

TAKING THE PISS by I. C. McManus



Morarji Desai

Claims to keep his health by drinking a glass of his own urine each morning.



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Advantages too for the doctor: it's impossible to prescribe the wrong medicine.

On any railway bookstall in India, lurking at the back between the copies of *Time* and *Newsweek*, you can find the latest best-selling magazine, *Auto-Urine Therapy* (incorporating *Naturopathy*). In the top left-hand corner of the cover a gentleman with massive pectoral hypertrophy and a sash inscribed "Hercules" over one shoulder, holds in his right hand, with a lip-smacking grin of anticipation, a jar of liquid that, even in black and white, looks suspiciously yellow.

Ever since Morarji Desai, the octogenarian Prime Minister, claimed in his recent book *Nature Cure* that he had kept his health through drinking a glass of his own urine each morning, the habit has been growing in popularity. At a New Delhi bookstall I learned that *Urine Therapy*, the latest book by Dr C. P. Mithal ("MB BS MD, Ex-House-Physician NF Medical College, West Bengal, Best selling

author of *Marriage Manual*"), was "selling like the hot cakes, sir". How could one resist for rupees 5.95? The book is a masterpiece and ideally you should consume it at leisure and in its entirety so that you can savour the full flavour. A synopsis and a few quotations (strictly verbatim) may, however, help the uninitiated.


I must warn you not to treat this work with scepticism. Sardar Khushwant Singh, editor of the *Illustrated Weekly of India*, dared to do that and received a suitably restrained attack from the editor of *AUT* (as the aficionados call it). It seems that "this farting Sardar" has been in some form of liaison with a lady in the management of his newspaper, or rather, he has been "massaging her in season and out of season with unadulterated Amul, and is also a Pomeranian in the said lady's household . . . Be that as it may". This reckless man dared to use science and logic to try and dis-

CONSTIPATION isn't

Auto-Urine Therapy

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JAGDISH B'S CHALLENGE TO KHUSHWANT SINGH: THE SARDAR OF BORIBUNDER • THE TERRIFYING MENACE OF T.B. IN BOMBAY • MAHARASHTRA, INDIA IN GRUESOME ASPECTS-INTERVIEWS WITH TOP T.B. SPECIALISTS. OFFICIAL AND NON-OFFICIAL • SPECIAL ARTICLES ON NATUROPATHY • THE OTHER SIDE OF DR. ANN WIGMORE

prove the validity of *AUT* and now there seems little hope for him unless he literally takes a dose of his own medicine, or as the editor puts it, "switches his preference from uncontrolled consumption of Scotch Whisky to controlled drinking of his own urine". This wonder cure will have all sorts of benefits for the Sardar, not only "washing out the cobwebs of the brain" but also "his notoriety for farting away like hell will turn into fame for writing sensible things". So be warned.

Modern interest in urine therapy was created by John W. Armstrong, an Englishman one regrets to say. Rejected by the army because of fulminating TB, he tried several treatments, all to no avail. After two years, "he was very weak sick and dispirited of life. Then one fine morning he came across this line in the fifth chapter of the Holy Bible: 'Drink waters out of thine own cistern' . . . he was convinced that

the meaning . . . is that one should drink his own urine to restore health". Naturally he was cured. Later, "Armstrong tried this remedy on 40,000 patients and most of them got completely cured by it." (Only most?) Lest one should scoff at such claims the author tells us: "It has not been possible for me to conduct so-called scientific experiments to prove its validity . . . For me it was self-evident. Second important reason has been that people are not synathatic to urine therapy. They have orthodox and baised views on this subject."

The rationale for *AUT* is that urine contains many chemicals, and the list of ingredients "appears to be a formula of some very good tonic for the body . . . Moreover urine is not a dead tonic like those sold in botters . . . There are many harmones and other secrations which are present in urine . . . They have many life giving properties". But don't think that that is all. "There is another point worth serious consideration. At the time of disease body produce some extranuous matters and antibodies. These come out of the body through urine. Therefore urine of a patient contains antibodies and produce of disease long with nourishing salts." How could one doubt it?

Given the rationale, what about the administration? There is a long section marked "Technique of Drinking Urine", for one may also anoint oneself with it or use it as a wet pack. The author is frank about the problems of patient non-compliance. "People hate urine." Not that this should deter them, because, as he so reasonably points out, "Many allopathic medicine have rotten taste and smell, but people take them." For those who are still a little reticent, the author recommends, "First let him wash his teeth and month with urine for a few days, Afterwards it will be easier to drink it." Adverse reactions are fairly common, particularly in common with fasting. ". . . there are cer.ain reaction in the from of loose motions, vomiting and skin disease . . . sometimes white rnoethed small boils erupt throught the body . . ." There is also hypo- and hyper-tension and palpitations. "All the should be obseved with cool mind." The benefits of *AUT* should always be borne in mind and, as the good doctor so astutely points out, these benefits are not only to the patient; the doctor has the advantage that it is impossible to prescribe the wrong medicine since urine will treat *all* diseases.

But enough of the mechanics. A few case histories will demonstrate the power of this therapeutic innovation. Consider the story of Vaidya Karuna shankar Ram shanker Trivedi of Gujrat, who at the age of eight years had a moving experience, and as a result became converted to urine therapy, and for the rest of his life gave "scholovly" support for the therapy. "When he was eight years old, a centepede entered idto his law. It was night and dark. Pain was inbeavable.

continued

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Dosage and Administration
The dosage of NORIMIN for the initial cycle of therapy is one tablet taken daily from the 5th to the 25th day of the menstrual cycle, counting the first day of menstruation as 'Day 1'. For subsequent cycles, no tablets are taken for 7 days; then a new course is started of 1 tablet daily for 21 days. This sequence of 21 days on treatment, 7 days off treatment is repeated for as long as contraception is required.
To provide added protection during the first cycle only, the patient should be instructed to use an additional method of contraception for the first 4 days.

Contra-indications
Tablets must be taken daily in order to maintain adequate oestrogen levels. If a tablet is missed, it should be taken as soon as possible, even if this means that two tablets are taken together. If tablets are missed, a tablet should be taken as soon as possible. No additional method of contraception should be used. If more than two tablets have been missed, oral contraceptive therapy should be discontinued immediately and a method of non-hormonal contraception should be used until menses has appeared or pregnancy has been excluded.
Changing from another oral contraceptive, NORIMIN should be started 4 days after completing the last course of the other product. An intra-uterine or chemical contraceptive should be used during the first 4 days of the new treatment.
Discontinue if it is not necessary to discontinue NORIMIN when the patient is susceptible to thromboembolic disorders, it may alleviate some of the distressing symptoms of the menopause, though cyclical bleedings are very irregular and thus mask the menopause.

Contra-indications
As with all combined progestogen/estrogen oral contraceptives, the following conditions should be regarded as contra-indications:
Thromboembolic disorders, thromboembolic disorders, cerebral apoplexy, a history of these conditions.
Active liver disease.
Known or suspected carcinoma of the breast.
Known or suspected progestogen-dependent neoplasia.
Undiagnosed abnormal vaginal bleeding.

Side-effects and precautions
As with all oral contraceptives, there may be slight nausea at first, a feeling of tiredness or breast discomfort, which soon disappear. Spotting or bleeding may occur during the first few cycles. Usually menstrual bleeding becomes light and occasionally there may be no bleeding during the first few days.
Discontinuation, which is usually reversible on discontinuing treatment, but occurs in a small percentage of women taking oral contraceptives.
Progestogen/estrogen preparations should be used with caution in patients with a history of cardiac dysfunction or hypertension.
There is a close association between the use of oral contraceptives and the occurrence of thrombosis, embolism or haemorrhage has been reported. Patients on such treatments should be kept under regular surveillance in view of the possibility of development of such conditions.
Benign and malignant liver tumours have been associated with oral contraceptive use. The relationship between occurrence of malignant tumours and use of female sex hormones is not known at present.
Breast adenomas are very rare but they may rupture causing haemorrhage. Therefore, if the patient presents with a mass or lumpiness in the right upper quadrant or an acute abdomen, the possibility of an adenoma should be considered.
The use of this product in patients suffering from epilepsy, migraine, asthma or cardiac dysfunction may result in exacerbation of these disorders because of fluid retention.
Decreased glucose tolerance may occur in diabetic patients on this treatment and the condition must be carefully supervised. Good medical advice before pregnancy should be ruled out before initiating treatment with the contraceptive regimen.
Concomitant therapy may interfere with the absorption of the tablets. The drugs may modify the metabolism of NORIMIN reducing its effectiveness. Instances of oral contraceptive failure have been reported in patients treated with rifampicin and with anti-epileptic drugs. During the time such agents are used concurrently, it is advised that alternative contraceptive methods also be used.
Women with a history of oligomenorrhoea or secondary amenorrhoea during treatment with regular cycles may have a tendency to remain amenorrhoeic or to become amenorrhoeic after discontinuation of oral contraceptives.
Women with these pre-existing problems should be advised of this possibility and encouraged to use other contraceptive methods.

Treatment of over-dosage
Over-dosage may be manifested by nausea, vomiting, breast enlargement, headache, dizziness. Gastric lavage may not be necessary but emetics such as ipecacuanha or syrup of ipecac may be helpful.
Pharmaceutical precautions
NORIMIN should be kept under normal storage conditions.
Legal category
NORIMIN is supplied on prescription only.
Patent
Syrtepharm is a trademark. Full prescribing information is available on request from Syntex Pharmaceuticals Limited, Syntex House, Syntex Road, Maidenhead, Berkshire.
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His brother urinated in his ear on the advice of an old man. Pain immediately subsided. In the morning centepede was found dead and in pieces near the opening of the law." A tricky problem which many of us would have had trouble treating.

Incidentally, if anyone has a spare copy of *Hart's Rules*, and/or a copy of a treatise on the use of third person pronouns, I'm sure that Oxfam could arrange for it to reach a clearly deserving compositor.

AUT also has its contribution to make to ophthalmology. "Washing eyes with urine thrice daily makes the bright and healthy Iye-sight improves and in many cases use of spectacles becomes unnecessary. I have myself experienced this. In 1965 I was using spectacles whose number was minus two and a half. After two months of eye-washing with urine the number came down to minus one and a half. Further continuation of the treatment brought the number down to one only. Those who want to leave spectacles altogether and forever, apart from washing the eyes with urine, drink some through the nose."

As was stressed before, one should not be deterred by apparent early failure. "When possion starts comming out, most patient loose heart." Note the unwitting poetry of the author—one suspects that in a previous incarnation he had probably written "Sumer is icumen in, lhude sing cuccu".

Let's consider the case of Shri Juthabhai, old friend of Raojibhai. "He was an old but healthy man living in a Harijan Ashram. Somehow [?] he got syphilis, and its eruptions spread everywhere on the body. Shri Juthabhai started fasting with urine and auointing the body with two-three days stored urine [apparently it has to be left to mature]. As a result his body became full of big yellow blisters. His appearance became horrible. It continued for six day. Blisters were not subsiding. He, then asked one of his friend to auoint the body with force so as to break open the blisters. When his friend did this, Shri Juthabhai's body became white with pus. After this he took bath with luke-worm water and felt immediate relief. Now his skin started regaining its normal condition

and in six more days he was completely all right."

Not all cases respond to such minimal intervention. Poor Kehra had a skin reaction from leprosy and the good doctor was forced to intervene more strongly, because "Kehra skin came off his body like snake's slough. He was made to lie on ashes of cow-dung cake. He remained deeply asleep. By evening ashes were change four times to soak the offensive secretions."

After these dramatic and convincing case histories I need hardly quote the equally impressive accounts of the treatment of cancer, diabetes, heart disease, eczema, leucoderma, leprosy, and, last but not least, piles. Anyone who still doubts the efficacy of the treatment must be referred to the master. Lest, however, one wishes for some form of therapy a little less dramatic than auto-urino-dipsy, the latest copy of *AUT* has several other water treatments. For those with atherosclerosis, how about trying "self-washing through water". This special treatment, which I hasten to add uses only tap-water (although the difference may be academic in Calcutta), is guaranteed to "create an artery-scrubbing sensation", and cause a quick flushing of cholesterol out through the kidneys. (Presumably the patient is not recommended to drink this urine.) Alternatively, how about a "Herb Rub-down". It seems that "The sluggish nerves of the skin are often in need of a brisk alerting. Here is an historical compound that can help you pep up the lazy skin cells and awaken the nerve responses."

If you think *AUT* is a magazine only for crackpots, you are denying the eminence of the authors. No less a person than the Prime Minister of India, ruler of 15 per cent of the world's population, pronounces through the magazine's columns that: "All fevers, even typhoid or pneumonia, can be cured by fasting and enema and, if necessary, steam-bath."

At which point you could do worse than take a glass of the real "Water of Life"—best taken with ice and soda and, under no circumstances, auointed onto the body (too expensive), or drunk through the nose (try it).

Your health! ■