. Then one day, while casually reading Clarke's Dictionary of Materia Medica he read under the *Aurum. met.* the first sentence "Gold affects profoundly the entire organism,

exercising a solvent action on the tissues... and disappearances of new growths". This, with the extreme gloom, which he was passing through, made him decide to try *Aurum met.* He took immediately one dose of the CM, and decided that he would not take any other remedy if this failed, but leave it to fate. For six long weeks, there was absolutely no change, either for better or for worse. But in the seventh week, one day he felt a bit easier in the morning; and within three days, entire stiffness, pain and every vestige of osteoarthritis disappeared.

Now, about Prof. Hale's observation. I am sure most of you have read his works, especially on *Materia Medica*. In one place he said that every remedy has got primary symptoms and secondary symptoms, both belonging to that remedy, but which may look like opposite symptoms. Mind you, this is different from 'vital forces' reaction to the action of the remedy. His idea is that if the patient's condition is depicted in the primary symptoms of the remedy it works best in high potency. But, if patient's symptoms are covered by secondary symptoms, the lowest potency works very nicely. For example, a typical **Digitalis** case with nausea and other important keynote symptoms may have slow intermittent pulse in which case *Digitalis* high works better. Whereas if the same patient has high pulse rate, he needs very low potency or tincture to cure him. Similarly, an emaciated patient with extreme hunger etc., typified by *Iodine* needs high potency. But same symptoms in a fat patient required *Iodine* 3x or 6x to cure well. This is theory and unless we try it we cannot appreciate the beauty or usefulness of this discovery. I have tried it a number of times and I think Hale is right. Have you experimented on this?



Next, I come to what I consider to be my discovery. Anaphylaxis in Homoeopathy. I found, high potency dose had worked beautifully but the patient was killed by a repetition of this same dose on the 11th day. How could this happen? I had to think and I came to the conclusion that it is dangerous to repeat the same dose after a certain long interval, whereas this could be avoided by giving 2 to 3 doses within 24 hours to act as a single dose. I am glad that I found most of the top people follow this single collective dose perhaps without having read my article. But I am sure this discovery has had a profound influence in the practice of many homoeopaths.

There is not a single homoeopath who does not know the name of Von Gravogle. Specially, his studies of the "Three Constitutions". But, I am afraid that his discovery of what we may call real treatment of oxygeniod (Psora), carbo-nitrogeniod and even hydrogeniod constitutions are not known to most. *Argent. nit* is his antipsoric and *Nux vomica* is the main hydrogenoid; kindly read the book "Constitutions" by Clarke and admire those wonderful Cures by Dr. Bojanus who followed the master implicitly and cured marvelously.

Now, I come to another point. That is, accepting the symptoms enumerated in the Materia Medica without casting any doubts on the veracity of the provers. This has been unfortunately done by people like Dr. Hughes. What a gold mine they have missed by giving up all symptoms, which they thought were, unreliable. You know how common it is to have ulceration of the earring hole. Hundreds of girls suffer this ulceration and are unable to wear gold earrings. With just **Stannum** and **Lachesis**, Homoeopathy could

help all such girls. These are single small symptoms found in the Materia Medica. Similarly, a condition called in-growing toe nails can certainly be helped if you believe our south pole of the magnet in potency.

We talk a lot about research. For me the greatest wonder has been our neglect of research done by other homoeopaths. I am sure you have read the famous lecture on "**Drosera**" by Margaret Tyler. She refers there to an experiment done by Dr. Curie, father-in-law of the famous Marie Curie. This doctor did fantastic experiments on three cats feeding them *Drosera* every day for months. In every cat it produced T.B. of the intestine and other glands. Dr. Curie published this in an old journal with a remark that a drug, which can KILL the natural immunity of the cats against T.B., must be a tremendously powerful one to produce immunity to this dread disease. Until Dr. Tyler came across this accidentally in "Cyclopedia of Drug Pathogenesis" after a century no one knew about it, and it is to the credit of Dr. Tyler that she experimented and published the cures of T.B., of joint, bones, intestines, glands by high potencies of *Drosera*. This is a remedy worth its weight in gold, but were it not for Dr. Tyler it would have been lost due to sheer neglect of the homoeopaths of that time. I am afraid it is still neglected.

The most opposed of the discoveries in our system was that pertaining to nosodes. Some called them Isopathy, against which Hahnemann had his reservations. Even the great Dr. Lippe opposed them vehemently thinking that people would use these routinely like **Typhoidinum** for Typhoid, **Diphtherinum** for Diphtheria. The protagonists of these nosodes did one wonderful thing, which was unique. They raised the potency of these to fantastic heights

and claimed that this potentising changed the disease product from isopathy to powerful Homoeopathy. Their *Materia Medica* also grew when Dr. H.C. Allen gave his unstinted support in his '*Materia Medica of Nosodes*,' But I think the most glorious chapter in the history of nosodes came in the time of Dr. M.L. Tyler, who did brilliant miraculous cures by using the nosodes of acute diseases in chronic cases. Of her hundreds of cases I mention just one ordinary case:

"Robert, age 7. "Not doing well a long time". The cervical glands slightly but persistently swollen. His eyes are dull and he is pale. He gets a little evening fever sometimes. He had scarlet fever a year ago and was debilitated for a long time after that, "did not recover as he should". Since the scarlet fever he has had a strong and persistent craving for salt, never before. **Scarlatina 1M (F)** d.u. In a few weeks he was a changed boy and his craving for salt entirely gone. The craving was so strong and the cure of it so complete that I added "Scarlet" enclosed in erasable parenthesis in the salt rubrics of my repertories."

Now, how do these nosodes cure? What exactly is their action, other than under the "Law of Similarity?" I had been thinking and wondering a lot on this. Then I came across a lecture by Dr. Margaret Tyler, which she had delivered in 1932. It is the most marvelous contribution of that great doctor to Homoeopathy. The title of the lecture was. "Modern Concept of Hahnemann's Theory of Chronic Diseases". This great article remained a closed book for all of us for nearly half a century. Even today it is not known or applied in the practice of most of the leading homoeopaths. It is a pity. Now, what is the fundamental theory? It is that, any acute

illness, not necessarily caused by only chronic infection, may remain completely uncured in the body and continue to grow slowly, insidiously for years and end inside the body, not being removed by the efforts of the body. For example, we hear of so many cases where the complaint is "not been well since the attack of—measles, typhoid, small pox, chicken pox, influenza, jaundice" and so on. Now, one dose of nosode almost kicks out the remnant of the infection beautifully and the patient comes to normal much more easily than even with symptomatic homoeopathic remedy.

I could not explain to myself how this was possible, until I read about another marvelous piece of research done by Lise Wurmser. I do not know whether everyone here knows it. I shall briefly explain that superb experiment. You know some heavy metallic poisons when they are administered they are excreted as early as possible and as completely as possible by the kidneys. A high-class biochemist can detect and reclaim almost the entire quantity that comes out in the urine and see if all the poison has been excreted. Now, Lise Wurmser administered poison in small proper doses to rats and carefully watched and analysed urinary excretion. For the first 2 to 3 days a lot of the poison came out gradually tapering off to zero. Then after some interval, he administered one dose of 12X potency of the same poison. This was followed by another spurt of excretion of the poison from the urine for a day or two, which stopped once again. Then again one more dose was given followed again by further excretion of the poison through urine. Well, this in brief, is the experiment done with a number of poisonous drugs, carefully watching the excretion under the influence of the doses of the same drug in high potency. Now, don't you think this is a most marvelous explanation of why



a high potency of the drug can remove the poisonous effects of the crude one? Now that doctor tried upto 12X in his experiment. Suppose the potencies are very much higher and we know now that high potencies do work, there is no question about that, can it not be that these poisons like Arsenic, deep inside the body, can be kicked out and excreted under influence of high potency? You know, Dr. R.P. Patel of Kottayam has been doing a lot of work on this, though not explained in the Wurmser way. He calls it Tautopathy. Now this is one side of it. We know that most or all of the symptoms produced by even bacteria or other disease products are actually produced by the chemicals, which they excrete or secrete or produce in some other way. For example, tetanus produces toxin, which is a chemical and the metallic chemical used by Wurmser so far as action is concerned. If Wurmser's metallic poison can be kicked out by high potency of same drug, why not we expect that the disease remnants lurking in the body after the acute illness of disease like influenza and measles be removed by the nosodes of this in high potency. Well, whether this can be an explanation to the marvelous cure or not, the fact remains that these nosodes cure, where sometimes all other systems of cures fail. They are the most powerful weapons we have at the present day in our fight against modern diseases. I hope all of you will contribute your fullest support for the development of more and more nosodes by carefully noting down more details of the various diseases that you have come across and build up our *Materia Medica* of nosodes so that we have in our hands most powerful remedies. Please go through the works of doctors like Burnett, M. Tyler, Templeton, Foubister, and some other followers of Dr. Tyler who are still continuing great work on this.

I have not mentioned all the hundreds of research and experiments that have taken place in homoeopathy. Dr. Sankaran describes most of these in the booklet. I have only put before you those important ones that have been utterly or partially neglected by our school. I thank all of you for giving me a patient hearing. ■ ■

# Miscellaneous



## **CURATIVE RESULTS**

I have attended quite a number of Conferences and Seminars and other types of gatherings, like Annual gatherings. One session is usually devoted to watching some experts taking cases. A nice discussion usually follows for or against various suggested remedies and ultimately the expert's selection may be accepted and the medicine administered in some high potency.

It is not always easy for the organizers to have a follow up or continuation of the treatment under the experts or their own organizations. Most of the patients may not know where to continue the treatment and how to contact the right person. They do not have any idea, whether further treatment will be free under the Association etc., or whether they automatically become the client of the expert whose prescription was the final choice. It is indeed very rare to see the same patient reporting his beautiful cure at the NEXT seminar or Conference.

One other hurdle is that the office of the organizers may be at the Secretary's home or Clinic, and they may NOT have any OUTPATIENT CLINIC, free or charging, where these cases could be observed or followed up. Will the organizers have a continued contact with the experts- may be one or two?

Our Master was interested more in the highest ideal cure, gentle and permanent. He was NOT really bothered about trying to explain

how the vital force cures under the beneficial effect of the correct homoeopathic remedy. His Organon stressed this in the very first two or three Sections. But it is indeed very difficult to attain this ideal at the conferences or seminars. Though we may learn how to ask questions, how to get symptoms, how to repertorise and find the suitable remedy by observing the experts or through discussions, we hardly ever learn the follow up treatment there.

Perhaps this could be remedied or solved, if the organizers arranged that those patients exhibited at the conference **MUST BE TREATED UNTIL CURED** either free or at a reasonable, nominal charge, under the supervision of the organization, with the co-operation of the expert who must be prepared to help and not shy away from this responsibility.

If a **REVIEW SESSION** is on the agenda of the next conference I am sure that most of those who attended will be very much interested to come again.

I wonder whether this arrangement could be tried in all such seminars and conferences. ■■

# **DOCTOR, WHAT ARE YOU GOING TO TREAT?\***

**I**n a very interesting book called "Definite Medication" by Dr. Eli G. Jones (Homoeopathic and Eclectic), there is this story: —A rich, grand old lady asked doctors to examine a child suffering from fever, cold, bronchitis, etc. Each one gave a different reply when asked "Doctor, what is the complaint and what will you treat the child for?" She sent them out. One old Doctor said, "Why, Measles, of course" and he was allowed to treat.

Now, theoretically one difference between other schools of medicine and Homoeopathy is the Diagnosis of the trouble needing treatment. The official slogan for a Homoeopath is "Treat the Patient, Not the disease." The exact implication of this is "do not treat individual symptoms, and do not treat the disease by name, but take the total case into consideration before prescribing". We do need to know what we are treating and the selection of treatment will depend upon our ability to know what we are treating.

Now-a-days, we see a tremendous amount of "symptom poaching" in the Dominant school practice. The amount of Aspirin, Analgin and Paracetamol used in almost every case of increased temperature, and palliative or suppressive prescriptions in almost all types of acute or chronic cases, shows that it is not the

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\* The Homoeopathic Heritage April 1982

Homoeopaths who treat symptoms (and not the diseases) but the dominant school. The higher the rating of the specialist, the longer is the list of tablets the patient is asked to swallow daily.

Every Homoeopath prescribes by symptoms, but because 'he thinks of the patient as a whole all the time, the treatment is never "Symptomatic". It is total, mind, body and environment included, even in ordinary acute cases, and he must know what he is treating. ■■



# RITUALISM IN HOMOEOPATHY\*

[By "ritual" we mean a particular manner or code of ceremonies for performing (divine) services or rites]

**I**n early 1920's there were two uncles of mine in our town, who were famous for their Annual Durga Puja celebrations. The ten days used to be really exciting and anxious for every one, and especially for boys of my age group in the locality. For two pujas, every day, we had to collect 28 specified varieties of tree-leaves, similar number of flowers, fruits, and most important, collect 1000 flowers of the Wild Red Ixora by roaming the near-by hills. The ladies had to have daily two baths and prepare all the set number of items for offerings, clad in wet clothes. These elders could touch no child.

This particular worship is supposed to be the compulsory duty running in some families. I do not know what the son did when he was transferred to Belgaum City. I am sure that the grandson, now living in Bombay can only perform a simple worship, shorn of all these paraphernalia.

Another old relation of mine, in Madras, used to insist on procuring the flowers of the Arecanut (Beetel-nut) tree from Mangalore, 600 miles away, before he began some other worship.

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\* The Homoeopathic Heritage, April 1980.

The old men are dead, whether the extraneous paraphernalia's of their rituals (some quite impossible) have died or not, I am not able to know. There may be people, even now in the 1980s, who insist on having every item mentioned in the ancient works if any particular worship or ceremony is to be performed.

Should we smile at these old people and say, "What foolishness to get tied down to such impractical rituals, which may or may not mean anything" or shrug our shoulders and say, "Ah! Some persons are like that, more interested in shadows than substance"? We cannot. We are not fit to comment, because we are doing the same things.

As we know most of the rituals form part of religious ceremonies. Perhaps originally, they were introduced for some particular local or hygienic reason, being tagged on to the simple truths expounded by the great leaders. Somehow, these appendages gain more importance than even the fundamentals, making people follow them blindly.

Now the worst thing that happens to people, who are punctilious in observing all these "tenets and dicta", is that they become proud of these things, and sometimes bigoted. They look down upon any one not so "religious" they start lecturing and become leaders.

Rituals may be positive or negative. "You must take exactly seven steps, sit facing East, eat only particular items, offer exactly specific items to your Deity, etc.," are positive. "You shall not wear a shirt, shall not touch a particular item of food or persons, shall not sleep ... etc." are negative.

No doubt rituals help increase the aura of sanctity, increase

religious fervour or frenzy and in some instances cause a mass impression. But rituals are not good or essential in science or medicine.

Homoeopathy is a science and art of cure. But it has become a religion to some of us. Quite a number of paraphernalia, taboos, and unnecessary rituals have taken the place of the simple fundamentals- nay- they have become more important.

One well-known Homoeopath in South India, my guide and well-wisher in early years, was extremely particular about all the things to be observed by patients. If any smallest rule was broken, he would refuse further treatment. There used to be an instruction book- "No coffee, tea, asafoetida, spices (!), onions, garlic, scents or scented soaps, flowers, camphor in the house etc., etc. The only way many patients could manage to continue his treatment was by lying.

In Bombay an old relative of mine was being treated by one Homoeopath for her attacks of migraine. She had to visit him once a month. Once, on the day of appointment she had the start of an attack. She hoped to get some relief from his medicine and went there. He had gone out of city. The pain being unbearable she took some aspirin and returned home. Unfortunately she mentioned this to him next time. "Get out", he shouted. "You dare take tablet during my treatment". He sent her out and stopped treating. The only thing I could say to her was, "Knowing his nature, why did you tell him?"

One Homoeopath gives one globule only of this medicine (being afraid of aggravation). Some use only the millesimal plus

dose for every case. Quite a large number of doctors have elaborate case-taking (printed) forms, where all sorts of information (e.g. If widow, the year of husband's death) must be filled in, even if it is a simple case of indigestion or fever. Some leaders insist on "mentals, temperaments and constitutions" in prescribing for every case and have an abhorrence of the very name of Keynotes".

Are all these and many other Rituals and "Paraphernalia" really necessary to cure by the Homoeopathic law? Are we not following each one of us- some rite, routine or idiosyncrasy, which we value as high as the law?

Shall we smile at the old men with their rigid rituals? ■ ■

## SPECIALISATION BY HOMOEOPATHS\*

When I came to Madras to settle down, I made it a point to meet all of the few homoeopaths practising here. There was one, Doctor M.C. Colandasamy Pillai, who did not call himself a homoeopath, but who had a signboard "ALLEN CLINIC". He was having a patent medicine called "Tonsil", and he was indeed curing many cases of enlarged and septic tonsils. I asked him if it was allowed in homoeopathy. He said he had found that not more than a dozen remedies were ever needed for ANY case of tonsillitis, and he had studied them so much that he could easily individualise the chronic constitutional remedies required for the patients, while he stuck to *Baryta* and mercury salts and used Nosodes like *Pyrogen*, *Tuberculin* and *Psorinum*. While he SOLD the ready-made packets, he insisted on patients being checked once a month or two. He was quite well known for his "speciality".

Commencing general practice and becoming a "Family Doctor", I of course did not follow his idea. But, however, I found that for quite a few years I became known as a specialist in boils, carbuncles and abscesses. With just half a dozen remedies especially *Gunpowder*, I was able to cure almost all cases.

One dentist, Dr. Pillai, became quite famous for a painless and bleeding-less extraction, and people came to him from far off places,

after he had learnt about our *Arnica*, *Trillium p.*, *Calendula* gargle and one or two other remedies which I introduced to him. Of course he was good in all other dental work. There have been, quite a few very good specialists in our system. Dr. H.N. Guernsey was an expert gynaecologist and obstetrician. That was really his speciality, though he was a master of *Materia Medica* and a professor in a homoeopathic college.

Drs. Norton and George Royal were specialists in eye diseases though Dr. Royal taught *materia medica* and wrote "Text Book of *Materia Medica*."

That wonderful master prescriber, Dr. R.T. Cooper was known more for his E.N.T. work than his homoeopathy. The most famous doctor for mental diseases or what we can call psychic illnesses was Gallavardin, who had a unique mastery of the mental symptoms of our best remedies and used them in quite high potencies, wonderfully helping all sorts of mental illness including alcoholism, which he said was only a disease to be cured (as advised by Hahnemann).

Why are the homoeopaths, especially the leading ones, shy of "specialising" in some particular line? I wonder whether the constant repetition of our main slogan "Treat the patient and not the disease" led to the fear among many that if they called themselves "specialists" in one particular line or disease they might become sort of pariahs among other homoeopaths. Quite a number of letter-heads are seen by me, from the large number of letters I receive, that they do not mind calling themselves specialists in chronic diseases like asthma, rheumatism, etc. perhaps mainly to deter acute patients from troubling them.



There should be a change of heart in the homoeopaths about this. We should officially accept specialisation in some particular disease or department. After all, any disease will have its corresponding homoeopathic remedies, say not more than two or three dozen, which can be individualised quickly. A judicious use, a special dosage or technique that will be known to us by continued practice, will certainly allow us to learn almost everything about this disease and how to cure it by our science. Instead of suffering in silence from lack of practice or "recognition", I am sure, the young and not so young homoeopaths will be able to earn name, fame and money by becoming "specialists". This is NOT contrary to homoeopathy. ■■





# THE POWER OF SUGGESTION

A sturdy gentleman, suffering from some pains in the right arm for some time, had been going round consulting orthopaedic and neuro surgery specialists. Various pain-killing tablets had not been of permanent benefit. As usual, he brought his file, with the x-rays of the neck region having the pride of place, awfully fearing some serious deformity or illness, because, one x-ray had showed "a pair of cervical ribs" about 5 mm in length in the last cervical vertebra. One of the specialists had said it should be operated; "though risky and not guaranteed to cure the pain!" The poor patient went about fearful on operation, spent sleepless nights, and went down in health. It took half an hour of lecture to convince him that a small cervical rib, natural to many, which had been with him from birth without any trouble could not harm, like a sixth finger on some hands. Perhaps his reassurance and confidence cured him as much as a few doses of *Kalmia* 200.

Now-a-days, it is a fashion for the top specialists to threaten patients with dire consequences if the drugs (half a dozen) and quite costly tablets are missed even a single day.

A nice girl of five years was on Pot. Bromide 30 mg and an anti-convulsant tablet from her 9th month, because she got one or two fits during a high febrile episode (which turned out to be measles). The girl was becoming dull in her class, sleepy and tired, disinclined to play. The parents wanted treatment for these things, on condition that the "fits tablets should not be stopped. The doctor

had frightened them "Don't stop them, come every 3 months and renew the prescription. IF YOU STOP...." (What would happen they were left to guess)? It was only by agreeing to "tapering" the drugs; I could manage to cure the girl, only *Morbilinum* 1000 and *Belladonna* 30 being enough to make her a happy, healthy child, the brightest in the class.

It has become an invariable practice of the specialists, especially cardiac, neuro and Blood Pressure and other diseases to warn the patients against stoppage of the tablets till their death. The patients live thereafter under a permanent dread. Among the richer classes and the top-charging specialists, it is fashionable to use some particular brand name of a drug or tablet and to move heaven and earth to get them from foreign countries at any cost and to keep a stock "in case". The same drug prepared locally or with a different brand name "will not work!"

The modern, high-pressure specialist has been hooked cleverly by the large pharmaceutical concerns to this sort of "fear complex". He believes every word of the very highly paid gentleman with the "Medical Bag" who has been extremely well paid for "representing". Do we not see the same specialist prescribe the same "Brand Name" tablet to every case, for say a year or two, until perhaps another, more capable "Representative", of another big concern "catches" him? And it is this sort of slowly creating a permanent following of patients, hooking them like fish by their various new stunts that have been the latest development in marketing.

Both the "medical representatives" and the doctors have become experts in the art of "Implanting of fear Idea" extolled by

the Psychologists and others as the most powerful force in "Hypnotism". Only an equally strong conviction by the Homoeopaths, an absolute faith in their extremely powerful curative medicines will be able to work against the "fear". God knows whether every patient of this type needs high doses of *Aconite* and *Opium*! ■ ■



## REACHING OUT TO HELP

**T**here is a story about the 'old British etiquette. An Englishman saw a man drowning and went to save the person, but hesitated on the bank because they were not introduced to each other.

Medical etiquette in the earlier days was equally squeamish. A doctor would not treat even an emergency if the patient happened to be under some other doctor, without the permission of that doctor.

Those days of etiquette are gone, thanks to competition and other factors. Still a peculiar problem, a serious one, comes to a Homoeopath, where etiquette says one thing and DUTY demands another.

In the year 1939 or 1940, a diabetic patient with a large carbuncle was admitted into a well-known nursing home of a great surgeon. He was in a bad state. His cousin, a patient of mine requested me to help. *Tarentula cubens cubensis* 1000 given in water, every 3 or 4 hours (without knowledge of anyone in the nursing home) did a magical cure in a week. Of course, the surgeon did not know what healed the carbuncle so quickly. Anyway, he started getting a number of these cases; and such is the power of mouth-to-mouth advertisement that almost every patient took my Homoeopathic remedies. Perhaps the cured patients gave the news to others.

Over the years, friends and relatives of desperately ill patients admitted and being treated in Government or private hospitals, have, approached me and I am indeed glad that our remedies, in fairly high potencies, seem to help wonderfully, reinforcing the other official treatment, without disturbance. Patients, comatose for days, gain consciousness in twenty four hours. Mental patients, refusing to be sedated with all the strong drugs, seem to relax. Imminent surgical situation gets put off or avoided. Of course, quite a few surgeons or doctors in charge KNOW of this "interference", but are large hearted enough to appreciate it. I have gained a large number of friends in Government Medical Service by being of help in such situations.

Now-a-days, so many Homoeopathic wings, in charge of qualified Homoeopaths, are coming up in Government Hospitals. Seriously ill patients in other departments must be given the benefit of a trial of Homoeopathy (not necessarily exclusively). The homoeopaths should NOT STAND ON FORMALITY AND ETIQUETTE, but cultivate camaraderie and friendship with all other doctors.

## **PROFESSIONAL FEES**

**H**ow should we homoeopaths value our services and what should we charge our patients? For a long time in the yester years, from every conference and platform, and in magazine articles and booklets, the main attraction of homoeopathic treatment was supposed to be its cheapness. It was stressed that a whole bottleful of medicine could be had for a rupee. Even when the prices of all things went up, and tablets of ANY OTHER system of medicine would be charged in multiples of rupees, the homeopathic pharmacies and doctors went on keeping the prices of our medicines down — almost to nothing.

I am glad that in the last fifteen or twenty years, high quality and professional, business-like homoeopathic pharmacies have begun to value their products quite high. It is high time the same idea spread to the professional homoeopaths too.

Homoeopathic treatment is a **SPECIALISED, INDIVIDUALISED AND TOTAL CURATIVE TREATMENT.** This must be felt and stressed by the homoeopath.

In the matter of professional fees, I cannot do better than quote from a chapter from the book “MY TESTAMENT OF HEALING” by Ellis Barker, the famous London homoeopath and author of “MIRACLES OF HEALING; AND HOW THEY ARE DONE”

“The problem of professional fees is a very difficult one. A good doctor cures his patients, and obtains a large practice by

recommendations. One of my first patients was a Mr. D. Living in Swansea, whose case had been diagnosed as inoperable cancer of bladder and bowel, and who had been given a week to live. He got well under my treatment, and he sent me about fifty patients.

“The general practitioner specially a homoeopath receives low fees, and, as his expenses are high, he can make a living only by working long hours at the risk of his health, and seeing the maximum number of patients in the minimum of time. It is impossible to cure people unless one studies each case thoroughly. If one gives adequate time to the patient, it is of course necessary to charge an adequate fee.”

Many patients are under the delusion that a doctor possesses a magic knowledge of disease and remedies. They visit their doctor in the expectation that a single prescription given to them will convert ill-health into health. That is quite impossible. In my experience the struggle with disease is a protracted one, unless it is a simple case of uncomplicated measles, scarlatina or something of the kind. Most diseases are not local but are constitutional, and they require the investigation of the body as a whole, and call for a number of remedies, for a curative diet, and so forth. However great the experience of the practitioner may be, he cannot foresee the development of the disorder before him, and he has to feel his way with the patient from week to week and from month to month.

“At the beginning of my career I wished to be absolutely fair to patients, and when I was asked ‘What do you charge?’ I replied: ‘Nothing unless I cure you. What is a cure worth to you?’ The patient would mention a certain sum, and would send me a letter



confirming that he would pay me that sum if cured. I then discovered that many patients would admit that they were ninety per cent cured, and they told me that they were quite willing to go on, paying me nothing, until a hundred per cent cured, but many of them were determined that they would never admit that they were a hundred percent cured. I then resolved to charge patients a fixed fee per month, and this method of treatment has so far answered extremely well.”

I have found that a slight modification to this works better. It is to charge the patient a Consolidated Consultation plus Medicines Fees for every consultation, supplying the medicines for a month or two according to the condition or case. This, while working as a monthly fee, avoids the idea that the doctor is dragging on the treatment just for the monthly remuneration.

Homoeopathic treatment is holistic, and according to Kent an ordinary otorrhoea, being a one sided disease, may get well only when the patient is cured. It does take time and study every time.

And still the patients will surely find this more economical and considerate than any other system of treatment.



# **ECONOMICS OF HOMOEOPATHIC PRACTICE**

The machine acquired, by a factory in Lancashire, had been doing wonderful work for nearly eighteen months, when it stopped. All the efforts of the maintenance staff failed to make it work. The factory wired to the manufacturers to send some one to repair it. The engineer came, just went round the machine carefully, and asked for a hammer. This was immediately provided. The great man took it in his hand and just hit ONE stroke at some spot. The machine started working. Eventually the bill came from London for twenty guineas (£ 21). The manager was furious. "What! Such a large fee for just one stroke of hammer?" He wrote. "We think there is some error in billing. For just one stroke of hammer, most probably you meant 20 shillings and not guineas. Please send a corrected bill. The bill came back corrected as follows:

1. For hitting a stroke with hammer	£ 1/-
2. For knowing where to hit it	£ 20/-
Total	£ 21/-

The bill was paid with a smile.

As practitioners of Homoeopathy we have to think of the problem of fees all the time. In a way, our own propaganda regarding the cheapness of our medicines works to our disadvantage. It is

indeed true that once we stock a bottle of medicated pills say 100 ml—it may last for the use of 50 patients. But we need to have on hand a large number of remedies in different potencies, which may not be used at all, and it is only the money received from the use of any one of them that can make up the investment.

But, even this argument is NOT sufficient. The doctor has to live decently and must have proper knowledge of this vast system and it is for the use of this knowledge that goes with every single prescription, that the dose costs so much; even if the medicine were given free, the doctor must charge his fee. The addition of the consultation fee is implied in the charges for the treatment.

If a large percentage of cases is of an acute nature, as might happen in small towns or villages, a charge per day or per week irrespective of the number of doses is ideal. We can then even use the “plus dosage” of diluting the medicine of either centesimal or millesimal potency—in which case the actual doses dispensed are very few. Of course, in some situations, perhaps in addition to this solution some powders must also be given for two reasons:

1. The patient needs to report more frequently to replenish the powders.
2. No patient likes to pay anything just to get the answer, “continue the solution, and add more water” especially if the patient does not show any distinct change for the better.

How much placebo shall be needed depends upon circumstances. When I prescribe doses of high potencies, to be used on specific dates, my patients felt surprised if daily doses

were also given. They complained and asked me if these would not disturb the high dose. Also I found that even linking the charges to duration of treatment (day, week, month) was not practicable. So now, only a sincere word 'Consultation Fees' is used every time and the minimum depends entirely on the ability of the patient to pay. There are some who pay Rs 2/- for a month's treatment.

It is a strange thing to see a patient, who has spent about Rs. 1500 for 'Investigations' unwilling to pay a Homœopath any thing but a meagre fee. Perhaps we are to blame for this. Let us not cheapen ourselves just to hold on to patients. We find that poor middle class is the best pay master; they pay us not only what little money they can, and with a lot of love and respect.



This book is a rare masterpiece of the clinical experiences of the oldest living practitioner and teacher of homoeopathic medicine in India. In this piece of literature, the author has given interesting and useful hints about various remedies which are hardly known or noticed by the homoeopathic prescribers. This book includes very absorbing account of the great masters like Boenninghausen and their wonderful contributions to the homoeopathic repertory and materia medica. This book contains account of all aspects of prescribing of homoeopathic medicines, case taking, case analysis, study of materia medica, repertorisation, doses of medicines and their repetition. The author has cited his own cases as well as cases of other well known prescribers to illustrate these points.

**Dr S P Koppikar**, one of the the worlds renowned physicians, and former president of Tamil Nadu Homoeopathy Medical council has written many articles and presented papers in national and international seminars. He is probably the most experienced homoeopath in India. He has been practicing since 1937 and his book is like a journey through his times. A large part of the book comprises of speeches that the author has delivered on various occasions and articles he has published in various journals.

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