

THE

Hindu Message

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

Medical Supplement

‘चिकित्सितापुण्यतमं न किञ्चिदपि शुश्रुमः’ । ‘विभेत्पश्रुताद्रेदो मामयं प्रहरिष्यति’

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NOTES AND COMMENTS.

The *Englishman* has the following in its "By the Way" columns:—Finding himself suffering from a chronic cough Sir M. Bhownaggee the Indian M. P., gave up smoking for two days. He was so surprised at the result that he has now given up smoking for good—after being a devotee of pipe, cigar and cigarette for 40 years. We often hear people talk of giving up smoking but one seldom meets anybody with resolution like this. Many people find that the sudden giving up of smoking produces insomnia. Too much smoking is undoubtedly bad for the nerves. But to give up suddenly may be equally bad. It would be interesting to hear people's experiences on this subject. Does one smoke more in India than at Home for instance apart, of course, from the question of expense.

Brigadier-General Surtees, M. P. has introduced a bill in the House of Commons proposing that every chemist when selling poisons must state on the label of the bottle the antidote to the poison, so that in the case of any mistake a swift remedy may be applied. The penalty for failure to comply is put at £5. One criticism raised is that the vendor should be allowed to state the antidote in writing instead of print on the labels; another is that such precautionary statement may prevent people from calling in a doctor in case of accidental poisoning.

The assumed need for each of the various inorganic bodies regarded as indispensable to the dietary has been based on a number of considerations differing in the case of the individual elements. Thus phosphates are concerned in the neutrality regulation of the organism, calcium is mainly responsible for the integrity of the bony structures, while sodium chloride furnishes the chlorine of the gastric HCL. It was taught formerly that the amount and equality of the gastric juice was affect-

ed immediately the salt-intake was reduced, but it has been found that in that case the organism conserves its chloride resources. In "salt hunger" R. Rosemann shows that there is no excretion of chlorides, so that the store in the blood and tissues remains intact and all physiological processes in which chlorides are concerned continue normally. Observation now proves that when the depletion of the body chlorides has reached a certain stage complete anorexia, entire suspension of the gastric secretion, and severe damage to the mucosa ensue. During protracted illness it is advisable to bear these facts in mind in view of the frequent divergence from the normal regimen of sickroom dietaries.

Hakim Mohammad Younis of Hyderabad writes to the *Practical Medicine*:—

The easiest and the surest remedy for snake-bite is tobacco. About 5 tolas of tobacco should be mixed well with ten tolas of water and the liquid portion should be drunk throwing out the dregs. If the man bitten by a snake is senseless, the tobacco water should be poured down his throat, or if lock-jaw has set in, it should be passed through his nostrils. In about five minutes after the administration of the drug, the man will commence vomiting, and as the vomiting will go on, the effect of the poison will be removed and in about an hour the man will be all right. It is generally known here that no snake will pass through a tobacco field. Tobacco is the antidote for snake poison."

A new cancer cure is claimed in Berlin. The German Medical Press reports two cases of cancer cured by the injection of *children's blood* into the veins of the cancer patients. The cases were announced by Dr. Rollin of Hamburg. Both patients were near to death and the X-ray treatment had failed. The amount of blood injected was two cubic centimetres twice weekly.

Dyspepsia And Its Self Treatment.

By JADU NATH GANGULY, B. A., M. B. (CAL.)

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SELF CURED, OR NEVER CURED: WHY THE PHYSICIAN FAILS.

The physician is often asked by anxious patients "Is old dyspepsia curable? to which his correct answer is "yes, it is, if the patient is determined to cure himself, before it is too late," thus implying that the best curer is the patient himself. For though he can cure the acute, the neurotic, the tertiary and some other conditions, the physician is unable to restore his patients' health in the ordinary by far the most common form of the disease, for which medical aid is sought, for the following reasons:—

The idiosyncracies and habits of the patient.

The origin and course of the disease, and the temperament or the peculiar susceptibilities of the body, are not only variant in different individuals, but often opposite in nature. In one, for instance, the disease is due to too poor, in another to a too rich living. In one too much, in another too little labour. In this, as in no other disease, "what is one man's food is another's poison." Acids tarts and salts are good in atonic, very bad in the irritative form of the disorder. The food proper in the neurotic variety would kill a patient of the duodenal or intestinal complaint. Habits make differences puzzling to the physician. Some persons cannot digest their food, if they do not drink water with it, others cannot if they do. Some patients cannot digest milk unless it is boiled thick as syrup, the great majority cannot unless thin milk is made thinner by mixing with water or soda water. Grilled or roasted meat is a good food for those who cannot tolerate vegetables, while with vegetarians meat is an abomination. So with eggs. Going to bed immediately after supper is a patent cause of this disease. Yet some patients insist that unless they go to bed in ten minutes after the night meal, they can neither sleep nor digest their food. Every patient seems to have some peculiarity as his private property for the maintenance of his disease.

The patient his own Enemy.

Far greater becomes the difficulty for the physician when the patient's passions and propensities make him the slave of his habits—tea, tobacco, alcohol, opium, gourmandizing some favourite pursuit or something worse, which all grow up within him like a "second nature;" and make him forget the doctors' admonitions, as soon as the pains abate, to be remembered again "when in danger, not before." In radical cure of a chronic disease like this, the physician and the patient are like the two wheels of a running cart, of which if one breaks down, the cart cannot reach its destination, so when the patient fails to co-operate with his medical adviser, or resents at the strictness of his orders, the latter has no other alternative but to retire gracefully from the field by giving the patient an advice "change of climate."

Medicines Powerless

But perhaps the most patent reason why the doctor cannot cure is that his medicines cannot and therefore do not obey his orders. All medicines for dyspepsia are only palliative. They can alleviate or lessen our sufferings, but are not curative, cannot cure, cannot wipe away the disease for good. There is no specific drug for dyspepsia as quinine is for fever, mercury for syphilis or salicylates for rheumatism, such a remedy does not exist in allopathy, homeopathy, Ayurvedic or Hakimee or any other system.

What is worse: although drugs serve a temporary purpose, they become positively injurious if taken for

a long time. For with each medicinal cure, there is an increasing debility of the digestive organs.

At last the time comes when drugs fail to do any good at all; after which the more the medicine taking less the chance of recovery and the worse becomes the patient. Verily, drugs like fire and water are good servants, but bad masters.

Self-treatment.

Who then can cure this hydra-headed disease and how? The answer is as the poet says, "therein the patient must minister to himself" Aye, he must either be self-cured or never be cured. The self-treatment may be divided into bodily and mental. The former will be discussed in the following chapters, the latter here:—

The Will-Power.

The treatment of dyspepsia should commence in the patient's mind. The initial preparation is to have an ardent desire, a strong will power, to be cured. It is the want of this power which makes the disease incurable. The will-power is the vital spark of Heavenly flame in man, which so kindles his purpose and illumines his path as to lead on to victory. It is true that the average individual who has to labour for a livelihood does not always see his way to mending the causes of this disorder. But a way is not wanting when there is a will. Dyspepsia is generally due to our being fond of some pursuit or habit, at the expense of our digestive power. Does it not stand to reason that we must kick away those habits and pursuits if we want to get back the digestive power? And how can we do it unless we master up an invincible resolution? The patient who starts with such resolution may rest assured that he is already on the high road to cure.

How to strengthen the will-power.

1st. By attending to the dictates of our higher self. We all have in us two selves; a lower which prompts us to do things pleasant now, painful afterwards. This is our enemy, and disease is often due to its promptings as the sufferer of chronic dyspepsia knows too well. There is also a higher self in us, which expostulates and advises us to do things really good for our body and soul; and calls us back from the evil ways of the lower half. This is our real though disregarded friend "Man is his own friend, or enemy" says the Gæta, the Bible of Hindustan, "according as he succeeds or fails to conquer his lower self by his higher one." (VL 5, 6). We hear the voice of this neglected friend, in the stiffness of the night, when writhing under the alder stings of conscience, after perpetrating a crime, or when tossing in the bed screaming with the horrible pains of colic brought on by our own imprudence or when like Midas, famishing without food, though we have plenty of gold in the house, but dyspepsia dogs us at our heels and compels us to live on saga gruel. There is no dyspeptic from the king to the street beggar, but sometimes hears the voice, and sees its unerring finger pointing to the cause of the disease. He that obeys this voice, gains a will-power strong enough to mend his ways and is cured. (2nd.) By physical exercise (see Chapt. VIII.) (3rd.) By attentively observing the acts of those who by a strong will power have accomplished great deeds. (4th) By daily prayer to the all powerful to grant will power necessary for a cure.

Concentration.

Closely following the development of will power comes its offspring, concentration of attention to the cause of the disease and the means of relieving it. Concentration is an intoxication of the mind, in which amidst all your daily works the mind points like the needle of the compass to its own particular direction. Concentration has the astonishing power of making the world contribute to your success. As you go

about you hear about and see things which give you information about your disease, its cause and cure and you are astonished why you did not pay attention to them before. Every day you get more and more information. These should be recorded in a note book and consulted daily and put into practice.

The Reward.

Thus begins the recovery of the dyspeptic. These two powers soon demolish the old structure of passing habits and vices—fame-hunting, money-hunting, love, jealousy, sorrow, alcoholism, irregular hours, indiscreet eating and all that bring on the disease. When these are overcome the natural curative power of the body, the *vis natuæ medicatrix* soon restores the patient to health. And if the directions given in the following chapters be followed, a sound mind in a sound body may be once more expected. And even if the enemy sometimes tries to come back, the patient will still have the reward of his labour—a long and happy life, always able to conquer the enemy whenever it tries to approach him. There are two diseases, asthma and dyspepsia which under good treatment must either yield entirely or make the patient cautious, abstemious, and long-lived.

Indian Medical Record.

Human Brain in Action.

THOUGHT AND MEMORY.

In the strictly limited sense in which we are right-handed we are left-brained. As I write these words with my right hand it is the left side of the brain that starts and controls the movements of that hand.

But the thought and memory involved are initiated from neither the right nor the left side of the brain; those "higher centres" are not definitely localised. However, the "centres" for all the movements of the body are. Place your hand flat over either ear in such a way that the tips of the fingers reach the summit of the scalp and it will cover on either side, the area that governs the movements of the opposite half of the body.

Direct experiment on animals and the results of disease in human beings have enabled doctors to construct a complete map of this motor area of the brain. When a man has a "stroke" and loses the use of his right arm and his right leg and the right side of the face, we know exactly where the damage is on the left side of the brain. And the outlook is less unfavourable if the left half of the body is paralysed, because speech is governed by a centre in the left side of the brain.

Most people are right-handed. They learn to use their right hand for writing and other purposes from childhood, and its muscles are more quickly responsive to the brain. But the left hand has an equal capacity of development.

As well as being right-handed, we are also right-legged. If you were placed in a field blindfolded and directed to walk in a line straight ahead you would find that you would eventually return to somewhere about the place you started from, after describing a wide circle towards the left.

This has actually occurred to many who have set out to cross a wide common in a fog, and it is due to the fact that the right leg habitually takes a very slightly more powerful step than the left. That is also the reason why the shoemaker tries a shoe on your right foot for preference.

As the muscle of the right arm and leg are more constantly employed and more quickly respond to orders which we know come from the left side of the brain, it is fair to assume that the "centres" there that control them are more highly developed, and in that limited sense we are left-handed. But in no other.

Sight and hearing are governed from both sides; thought, memory sensation, and feeling are no more placed on one side than on the other. We live and move and exist in the brain alone.

Indian Medical Record.

Treatment of Cholera.

By Dr. GIANCHAND BLAGGANA.

Treatment during the acute stage of virulence does not hold out much promise of success, for the death is the usual termination; but bearing in mind that the symptoms are dependent on the drain of fluids from the body, the attempt to resupply the fluids should be given a chance. Wet packs, copious drinks of water, preferably permanganate of calcium water (one to six grs. to the pint) as much as the patient can drink inspite of the fact of almost immediate vomiting and subcutaneous injection of (previously boiled) water are rational treatment. One full dose of opium, 20 drops of laudanum with a dessert-spoonful of brandy in a little hot water, or half a grain of morphine, hypodermically injected, should be given at the earliest opportunity, but one and only one dose of opium should be given until the abatement of cholera symptoms. The repetition of opium is a serious danger, for absorption is in abeyance, so that the amount of opium accumulates, and with the return of the power of absorption, it acts as an overdose, and causes the death of the patient.

The treatment of cases of a less virulent type is governed by the condition of the bowels which is ascertained by percussion and palpation of the abdomen. If there be any evidence of an accumulation, a tablespoonful of castor oil in any suitable vehicle is given with a view of washing out the alimentary canal, or if the vomiting prevents the administration of the oil, small and repeated doses of calomel. The initial dose of opium is then given, followed by 5 drops of dilute sulphuric acid, with a tablespoonful of cinnamon water every quarter of an hour for four doses, and then hourly until the arrest of the diarrhoea. With this method of treatment many cases do not progress beyond the incubation stage of cholera.

Atropine and the Saline Treatment of Cholera. On admission, give 1/1000 gratropine sulphate hypodermically, and repeat it morning and evening. Take the specific gravity of the blood, the blood pressure, and the temperature in the mouth and rectum. If the blood pressure is not over 70 m. m. or the specific gravity is 1063 or over, give an intravenous injection of sterile hypertonic saline of 3 to 5 or even 6 pints, according to the specific gravity.

Permanganate of potash is given in 2 grain pills, every 15 minutes for 2 to 4 hours, then 2 every half hour until the stools change to green or yellow. Half pint injection of normal saline solution may be given rectally every two hours until the collapse stage is passed and urine is excreted regularly.

Symptomatic Treatment.—(1) For Vomiting.—Small pieces of ice. Tincture iodine 2 m. in a teaspoonful of water or 1/8th grain cocaine dissolved in a teaspoonful of water (2) Cramps.—Massage and rubbing. Hypodermic injections of morphia. Chloroform inhalations. (3) Prostration.—Hypodermic injection of strychnia or of camphor in ether. (4) Delirium.—Bromides with tincture of hyoscyamus.

Diet.—Nothing should be given in acute stage except iced water or soda. In the algid state the liquids given should be warmed and hot black coffee is given as a cardiac stimulant. When reaction sets in, the mildest food should be allowed as milk, sanato-gen, plasmon, milk with barley water. Not meat extracts. During an outbreak of cholera, all drinking water should be acidulated with dilute sulphuric acid,

a dram to the pint, and the slightest tendency to diarrhoea should receive immediate attention. It is important, in times of cholera to pay strict attention to the general health; for, although the disease is due to a poison, there is ample evidence that injudicious feeding, intoxication, a night's debauch, fatigue or excesses of any kind, create a susceptibility and contribute to the development of the disease.

Prophylaxis of Cholera—This should be divided into two heads: (1) Private and (2) Public. Private prophylaxis consists of personal cleanliness, avoidance of foods liable to be contaminated or to cause diarrhoea. Avoidance of pollution of foods especially by flies. Filtration and boiling of all water used for drinking and cooking etc., filters to be kept strictly clean, boiling of milk and protection against flies. Clean and sanitary dwellings free from flies. Anti Cholera vaccination or eucalyptus oil in 10 minim doses b. d. s. Immediate application for medical aid in case of diarrhoeal illness of any description. Foods must not be stored near latrines; drinking water must be kept in covered vessels. Uncooked vegetables, unripe fruits especially melons must not be used; weak tea and lime drinks should be used as beverages.

Public Prophylaxis demands protection of the frontiers by regular inspection posts and quarantine stations. A central cholera board with full staff and apparatus for bacteriological disinfection and Hospital work. Instruction of the public by means of pamphlets. House to house search for cases. Search for carriers and sources of infection. Distribution of medicines and disinfectants. Provision of medical aid accessible to all. Crusade against house flies.

Practical Medicine.

How Do You Breathe?

By A DOCTOR.

One of the high-roads to health is through the lungs. Yet correct breathing is one of the least studied means of obtaining bodily and mental fitness.

This is probably because breathing comes naturally, and goes on whether we think about it or not. When sitting down the breathing tends to slow down by more than half. This fact can be noticed by a person suddenly yawning or taking a long, deep breath.

A yawn means that the system is crying out for more air, and is a sign that the lower parts of the lungs have been neglected and are becoming clogged with stale air. This obvious hint should not be ignored, and a few minutes brisk exercise should be taken or if that is out of the question, a steady series of deep breaths should follow to freshen the blood thoroughly.

Reduced breathing has a bad effect on the brain. A lot of stale blood, instead of circulating, away, collects in the head and slows down the brain action.

Pessimism and melancholia are often caused in this way by poor breathing. One of the finest cures for a fit of the blues is a long walk. Walking sets the lungs at full steam ahead, the heart action bucks up, the brain is relieved, and a dreary outlook will become cheery.

Apart from this, feeble breathing has a directly bad effect on the chest, which tends to contract—a most dangerous happening for the whole system. It is in people who breathe carelessly that the germs of consumption take firm hold, and colds and coughs find ready access.

Deep breathing is a habit that should be cultivated. Once acquired it will carry on by itself. It will keep the blood pure, and that is the way to make the whole system practically germ-proof.

It is important always to breathe through the nose—especially in cold weather. The air passing through the nostrils is warmed before entering the lungs, and keeps off chills. In addition, the nostrils filter the air you breathe.

Burma Medical Times.

Swarna - - Rathnakaram

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