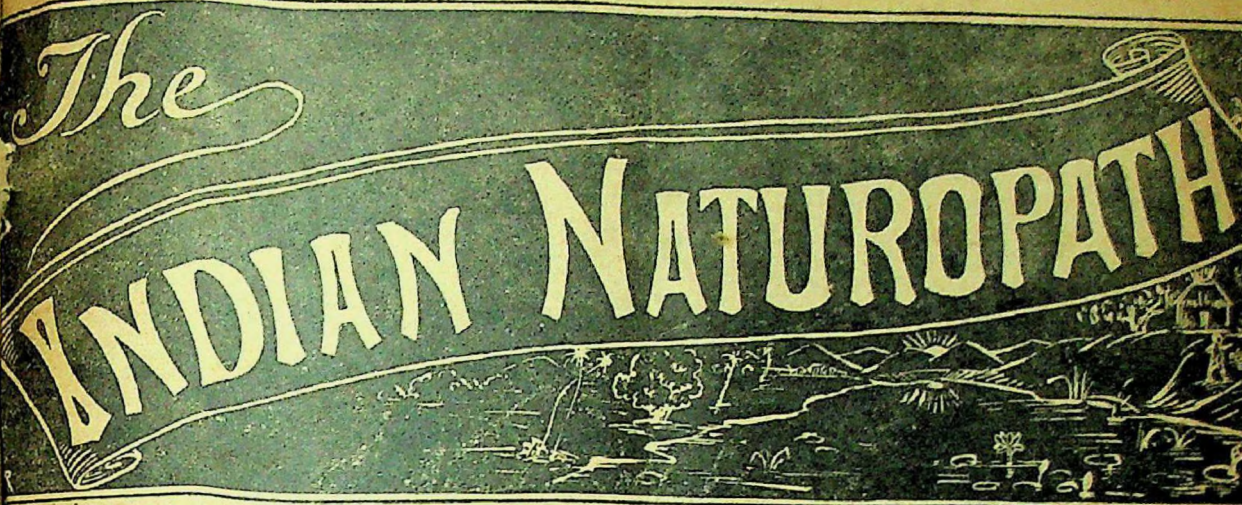


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# INDIAN NATUROPATH



FOR HEALTH - PHYSICAL, MENTAL & SPIRITUAL

Editor : Dr. P. VENKATRAMAYYA, N. D., D. M.

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# The Indian Naturopath, Bezwada

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# Indian Naturopath

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## EDITORIAL

### TRIMMING THE WASTE

In these days of war every family is desirous of retrenching its expenditure. Expenditure ought to be retrenched in such a way that it does not much alter the vital condition of the family.

Retrenching one's health-giving items and maintaining the showy, airy conditions is worse than foolish. In the history of one of my friend's thirteen years earning career, he told me that he never spent even a copper on his fruit item. When he had an attack of T. B. I could not induce him to take more than four or five fruits a day, for, he had no liking for them. He had got hunger to consume one pound of cooked rice along with as much other ingredients. With my talent and efficiency, I could not sufficiently alkalise his system and restore him to normal conditions.

People often indulge in eating costly candies and sweet-meats and neglect the cheaper and health-giving articles of food. They spend more money on articles which increase the acid percentage in their tissues than on things that alkalise the system and maintain perfect health in the body. It is always wise to retrench the expenditure of fuel and maintain or

increase the expenditure on water because it is water that can cleanse the body externally and internally. It is always beneficial to increase the expenditure on fruit and if one is not sufficiently rich, the expenditure on vegetables. The cost of showy dress may be trimmed and simple, plain, cheap, minimum clothing may be replaced with advantage.

The wasting of ghee and oils in frying of food articles is an inexcusable crime from the view point of health as well as economy. All articles of food fried in ghee or oils lose their nutritious qualities and become practically food-less foods. The cooking of vegetables just to make them soft and eatable is all that is needed in the act of cooking.

It will lessen your expenditure if you create and nourish the taste for uncooked salads to be taken along with or without your principal meal. It will decrease your craving for the items of the coffee hotel tariff. One gentleman of high standing and of course well educated, once told me that he was retrenching his expenditure in eliminating the subscription for the Telugu health monthly 'Prakriti'. In so doing he practically closed the doors of his family to the details of health and

hygiene. After two years, one of his sons had an attack of T. B., the other is suffering from Anemia and a third from Pyorea. It happened that I made a casual visit to their house. They showed me the patients. Had they been in touch with the dinning propaganda carried on through the columns of 'Prakriti' all these days and had they been patient enough to follow it, there would not have been these three diseases baffling in the family. The buying of health literature and attending health lectures even if they may cost a little amount of money, the acquisition of the knowledge will highly increase your health and thereby your wealth. Any expenditure made on such productive purposes such as health is immediately needed and should not be eliminated from the budget. Protection against disease is another inevitable item of expenditure failing which we will have to pay many times the item in the shape of doctor's bills. If you wish to retrench your expenditure on such doctor's bills you have no other means than to resort to the acquisition of health knowledge and strictly adhere to it. Not only yourself but

every member of your family should be well supplied with literature dealing with the common sense rules of biologic living. It will relieve you not only from the burden of the doctor's bills but much worry and anxiety will be averted, and much time gained for increasing your income.

Money spent on sport for the children and on physical culture for the adults forms the main item of expenditure for protection against disease and insurance against premature old age and death. Money spent in this way helps you to be healthy and efficient and enhances your power to increase your income. So, no family should trim their expenditure in this direction.

Living in ill-ventilated houses is considered to be another way of saving money. This saving will spoil the health of the family and lessen the earning capacity of the members of the family. It is bad economy and any intelligent manager of the family will easily learn that he should not trim the expenditure in that direction.



## Presentation of a Purse to Dr. Sarma

K. LAKSHMAN, B. A., B. L., N. D.

## in Commemoration of his 'Shashtipurthi'

The Sarma Shashtipurthi commemoration committee in Pudukottai convened a public meeting for the purpose of presenting a purse to Dr. Sarma K. Lakshman as a token of public appreciation of his selfless services for the cause of Naturopathy in this country, on Monday the 19th August. M. R. Ry. Rao Saheb A. G. Krishnaswamy Aiyer Avl, Retd. Deputy Superintendent of Police presided over the occasion.

The meeting began with a prayer. Then the secretary of the committee Mr. P. S. Visvanatha Aiyer, Chief Court Vakil, read the following report:—

"On behalf of the commemoration committee I have the honour to bid you, Sir, and the assembled guests a most hearty welcome. We are assembled here today to honour a worthy and distinguished countryman of ours whose 'Shashtipurthi' celebrations we had the fortune to witness recently. Dr. Sarma K. Lakshman, whose selfless services for the cause of Nature-Healing we are met to cherish tonight, is a rare personality in many respects. A man of vast erudition and high culture, Dr. Sarma perceived early enough that erudition and culture were of little avail unless they were harnessed to some great and divine purpose bound up with service of humanity. He accordingly set himself to study the problems of health and disease and probe the mysterious causes and conditions of life that accounted for the health or otherwise of individuals and communities. He soon came to the conclusion that many of the maladies from which men suffered were avoidable and largely due to unscientific and

unnatural modes of living. He did not simply stop with making this discovery, but felt his mission to propagate it and make the message of health go home to millions of his countrymen. With characteristic dynamism of thought and energy he wrote and published standard books on the new science of healing and its possibilities for the relief of the sick and suffering humanity. And if the educated section of our countrymen responds today to the significance of the new movement in the medical world that goes by the name 'Back to Nature', and if the world of orthodox medicine is alive to day to the contribution to healing made by the new movement it is due in no small measure to the great and pioneering efforts of our most esteemed guest who has counted no sacrifice too great for the achievement of his life's purpose.

It is therefore natural that the friends and admirers of Dr. Sarma who believe in his work, feel it proper that a token however small it may be, should be presented to him in connection with his Shashtipurthi celebrations. They have accordingly resolved to present their humble respects in the form of a small purse to be utilised for the furtherance of the cause of Nature-Healing which is dearest to Dr. Sarma's heart.

The committee deem it a particularly auspicious circumstance to have secured the presence of our esteemed friend on a happy occasion like this. Sri A. G. Krishnaswamy Aiyer is a worthy citizen of the state and has won the esteem and affection of the public. I have therefore extreme plea-

sure on your behalf and myself in requesting him to guide the proceedings of this meeting and bless the objects for which this meeting has been convened.

The president then delivered a speech in the course of which he said, "I feel it a great honour to preside on this occasion. I owe it to Mr. P. S. Visvanatha Aiyer who insisted on my taking the chair on this occasion. Firstly because, of my age, and secondly because of my love and regard for Mr. Sarma. He is an old friend of mine. The first time that I came in contact with him was when he played to perfection the part of Mock Doctor by the French dramatist Moliere in the college Theater Hall. He was simple, natural and affecting and it was impossible to improve on the manner in which he played his part. I was greatly impressed and I made immediate enquiries and learnt that he was the son of the late Mr. P. Krishna Iyer who organised the Pudukotah Police in the year 1875.

"Mr. Sarma was well spoken of by his teachers and professors. Some years later when I happened to visit Kumbakonam to pay my respects to the Late Sir A. Seshiah Sastriar, I happened to talk to him about Sarma. Sir S. Sastriar had formed a very high opinion of him and he said that Sarma was a well read young fellow and wrote English like a ripe scholar. His reputation has since grown from more to more and even now I am not sure whether there are many in this part of the country who can write English with greater ease and felicity. He has become an adept in Nature-Cure to which he has taken and his reputation is not only international but intercontinental. He is a man of great talents and great virtues. Once he takes to a thing he does it to perfection. I hear that there are men and women in America who have read his

books with interest and profit and taken to the practice of Nature-Cure.

After taking his degree in law, he set up practice in Pudukotah as a lawyer but in course of time he discovered that he was not destined to succeed in that profession. So he gave it up and took to nature-cure. He had made an intensive study of the subject. I am not sure whether the profession has paid him well. In fact, he does not count his success in terms of Rupees, annas and pies. His wants are few. And he is quite content when he gets enough to make both ends meet. You are aware of saying that 'contentment is the philosopher's stone.' And Mr. Sarma has discovered it. He has travelled far and wide and visited distant places in the north and in Burma, to look after and treat many patients given up by allopathic doctors as impossible of cure and has succeeded in restoring many of those people to health and strength. The joy of his success in these cases is, in his estimation, worth more than all the money he could get.

"When the time came for the celebration of his shashti abda poorthi, some friends and admirers of him, took it into their heads to collect money for some object connected with Mr. Sarma's name. Only a small amount was subscribed but it has come from very willing quarters. This purse contains about Rs. 350. I wish I had Mida's touch. Did I possess it I would transmute all the silver here into gold and present it to Mr. Sarma. I may tell you that, if all that were Gold, Mr. Sarma is the last man to annex it all to Himself. With that exuberance of generosity, which is inherent in him he would set apart the larger part of it for the establishment of a sanatorium for such sick people as may seek his treat-

ment and appropriate; if at all, only a very small fraction for his own use.

"He is a man of great intelligence, high character and spotless integrity and one for whom I have great respect.

"I, presenting, on your behalf, this purse to Mr. Sarma I request that he will kindly accept it and I hope and pray that he may live many many more years even unto his second childhood and continue his labour of love for humanity."

Then the president presented the purse to the chief guest Dr. Sarma K. Lakshman. Mr. K. Panchapagesa Aiyer (Lecturer, H. H. the Maharajah's College) then spoke on the qualities of the head and heart of Dr. Sarma. He said that Dr. Sarma was against not only drugging of the body but also drugging of the mind. He then referred to the achievements of Dr. Sarma in the fields of Religion and Metaphysics. Then Mr. S. Viswanatha Aiyer, Chief Court Vakil and Mr. T. V. Seetharama Sastrigal (Vakil) spoke.

Then Dr. Sarma rose to reply. He said that they had been very partial in the matter of praising him for which he blamed them but said that he liked their partiality towards Nature-cure. Nature-cure is extremely simple and can be practised by everyone. Still very few people are fit to deserve it. Dr. Sarma said that he was not one of those who thought that in this world Nature cure alone must live. Every system has got its own purpose to fulfil. Just as there are (or have to be) different systems of Philosophy so there must be different systems of Medicine to suit different temperaments. They must at least see that the candle of Nature cure is kept burning for ever. He thanked them profusely for helping him to start a naturopathic sanatorium.

Mr. A. Mahalinga Aiyer proposed a vote of thanks. He also thanked the Durbar for having assigned a suitable site in the Name of Dr. Sarma for the Naturopathic Sanatorium. The meeting then terminated.

## Dietetics In Diabetes

Diabetes, a disease resulting chiefly from faulty nutrition, is steadily on the increase. The characteristic symptoms of this disease are obesity and the abnormal sugar content of the blood, frequently over 0.3 percent, which is three or four times more than normal. As a result of the large consumption of meat, sugar and white flour products, diabetes has become a common disease in the United States. We must not regard diabetes as a mere local disturbance in the function of the pancreas, but a sign of physical degeneration due to a highly acid forming diet. Diabetes is essentially a disease of physical degeneration to a highly acid forming diet and lack of physical exercise.

There are two forms of diabetes, one form is called DIABETES MELLITUS, which persistently contains a greater or less

amount of sugar, and the other form called DIABETES INSIPIDUS, where the urine is as great in quantity and frequency, but contains no sugar or any other abnormal ingredients. It is the sugar form of the disease, that is called Diabetes Mellitus or Glycosuria, that is the more serious and important ailment.

Until about forty years ago it was thought that diabetes was a symptom vaguely associated with diseases of the liver and kidneys, and with many other conditions, but during the last twenty-five or thirty years the disease has been attributed to disturbances of a degenerate kind in the pancreas, and more particularly of late, of certain specific areas of the pancreas called the Islands of Langerhans, which secrete the so-called insulin, essential for the digestion of sugar.

(From "Vital facts about foods" by Otto Carque)

## Insulin - A Will O'the Wisp

Insulin, now employed, is a fluid remedy injected directly into the blood stream and is supposed to have a beneficial effect upon diabetic patients. It is extracted from certain parts of the pancreas, a gland located in back of and slightly below the stomach. When this gland is removed from the animal and used as food, it is called sweetbread.

The word insulin is used to describe this fluid because the parts of the pancreas from which it is extracted exist in small bunches of cells, grouped together like little islands, and hence known as the "Islands of Langerhans." The remaining parts of the pancreas consist of tissues which produce liquid enzymes and ferments and which flow through a duct into the first part of the duodenum just outside of the pyloric opening of the stomach, where they mix with the gastric secretions and aid in the digestion of food. In making insulin, these parts of the pancreatic gland are excluded and only the so-called "Islands of Langerhans" are used. However this may be, the only difference between the work of Doctor Banting, who is the accredited discoverer of insulin, and earlier investigators consists in Doctor Banting's separation of the two.

Many medical men now admit that, up to the present, insulin can do nothing more than to only temporarily relieve the incurable defect of sugar storage after each injection, and careful and cautious doctors are gradually discontinuing the use of this dangerous nostrum. In fact, insulin has been completely abandoned and diabetic patients are now being treated by diet alone, without ever resorting to insulin or even referring to it.

There is some evidence for believing that diabetes is hereditary for it is found to attack several members of a family simultaneously and consecutively. Careful investigations will prove however, hereditary tendencies when they show themselves in any families, are the result of similar dietetic and similar living conditions

and circumstances. The great prevalence of the disease in our modern towns and large cities, where one hundred pounds of refined sugar per capita are consumed yearly when compared with ten pounds per capita consumed twenty-five years ago, is another proof that hereditary causes are extremely subordinate. When we add to these predisposing causes the additional fact that almost everybody living nowadays eats an excess of meat, concentrated sweets and starchy foods, we must conclude that the excessive use of these foods is in some way or another the direct cause of Diabetes Mellitus, and that other causes are only secondary or predisposing.

Dr. Rasmus Alsakar, a physician of wide experience, gives the following excellent advice in his "Monthly Health Review".

"We know from our own experience that the diabetics are leaning too heavily on Insulin. Surely you know that Insulin cures nothing. It does not help the patient to build a better blood stream and it does not help him to improve his general health. It often lulls him into a false sense of security so that he does nothing for himself. If a person with diabetes takes insulin and continues to live in the same old way, he will not live as long as he could. He will continue to develop more and more acid and his body will deteriorate from year to year until nothing more can be done for him. We have seen chronic insulin takers so anemic that they appeared to be made from wax, showing no color in the lips and very pale mucous membrane in the mouth. This is a dangerous state of affairs.

"Insulin does just one thing and that is to help burn the sugar produced from the digestion of one meal. Its effect is not noticeable more than a few hours. Then another dose of insulin has to be taken, with the body deteriorating all the time. We may repeat but we think we are justified because many persons look

upon insulin as a cure for diabetes when in truth it is only a palliative for a few hours. We would urge those readers who happen to be afflicted in this way not to lean on insulin. If they are using it now they should strive to reduce the dose and build up the general health through judicious living. We shall outline how this should be done:

"1. See to it that the elimination is excellent. We talk so much about the elimination that it may bore some of the old subscribers, but please be forbearing and remember that new subscribers are coming to us every month. The four great eliminating organs are the skin, the lungs, the kidneys and the bowels. We have just been explaining that with proper food and drink the kidneys will care for themselves. Diabetics should drink at least eight glasses or sixty-four ounces of water every day. They should see to it that the bowels move freely twice a day, or at the very least once a day. They should practice deep breathing until it is established as a habit. They should apply friction to the entire surface of the body once or twice every day.

"2. They should be in the open air as much as possible during good weather and they should ventilate thoroughly at night.

"3. They should not attempt any violent exercise, but they should take enough walking and exercise for the rest of the body to maintain a lively circulation.

"4. In diabetes the body is very toxic and the patient should not add to the poisons in his body by consuming tobacco, coffee, tea, and alcohol. Water is the best drink for them as well as for everybody else.

"5. The eating must be balanced. It is very essential not to give a person with diabetes excessive amounts of starches and sweets. We know that some professional men tell their patients to eat any old thing and take a dose of insulin and forget about it, but this is a very serious error.

"Our experience has been that diabetics can take care of some starch, but that

all starch does not react alike. We get much better results with baked potatoes than we do with whole wheat bread in diabetes, (Unripe plantains may be baked or cooked and taken with preference.) It is almost impossible to lay out a general diet for those suffering from diabetes because each case differs from all the rest. It is an individual proposition, but we shall attempt something that we know will be far better than the bit and miss plan of the majority. We are in the habit of recommending nuts in this ailment. They are easy to digest if thoroughly masticated and they do not contain enough starch to be objectionable, with the exception of the chestnut and cashewnut which are barred. Of course, we do not recommend peanuts, as they are legumes and not nuts.

"It is true that all fruits contain some sugar, but those that are low in sugar content can be used to good advantage, among them apples, pears and moderate amount of grapefruit. We would advise that these patients avoid such sugary fruits as grapes, raisins, figs, dates, prunes and thoroughly ripe bannanas until the diabetes is under control. After that some of these foods may be used in moderation. We remember one of our patients who had an extreme case of diabetes. At first we took away from him all foods containing sugar and starch to exceed six per cent, but after he recovered he was able to eat potatoes, prunes and nearly all the fruits without any difficulty.

At first it is best to leave out of the feeding plan each starchy vegetables as parsnips, beets, peas, lima beans, butterbeans and carrots. Perhaps we should have called the beets a sugary vegetable, for it is the sugar in them that is objectionable. After recovery is made these vegetables may be used with discretion. Some of the permitted vegetables are Swiss chard, spinach, lettuce, celery, cucumbers, tomatoes, romaine, endive, cabbage, cauliflower, turnips, (snake-gourds, bottle-gourds, and ridge gourds, ash gourds) asparagus, onions, string beans and all other leafy vegetables that you can find in the market or in your garden. Tender young beet tops and turnip tops are excellent.

"Diabetics usually eat more meat than is good for them. Please remember that an excess of meat causes an acid body and that is a handicap in recovering. We have made a practice of confining the meat eating to one meal and permitting nuts in one or two meals. Nuts are far more nourishing than meat or bread and they really take the place of both, for they are rich in oil and protein."

**The Following Report is from the New York Times**

"Despite the widespread use of insulin, in treating diabetics during the last ten years, this disease claimed four times as many victims in New York City last year as it did thirty years ago, according to a survey made by public officials of the New York Tuberculosis and Health Association.

The survey recently was completed by Godias J. Drolet, statistician for the New York Tuberculosis and Health Association, for the Organization's research service. The actual figures show that 2,116 died from diabetes in 1932, compared with 503 deaths in 1901, a rise from fourteen deaths per 100,000 population to twenty nine per 100,000.

"This increase," Mr. Drolet explained, "has been almost wholly confined to women. In 1901 the 503 deaths were fairly equally divided between the sexes with 269 deaths among males and 234 among females. In 1931 a total of 633 men and 1,288 women died of diabetes.

In explaining this increase, Mr. Drolet said: "When the city's population doubles that of 1901, the deaths from diabetes numbered four times as many and the mortality of the female sex became twice among the males. In my opinion this increase among women is probably due to the noticeable release from physical labor and home drudgery, lightened by the

machine age, that the so-called modern woman of America enjoys. Diabetes is possibly a concomitant of reduced physical exercise throwing a greater load on the internal organs."

To evaluate properly the increase in diabetic deaths, special studies of the change in population were made. Not only the increase in population, but the change in the age grouping was accounted for, and standardized rates for each year of the thirty year period under scrutiny were prepared.

While the crude death rate from diabetes per 100,000 oioykatuib rose from 14.2 in 1901 to 27.1 in 1931, or nearly doubled, the standardized rate, taking into account growth and adjusted for comparison on the basis of a similar age composition, changed from 17.3 to 27.9, or truly rose by 5.8 per cent.

"Insulin, already at our disposal for more than ten years," said Mr. Drolet, "does not seem to be sufficiently effective in checking this rise. Although it has undoubtedly prolonged the life of many diabetic sufferers, it is obvious that greater efforts must be made on the preventive side. Insulin can only relieve the condition among those already suffering from diabetes. We must ascertain the true cause leading to this disease."

There are no specific foods or remedies necessary to cure diabetes, except a carefully selected diet of fruits and vegetables supplying the needful alkaline elements to eliminate the toxins from the system. The widely advertised gluten products and other "diabetic foods are worse than useless because they are acid forming. Saccharine, a coal tar product, is often used by diabetics in place of sugar, but in every instance the drug will prove harmful to the patient, as it will effect the normal function of the kidneys.



## Tonsil Clinics and not Tonsils should be Extirpated

From "Citizens Medical Reference Bureau".

Some idea of the extent of the wholesale cutting out of tonsils may be gained from the London letter to The Journal of the American Medical Association, published in its issue July 9, 1938, which states that "It had been estimated that 200,000 tonsillectomies were performed annually in this country and that the operation accounted for a third of all the operations with general anesthesia performed in the United States." Also The Journal of the American Medical Association in "Current Comment" in its issue March 16, 1940, states that "According to Public Health Reports 1,235,000 tonsillectomies are performed each year in the United States."

### Seventy-three cases of Infantile Paralysis reported following Adeno-Tonsillectomy.

In a communication published in The Journal of the American Medical Association, December 16, 1939, Harold K. Faber, M. D., San Francisco, directs attention to 73 cases of poliomyelitis (or infantile paralysis) after adeno-tonsillectomy cited in medical literature. He says:

#### Poliomyelitis After Adeno-Tonsillectomy.

"The subject of poliomyelitis following adeno-tonsillectomy is one of such importance that I submit the following tabulation of cases from the literature as a supplement to Dr. Felderman's letter in your issue of October, 28. No case has been included in which the interval between operation and the onset of poliomyelitis was more than twenty-two days. The references will all be found in Stillerman and Fischer's paper

(Am. J. Dis. Child 56, 778 Oct. 1938) except the one to the more recent paper of Koskoff, Amshel and Lebeau (Arch. Pediat. 56:19 Jan. 1939). The recent cases reported by Ayer and by Aycock are mentioned by Stillerman and Fischer as obtained by personal communication:

	Cases	Bulbar
Ayer (1928)	9	9
Aycock and Luther (1929)	16	11
Silverman (1931)	5	4
Stillerman and Fischer (1938)	13	9
Aycock (1938)	2	2
Ayer (1938)	6	6
Eley and Flake (1938)	20	17
Koskoff, Amshel and Lebeau (1939)	2	2
Total	73	60 (82%)

"As Stillerman and Fischer point out, the proportion of bulbar cases in poliomyelitis after adeno-tonsillectomy is so much higher than in poliomyelitis generally that the chances of its being accidental are statistically negligible (fifteen in 10,000 in their own series, in which the proportion is lower than in the totals of the compilation given in the tabulation). There seems to be little doubt that the operation provides a portal of entry through the traumatized cranial nerves supplying the tonsillar fossa and the nasopharynx to virus already present in that region. The studies of A. D. Sabin (Experimental Poliomyelitis by the Tonsillopharyngeal Route, The Journal, Aug. 13, 1938, p. 605) give experimental support to this contention.

Harold K. Faber, M. D.;  
San Francisco."

### Fallacy of Indiscriminate Removal of Tonsils.

Extracts from Article by Hobard A. Reimann, M. D. and W. Paul Havens, M. D., Philadelphia, entitled "Focal Infection and Systemic Disease: A Critical Appraisal," Published in the Journal of the American Medical Association, January, 6, 1940, P. 1.

"In a period between 1928 and 1931, one third of all surgical operations performed in a group of nearly 40,000 cases were for tonsillectomy. Glover, who has made extensive studies of the problem in England, estimates that 200,000 tonsillectomies are performed annually in England and Wales. It may be inferred that in many cases financial considerations play a role since the operation is three times as common among the well-to-do as among the poor. In Collins's study in this country the operation rate was about double in families with large incomes as compared with poor ones. If the procedure is to continue on such a scale there ought to be indisputable evidence of its value to justify it. Such evidence does not exist.

"There are no standards whereby one can judge whether tonsils at any given period of life are normal or not. In the usual sense of the term, tonsils are regarded as 'infected' when they are large, scarred, small, adherent, when the crypts are plugged with caseous material, or when various forms of streptococci can be cultivated from them. These criteria are unreliable. Tonsils such as those described are often present in otherwise healthy and normal people, as well as in persons with every sort of ailment.

"Numerous comparisons have been made between groups of children who have tonsils and those who

have not. In 1923 Hunt and Osman found that the number of recurrences of rheumatic fever was not reduced by tonsillectomy; in fact, recurrences were more common in those operated on. Other observers also found that recurrences are not reduced by tonsillectomy; Archer found that those patients who had had their tonsils removed were just as apt to have a preceding infection of the respiratory tract as those who still had their tonsils. Some observers suggest that enucleation or incomplete enucleation of the tonsils may even increase the susceptibility of children to rheumatic fever. It is pointed out, however, that one is apt to find a higher incidence of rheumatic fever among tonsillectomized persons because of the routine practice of tonsillectomy for the disease. The studies of Kaiser and of Ash are of particular importance. Both were unable to show a significant reduction of the initial infection, recurrence or subsequent heart disease in tonsillectomized children, although Kaiser advises the operation as a prevention against recurrence because of the slight apparent advantage (2 per cent) possessed by tonsillectomized children.

"In the face of much evidence to the contrary, reports occasionally appear claiming beneficial effects from prophylactic tonsillectomy, but it is noteworthy that these studies are insufficiently controlled or not controlled at all.

"Harmful effects of Tonsillectomy—It is often stated or implied that tonsillectomy is a harmless and safe procedure. This is not always the case. It is true that published statistics often show a surprisingly low mortality rate as a direct result of the operation, but in many instances the patients are not followed for

more than a few days after operation. It is known that many cases of pulmonary abscess never come to the knowledge of the surgeon; some of them are recognized months later by another physician. Published statistics usually originate from large well equipped hospitals or from the hands of surgical experts. The final conclusions no doubt would be far different if one could learn the results of tonsillectomies performed by novices or by the inexpert. It is not uncommon for internes to perform the operation during the rush period on 'tonsil days' in certain hospitals. Further more, although it is often asserted that the death rate from anesthesia during tonsillectomy is exceedingly low, in 1924 there were 474 deaths from anesthetics. 16 per cent of which were given for tonsil and adenoid operations. The subsequent years have no doubt brought about improvements to technic to reduce these accidents but the danger remains. The Registrar-General's Statistical Review from England for the year 1931 to 1935 gives enlarged tonsils and adenoids as the cause of death of sixty children, while 513 deaths resulted from tonsillectomy. It is estimated that eighty five deaths occur annually as a result of tonsillectomy in children under 15.

"In discussing the etiology of pulmonary abscess, Norris and Landis list operations in the nose and throat under general anesthesia, particularly tonsillectomy, as first among the most frequent causes. From 40 to 60 per cent of lung abscesses follow tonsillectomy and other oral operations.

"Tonsillectomy, like extraction of teeth, may lead to temporary bacteremia, and in certain cases to a subacute bacterial endocarditis. Nesbit recorded the development of complications in 7.5 per cent of children operated on as outpatients and in 2.2 per cent of private patients. Numbers of cases of polymyelitis have developed shortly after tonsillectomy. Numerous other conditions, diseases and relapses may be precipitated by tonsillectomy.

"It is generally admitted that occasional improvement does occur after operation on supposed infected areas, and many physicians are able to recite their own experiences of prompt relief of this or that complaint after the extraction of a tooth or after tonsillectomy. Such examples suggest, but by no means prove, an etiologic relationship. One can never be certain whether recoveries, especially specular ones, occurring often a few hours after operation are not partly due to faith, chance, coincidence of spontaneous cure to non-specific factors, or whether the same degree of improvement might not have been brought about by less drastic or less dangerous methods. The old dictum 'after it, therefore because of it' should not mislead one. It is probable that the occasional recoveries which occur are equalled or even outnumbered by instances of immediate or delayed harm which may follow operative procedures in the form of hemorrhage, septicemia, lung abscess, other grave systemic disease and even death, as discussed previously in this paper. One more easily remembers prompt successes than delayed failures."....."



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National - Socialist Health.  
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This extract is taken from 'Universal Digest' Bombay, July 1940.

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2. To foster the perfection of the true Science of Health by promoting investigation into the Laws of Natural Living and into the Methods of Natural Healing.

3. To encourage a sympathetic, critical and comparative study of the several ancient and modern, preventive and remedial systems, institutions, customs and practices in the world (whether scientific, philosophical, religious or otherwise) for the purpose of ascertaining their Naturopathic value, if any.

4. To investigate, interpret and redeem the theory and the practice of the traditional Indian Naturopathic Systems of Yoga.

5. To propagate the philosophy of Naturism, and to work for the re-organisation of human life, effort and culture on a natural basis.

6. To provide moral and if necessary, legal support to those that live or advocate a life according to Nature; particularly, to persons practising the profession of healing by Naturopathic methods recognised by this Association.

7. To do all such acts as may be necessary, incidental or conducive to rendering the knowledge of Nature's Ways and the Blessedness of Natural Life available to people.

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[c] For the accommodation of persons desiring a life of serene purity or treatment for any disease, to found and conduct health homes or other sanatoria in urban, horticultural or sylvan environments and to demonstrate to the world the supreme efficacy of Naturism, by remedying all diseases by Natural Methods.

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