THE

Hindu Message

A Weekly Review of Indian and World-Problems from the Hindu Standpoint.

Medical Supplement

'चिकित्सितात्पुण्यतमं न किञ्चिदपि शुश्रुमः'। 'बिभेत्यल्पश्रुताद्वेदो मामयं प्रहरिष्यति'

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NOTES AND COMMENTS.

The study of Ayurveda is a hard study, if properly carried out, both scientific as well as systematic, and in no way inferior to the studies of western medical science. It has its medicine, surgery, midwifery, hygiene, toxicology, bacteriology, chemistry, botany, pharmacology, materia medica, anatomy, and physiology, and students have to acquire a thorough knowledge of these subjects before they begin their practice.

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Ayurvedic medicine is a vast branch of Ayurveda, full of means to come to a decision as regards clinical examinations, signs and symptoms of diseases, and a perfect diagnosis. Ayurvedic scientists have a double diagnosis. Diagnosis of the disease itself as is done by western scientists, and an extra diagnosis of the disorder of the humour Vata Pitta, or Kafa in connection with the disease. With the assistance of this, Ayurvedic treatment, in even most serious diseases is many times very simple. A germ fever, for instance malaria, is diagnosed as that particular fever, by observing its signs and symptoms, learning from the patient the history of the case, and in some cases examining the blood also, to come to a definite diagnosis; but according to Ayurvedic science that diagnosis is not perfect.

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There are sufficient grounds to say so, when one sees that although quinine is accepted as a specific for malaria, even if a case is diagnosed as that of malaria, quinine sometimes is not able to cure that case, nay, with every dose of quinine the patient gets worse. One can reasonably ask here as to where does the fault lie? To say that quinine did not agree with the patient, or he could not bear it, is not a scientific solution of the problem. The Ayurvedic science throws light over this. The theory of Vata, Pitta, and Kafa plays a very important part in the matter. According to this theory quinine is a drug which aggravates the humour Pitta in the system, and if a person suffering from malaria with the humour Pitta predominant in him is given quinine, all the symptoms of the disease are sure to aggravate, and if the treatment is obstinately continued, the patient may die. Such deaths are known to every practitioner. The only way to cure such a patient is to give a drug which will alleviate the predominance of Pitta in the system, with quinine, or without it, if that drug is anti-malarial. In this little change will be found a magic cure for the disease. This is not a cure by a fortunate combination of circumstances, as is believed by some, but a true scientific cure. If cases after cases have thus got well, simply by keeping in mind the theory of Vata, Pitta and Kafa and treating patients accordingly, one cannot hesitate to accept it both as a scientific and a systematic way of treatment.

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Ayurvedic medicine as stated in standard ayurvedic works of Charka and Vagbhatta has all its scientific bearings, the causation, signs, symptoms, diagnosis, prognosis, and treatment, and the diseases are the same as those mentioned in the best works of western scientists.

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Going to Surgery, one can at once see that if proper State aid was at the disposal of the workers in Ayurveda, the science would have been carried side by side with the western advancements, to its highest pitch. To prove this, one has only to refer to the pages of Sushruta, written years back, and read some of the surgical operations, out of many that are mentioned there. In Chikitsa Sthana Adhyaya 7 of the work, the author describes the operation Lithotomy for removing stone from the bladder, and one is surprised to see that all the stages described in the operation, closely correspond with the stages described in every standard text book on surgery taught at present in Government colleges, not even leaving the most minute directions as regards posture of the patient, cleanliness to be observed, fixing of the stone, removing of the nails, and the size, direction and the situation of the cut. Great advancement has been made in this branch in the western science under State aid, there is no reason why the eastern scientists should not take up what is wanting in them from their western brethren, in a true scientific spirit.

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Medical Botany is a very important branch of Ayurvedic science. In the western medical teachings the study of botany is abolished. Graduates of the Government medical colleges are unacquainted with the practical study of the source and natural forms of the drugs they use. The study of this branch of Ayurveda is very much cultivated, and each Ayurvedic practitioner before he passes his examination, has to get himself acquainted with the full knowledge of these vegetables in their crude as well as green form.

Diabetes.

BACILLUS DISCOVERED.

The "Times" Medical Correspondent writes under date April 29:—

The problem of diabetes has baffled medicine so long that any fresh contribution to it is certain of immediate, though very critical, attention. Such a contribution is made in the issue of the "British Medical Journal", published today by Dr. Arnold Renshaw and Mr. Thomas Fairbrother, of Manchester, who a month ago attracted attention with the results of their applications of dyestuffs to disease. They announce the discovery of a new microbe found in diabetic patients.

In the consideration of the mechanism of diabetes, they point out, very little is known concerning the source of the so-called acetone bodies (acetone, diacetic and oxybutyric acid,) which in this disease are eliminated from the body. The generally accepted view is that these substances are derived from the potein (flesh) molecule, from the fats of the tissues, or even from carbohydrates (starches,) but the tendency is rather to suppose that they are derived from fats. No one, so far as is known, has laid down any experimental proof that these bodies may be derived from the starches by bacterial action within the bowel itself.

The present workers, in 1919, while studying fermentation, noticed that products were formed from starches which closely resembled those met with in the body in diabetes. It at once occurred to them that possibly the bacteria causing this fermentation in starches might also be at work in diabetes. Five patients were therefore examined, and in each a germ was found in the bowel capable of producing the acetone bodies. This bacillus is rod-shaped and forms spores. It lives anaerobically—that is to say, out of the air—and it has been named "Bacillus Amyloclasticus Intestinalis." Its length is given as four to six microns, and its ends are slightly rounded, it may occur singly or in chains.

Altogether, nine cases of alleged diabetes have been under examination, and in seven of these the bacillus was found. In two of these the organism was detected with foreign organisms, which had retarded its action in the complete massive fermentation of starch, and great difficulties were met with in obtaining the organism in pure culture. In their paper, the authors declare that there is sufficient indication that in a short time these difficulties will be overcome, and the experimental results can be added to the five reported cases; in a footnote it is announced that since the paper was written one of the two cases had given typical fermentations.

The authors recall the fact that the acetone bacillus, which was used during the war was believed to occur on decaying maize, on bad potatoes, on other decaying vegetable matter. Northup isolated B. aceto-ethylicum from bad potatoes Jute retting is supposed to be due to a similar organism, and in this respect the incidence of diabetes in Dundee among jute workers is highly suggestive of a bacterial infection by this bacillus. Occurring as it does on decaying vegetable life, it is easy, they say, to understand how such a heat-resistant, spore-forming organism should enter the bowel of human beings. It is probable that, if this be so, one of the post-war effects will be a considerable increase in the incidence of diabetes and of acidosis.

It is further suggested that it may be possible to get rid of the bacillus by using other bacilli to prevent its action. The fermentation which produces acetone for commercial purposes can be hindered by a germ called Bacillus Volutans, and by other germs. The idea is to use these to hinder the production of acetone in the human body—and so, perhaps, to relieve the patient.

It appears probable, the paper declares that these methods, combined with a diet of foods which the bacteria cannot assimilate, will prove an important part of treatment, combined with the administration of certain antiseptics. The authors call attention to their work on the subject of antiseptic action among the coal-tar dyestuffs, which gives useful data on the relative value of dyes as antiseptics in regard to different organisms.

The chart here omitted—which has been drawn quite independently of the writers of the paper—shows the number of deaths from diabetes in England and Wales since 1905. The remarkable rise both for men and women is well shown and the not less remarkable drop which occurred when food control began at the end of 1916.

When Poisoning is Suspected.

DOCTOR'S POSITION.

Recent criminal law causes, writes a physician to the "Daily Mail" serve to remind us that it is often no easy matter to diagnose poisoning. In acute cases, either of suicidal or accidental nature, the problem is a comparatively easy one. A suicide does not, as a rule, destroy the evidence of his act, and a person who has taken something from a wrong bottle by mistake immediately informs some one of the fact. Poison taken unsuspectingly with food is more difficult to detect but we are often helped to a right diagnosis by the fact that a number of persons are suddenly seized with illness presenting similar symptoms and at about the same time.

Homicidal poisoning, in which an endeavour is made to simulate natural disease and no suspicion of foul play exists in the mind of the medical man, may be extremely difficult to detect. The symptoms produced by many poisons may be identical, and confounded with those of diseases. To mention duly one group, the irritant poisons, of which arsenic is a typical example. The symptoms often closely resemble those caused by gastrointestinal catarrh, gastric ulcer, or colic.

Equally mistakes may also be made in the opposite direction sudden illness being diagnosed as poisoning, and the errors which actually occur show that this difficulty is a real one.

When the family doctor suspects that poison is being surreptitiously administered to his patient his position is one of great difficulty, and this is particularly the case when the evidence he has is not sufficient to enable him to take a bold and open course.

On the one hand, unless he acts promptly and efficiently, his patient's life is in danger; on the other, not only is it a very serious matter to suggest poisoning—even in general terms—but also he may find himself the defendant in an action for libel and slander.

But there are certain steps of a non-commital nature which the medical man may take before resorting to more serious measures. He may attempt to frighten the poisoner from making any further criminal attempts by showing that he is not satisfied with his diagnosis and asking for a second opinion.

It is well for the general practitioner to remember that the calling in of a consultant does not relieve him of, or even halve, his responsibility, as in the eyes of the law all medical men are equal, and each is as much responsible as if he had acted alone. It is often a good plan for the doctor to indicate that he suspects poisoning and cause the cooking vessels to be examined and the wall paper to be analysed. He should if possible,

send his patient away to a nursing home, or, failing this, obtain the services of two trustworthy nurses who will prepare and watch the patient's food. Lastly, he will have to consider whether he should inform the patient's relatives or friends, and in appropriate cases it may be wisest to tell the suspected person, or even the patient himself. At a last resort it may be necessary to inform the police of his suspicions, but this is a serious step for him to take in the absence of positive proof.

Sign-posts on the Road to Cleanliness.

Keep your skin clean. Your skin is covered with millions of tiny pores through which poisonous waste matter from the body escapes. The pores soon get choked with dirt, and dirt leads to disease. To avoid this danger your whole body should be well washed with soap and water at least twice a week.

Keep your hands and nails clean. Dirt and germs soon collect on the hands and under the nails. It is most important that you should never sit down to a meal without having first washed your hands and cleaned your nails.

Keep your nose clean by learning how to use a handkerchief correctly. You should always breathe through your nose, as by doing so the air becomes purified and warmed before reaching the lungs. Your nose cannot do its work properly if you do not keep it clean and free.

Keep your teeth clean by brushing them every morning and every night. If you do not do this poisonous matter will form in your mouth. Some of it will ruin your teeth, and some of it will find its way into your body.

Keep your clothes clean Body lice love to live in dirty clothes. You should change your underclothes at least as often as you wash your body.

Keep your food clean by preventing dirt and flies from coming into contact with it.

Keep your room clean and leave your windows open day and night. A dirty, stuffy room is the home of many germs which cause disease.

Nota Bene in *the Hospital and Health Review.*

Treatment of Constipation.

Dr. E. T. Grasser, M. D., has in the course of an article in the *New Albany Medical Journal* said thus: "As to the medicinal treatment of constipation, the stronger purgatives only make matters worse, for, although they empty the bowels once, they leave the whole tract paralysed, to a greater or less degree, and some time must elapse before it regains even its former tone. The milder laxatives are much better, especially those which exert a tonic rather than a purely stimulant effect, and is a well known rule of medicine that small doses of several Synergistic drugs are better than a large dose of a single one. In severe chronic cases I insist upon a hygienic and dietetic regime, (which I have outlined elsewhere) and in addition I prescribe one to two Prunoid tablets night and morning. Where the patient is obedient and persistent in his efforts, this course has never failed to effect a complete cure. This preparation does not lead to the drug taking habit, its dose can be reduced gradually until within a month or so it will be stopped entirely. The habit of bowel action will by that time have been formed and the muscles and glands of the intestines put into good condition, so that with reasonable care the patient will have no more trouble."

Bronchial Asthma-Auto-Hemotherapy.

Dr. Andres Henske reports sixteen cases of Asthma which he treated with autogenous defibrinated blood, and claims that the results have been better than with any other method of treatment. He cites Kohm Emsheimer who have reported a series of six cases definitely benefitted by this treatment and reports their theoretical consideration for using this method. They state: 1. Asthma is due to a spasm of the smaller bronchi. 2. Spasm of the bronchioli is an anaphyltic manifestation which may be explained on the basis of protein sensitization. 3. The protein which may have gained access to the body through the alimentary tract or the naso pharynx is probably in the blood just prior or during the attack. 4. To produce active immunization in anaphylaxis, small doses of the causal protein should be injected and, for that reason, repeated injections of defibrinated blood, containing the causative protein should prove beneficient. The method of injecting the defibrinated blood is so simple that it commends itself to the use of every practitioner. The apparatus consists of a 25-mil Luer glass syringe, a rubber tourniquet, a 4-ounce bottle containing four or five glass beads, an ordinary medicine glass and six ounces of sterile normal saline solution. The technic is as follows:— 1. Apply tourniquet to patient's arm and withdraw 25 mils of blood from the median cephalic vein. 2. Transfer blood to the bottle containing glass beads and gently shake it for ten minutes until the blood is completely defibrinated. 3. Filter blood through sterile gauze into medicine glass. 4. After washing the syringe with sterile saline solution, draw up the defibrinated blood and inject subcutaneously into the interscapular space. 5. Repeat this injection every 4th or 5th day until seven to to ten injections are given. The author discontinues his treatment if there is no improvement after the third injection. Asthma has long taxed the ingenuity of the therapeutist, possibly because, as Dr. Henske points out in his conclusion, asthma is not a disease entity but a symptom or rather, a reaction to some irritative cause or a manifestation of tuberculosis or syphilis. Some cases of Asthma may be benefited by a change of climate, by modified diet or by specific antigen treatment, but the majority of cases do not seem to yield to any treatment. Any therapeutic measure that will bring relief to the unfortunate sufferers with asthma is of course welcome and worthy of an unbiased trial.—

Amer. Jour. of Clin. Med.

The varied effects on the heart and respiration were obtained when alcohol was administered to unanethetized animals whose spinal cords had been severed previously (the day before), at about the level of the eleventh thoracic vertebra. (1) When the drug is given by mouth there is a rapid rise and an immediate return to normal. This is due to local action. (2) When the drug is given intravenously the results are as follows: (a) When it is given gradually in quantities sufficient to kill in from one to two hours, there is no effect until just before death, when a rapid fall of pressure takes place. (b) When it is given rapidly there is a sudden fall, followed by an immediate return to normal. There is no effect if the vagi are cut. (3) When it is given by stomach, introduced by means of a stomach tube, there is no effect. (4) When alcohol is introduced without excitement intravenously into the normal dog, there is no stimulation of the heart or respiration.—*Dr. E. G. Hyatt, in the journal of Laboratory and Clin. Med.*

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