

THE PLACE OF HOMŒOPATHY

DR. RUTH MACLEOD

*Extracted from Dr. Macleod's introductory lecture to the Compton
Burnett Lectures at the Royal London Homœopathic
Hospital last year.*

DR. MACLEOD TOOK HER LISTENERS ON A LIGHTNING TOUR THROUGH THE HISTORY OF MEDICINE. IN THIS WAY, THE PLACE OF HOMŒOPATHY IN THE EVOLUTION OF THE SCIENCE AND ART OF HEALING COULD BE SEEN.

From 3000 B.C. we have records of Sumerian, Babylonian and Egyptian medicine, empirical and magical in nature, spells and incantations being intermingled with medicinal remedies. India, too, had its medical lore, though it was chiefly in surgery that the ancient Hindus excelled, performing Cæsarian sections, lithotomies and rhinoplasties. But China made the most notable contribution to medical therapy in those far off days, for we read of Emperor Shen Nung (circa 3000 B.C.) who experimented upon himself for many years, and discovered a large number of drugs and poisons.

This knowledge he set forth in The Great Herbal or Chinese materia medica which is still in use in China. Some of the remedies, (for example, aconite, iron, arsenic) are in use to this day.

But it was in the age of Pericles, that golden age of brilliant thinkers, that Hippocrates, born 460 B.C., the greatest physician of all time, entered upon the stage of history. In the Corpus Hippocraticum we have a complete exposition of his methods.

He believed in the principle of *Vis Medicatrix Naturæ*. "Our natures," he said, "are the physicians of our diseases." He focussed attention on the patient rather than on scientific theories of disease or elaborate laboratory tests. He noted the effects of food, occupation and climate, and in the Hippocratic Oath he set a high standard for all who wished to follow "The Art".

To this day medical graduates are expected to adhere to these high ethical principles. Let me quote one passage. "And I will use

all ways of medical treatment that shall be for the advantage of the sufferers, according to my power and judgment."

From Greece derived the medicine of Alexandria and Rome. And among the first Greek physicians to arrive in Rome we find Asclepiades, the "Prince of Physicians" as he has been called. He believed that health was the balance between tension and relaxation, a theory known as methodism. And it was he who originated the idea that disease should be treated speedily, safely and agreeably.

In the post-hippocratic era we find medical practice largely dominated by sects and cults, the Dogmatists, the Empirics, the Pneumatists, the Methodists and the Eclectics. To this period belongs Mithridates VI, King of Pontus, who, it is said, discovered that he could immunise himself against certain poisons by gradually increasing doses.

By making experiments upon unfortunate criminals he also discovered an antidote for every poison, containing about 50 ingredients and known as mithridaticum. This seems to have been the original of theriac, a preparation containing 62 ingredients and widely known even as late as the 18th century. Theriac seems to have been a universal remedy, although as one writer has said, "never has a medicine containing so much cured so little".

The Greco-Roman period reached its climax with the appearance of Galen, who has been called The Medical Dictator (A.D. 131-200), an able but opinionated man. In principle he followed both Hippocrates and Aristotle, believing in the healing power of nature, and in the purposive creative power of God.

His teachings dominated medicine for the next 1,200 years, perhaps chiefly because he regarded the body as the vehicle of the soul, a view which commended itself to both Christian and Moslem alike in the new age of monotheism. He was a voluminous writer co-ordinating medical knowledge and practice and was the chief guide of the medieval physician.

In practice he followed the Hippocratic method, accepted the doctrine of "humours" and used many drugs, his simple vegetable products being still known as "galenicals".

Period of Slavish Convention

After the fall of Rome medicine entered a long period of bond-

age and slavish convention which continued until it was broken by those bold spirits of the Renaissance who dared to break away from tradition. The manuscript works of the Greek masters of medicine were preserved in the monasteries, translated and transcribed until the invention of printing made learning available for all.

There is much of medical interest in later medieval history, and many outstanding names, but for our purpose we must pass them by and note next the Luther of Medicine, Paracelsus (1490-1541). He publicly burned the works of Galen, holding that a complete break from the past was essential to progress.

An original thinker he insisted on observation as opposed to theorising, his observations being chiefly of the effects of empirical medicine on the sick. He was, however, but one of the physicians of the Renaissance. Vesalius, Fallopius, Eustachius, Sylvius stand out prominently, and coming nearer home, Thomas Linacre, John Caius and Andrew Boorde. The last named, traveller, Carthusian monk, and physician to Henry VIII wrote several interesting medical works, full of wit and wisdom.

In the 17th century there were many new discoveries. In addition to the work of Harvey on the circulation of the blood there were advances in microscopy and physiology, but old methods and concepts persisted, and the Galenic pathology of humours still held its own. In the middle of the century Thomas Sydenham counselled a return to hippocratic methods. He was by far the greatest clinical physician of the 17th century. "Young man," he said, "go to the bedside. There alone can you learn disease."

In the 18th century medical *practice* was still based on old philosophies and mediaeval superstitions, on the assumption that sickness caused by humours must be expelled from the body by every method that could be devised, natural and artificial. Causticings, bleedings, purgings, blisterings were the order of the day.

But in the field of medical *thought* it was a period of prodigious activity. Isaac Newton, Linnæus, Cullen, Boerhaave, Hunter, all belonged to this period. Barthez of Montpellier introduced a dominant force which he called "The Vital Principle"; Von Haller, the physiologist, advocated the provings of drugs on human beings; Jenner performed his experimental vaccination with cowpox; and

we are told that in 1760 three Scottish physicians studied the action of cowpox on themselves.

Birth of Hahnemann

Into this world of ideas was born in Saxony in 1755 Samuel Hahnemann, the founder of homœopathy, a brilliant scholar, a famous physician, a chemist of international reputation, a reformer, a pioneer and a genius. Hahnemann was the first to break decidedly with the old school of medical practice in which, forgetful of the teachings of Hippocrates, nature was either overlooked, or rudely opposed by wrong and violent methods.

We can scarcely now estimate the force of character and of courage which was implied in his abandoning the common lines of medicine. The idea of similia was not entirely new. It is said to occur in the writings of Hippocrates and Paracelsus and other lesser known physicians. But it was left to Samuel Hahnemann to put it into practice, and he spent the rest of his life in elucidating the law, and establishing it as a practical basis of therapeutics.

His work was a notable landmark in medical science. Reasoning checked by accurate observation is the root of scientific progress, and the first to apply this method to the problem of cure was Hahnemann. He developed a system of practice which has survived many onslaughts, and humanity owes a debt to him as the *Father of Curative Pharmaco-Therapeutics*.

In spite of the favourable results of his treatment he was violently opposed by his medical colleagues, and the change from poly-pharmacy to the single dose of the single remedy did not endear him to the pharmacists of the day. Homœopathy became a dissenting sect.

And so it has remained to this day. But for over 150 years thousands of homœopathic doctors in all parts of the world have confirmed Hahnemann's findings. In 1827 Dr. Quin, who had studied homœopathy in Germany and Italy, came to England and introduced it to this country.

During the 19th century much progress was made in physiology and bacteriology, but with the exception of vaccine therapy, official medical treatment remained largely empirical and palliative. It is recorded that Sir William Osler's Textbook of Medicine,

published in 1892, was criticised for its lack of detail regarding treatment, whereupon Osler replied that already there was far too much treatment and that he had little faith in drugs. "Time, in divided doses" was one of his favourite prescriptions. It is a pity he did not practice homœopathy.

Picture Changed

During the last 30 or 40 years the picture has changed, and scientific and medical research have led to many remarkable discoveries of great therapeutic value. The non-homœopathic doctor can now cure conditions which he could formerly only alleviate.

How does homœopathy stand in relation to this new scientific medicine? I am sure that Hahnemann, if he were living today, would applaud these great discoveries and would avail himself as far as possible of their help in the treatment of disease. The homœopath, although he sees clearly the scientific soundness of homœopathy, does not regard it as excluding all other medical knowledge.

In the words of Virchow, whose work in Cellular Pathology in 1858 destroyed at a blow the old fashioned humoral pathology: "Science is big enough to allow space for all these endeavours provided they do not pretend to be exclusive".

But more than this, as I see it, the new discoveries have forced us into a new position. No longer are we the only curative therapy; no longer can we look out smugly at allopathy from our homœopathic fastness. Such an attitude was never profitable, but now it would mean the decline of our system.

No, homœopathy must be restated in modern terms. We owe it to Hahnemann to do so. It must be studied in the light of new scientific thought and discoveries. And to do this we shall need to bring all our knowledge of physics, biochemistry, pharmacology, toxicology, psychology, philosophy.

If homœopathy is based on law, as we know it to be, we can confidently expect new scientific discoveries to explain the working of the law. This, it seems to me, is the new homœopathic research.

It is not enough to say "it works"; we must be able to explain in modern terms why it works; it is not enough to treat our patients

according to the law of similars, successful as this may be; it is not enough even to discover and probe new remedies.

What I am sure this generation of homœopaths must do is to study homœopathy in the modern context and present it acceptably to the medical world. In these days of radio isotopes, hydrogen oxygen batteries and magnetic bottles it will otherwise be passed by as unworthy of serious consideration.

I think what I find most wonderful about homœopathy is its constructive and positive quality. Not only does the right remedy cure unpleasant symptoms but it raises the whole standard of health. It has always seemed to me that official medicine places too little emphasis on health. It expects too little.

If there are no troublesome symptoms the condition of the patient is considered satisfactory. Yet one glance at ordinary people on any bus or pavement suggests a depressingly low level of health. Hahnemann taught that symptoms are the visible expression of the underlying morbid process, nature's perceptible attempt to cure, and it is the morbid process which we must treat.

I believe we should never be satisfied with this "half-health" (to quote my colleague Dr. Ronald Livingstone) but that as good physicians we should always be aware of what the patient could be at his best and not be satisfied until that state is attained.

Wartime "Building Up"

It was during World War II when I was engaged in Maternity and Child Welfare that I realised how much more satisfactory it is to "build up" constitutions than to wait until disease symptoms develop before attempting treatment. The mothers and babies who rightly had priority of foods and conditions in those days positively thrived before our eyes.

I like to think that the good looks and shining hair of most young people today are due in some part to our work in the infant welfare centres of those days. But not all children respond equally well to good feeding and management. Too often constitutional defects rear their ugly heads.

Whatever we think of Hahnemann's theories of chronic disease, it is indisputable that homœopathy can overcome these inherited weaknesses and defects.

Let me tell you about Anne. This five-year-old girl was brought to see me 2½ years ago. She had asthma, was suffering from deafness, had never slept well since birth, and had a history of at least two attacks each winter of pneumonia and otitis media. For these latter she had been treated with antibiotics, always with a temporary recovery, but followed by further attacks.

Her mother had some knowledge of homœopathy and asked me to treat the child. As she observed: "The penicillin brings the temperature down, but Anne has no resistance". Homœopathy worked wonders for her.

The deafness and asthma disappeared almost at once, never to return. She slept well, and when the next winter came and Anne took cold and developed broncho-pneumonia once more, the attack was very mild, and the recovery very rapid.

The tonsils were deeply pitted and unhealthy and the parents had been advised that removal was desirable. But, as the mother explained: "Why have such an operation? Anne has never been so well in her life".

She has had wonderful health for the past two years and is certainly a great credit to homœopathy. The remedies had stimulated her curative reactions and she was healthy. They had done what antibiotics had failed to do and indeed cannot do.

Aid in Emotional Difficulty

Homœopathy can also be a great help in the field of mental and emotional difficulty! One woman requested me to help her husband whose depressions and difficult behaviour had become a serious problem in their family life. She had read of homœopathy and used it a little herself, and suggested that she might insert a remedy into her husband's tea unknown to him.

I was not sure of the morality of this course, but eventually decided that it could do no harm. Imagine my satisfaction when she reported that the treatment had succeeded beyond her wildest hopes, and that her husband was more co-operative than he had been for years.

Many homœopathic patients were brought up from childhood on homœopathic remedies and live to a ripe old age. There is surely a definite relationship here! I have in my practice in Worth-

ing a number of patients over 90, in surprisingly good condition. They show me their homœopathic remedies in cases of beautiful workmanship, and instruct me as to which remedy I should give them.

Other patients have been the rounds of doctors and hospitals, often had exhaustive tests and X-ray examinations, only to be told that there is nothing wrong or that, alternatively, nothing can be done. Homœopaths never say that. Something can always be done to alleviate, even if it too late for a complete cure.

How helpful homœopathy can be in these cases—the debilities, the nervous symptoms, the sleeplessness, the rheumatism, the dyspepsias. And we need not wait until diseases with a name develop, the remedy can be given at once.

Our remedies are kind and gentle, and act so naturally that sometimes homœopathy is not given the credit for the improvement. It works below the level of consciousness, time wipes the memory of illness from the mind, and suddenly the patient knows he feels well.

And you will discover that after being treated by homœopathy patients never willingly return to official medicine. Our methods are so much better, based as they are on the power of stimulating the body to do its own work rather than subjecting it to blows from without, as does allopathy. It can never be more than second best to introduce these powerful artificially produced remedies into the system. They may temporarily give relief from symptoms but must surely cause further trouble as the body tries to rid itself of what are virtually poisonous substances.

Fascinating Study

You will find homœopathy a very fascinating study. It is true that it needs at least three life times, but you can do quite a lot in one. The remedies will become your friends, and you will begin to see the need for them in the people you meet. I find it difficult to restrain myself from suggesting remedies to my friends and acquaintances and have even sent them by post unasked, a course I should never have dreamed of in pre-homœopathic days. Of course there are certain drawbacks. You will write more letters than ever before; your telephone will ring oftener; you will need some-

times to burn the midnight oil, "to scorn delights and live laborious days"; you will always have more patients than you want. Your patients will be cured and others will come.

Towards the end of his life Hahnemann wrote: "I rejoice at the benefit homœopathy has already conferred on humanity and look forward with intense pleasure to the most distant time when, though I shall no longer be here below, a future generation of mankind will do justice to this gift of a gracious God, and will thankfully avail themselves of the blessed means He has provided for the alleviation of their bodily and mental sufferings."

Let me conclude by quoting Dr. Edward Rist, writing in the French Presse Medicale (1913): "To be a good doctor you must love medicine. You cannot love it well unless you love also those who have brought it to where it is today. Then you realise that in doing your best, you are but paying a debt."

—*Homœopathy, Feb., '60*

CHRONIC DISEASE AND THE PATIENT

(Continued from page 72)

ascertained facts to the general pool of homœopathic knowledge and to tell anyone to use specifically this or that is all wrong. That little "microcosm" or little "universe" the patient is what has to be treated, not the name of a disease, otherwise it is not the philosophy or technique taught by the master.

—*The Homœopathic World, Dec., '60*

HOMŒOPATHIC MIXTURES AND INJECTIONS

A Rejoinder to Dr. Kanjilal's Appeal

DR. MOHAN SINGH, Patiala

I am in perfect agreement with Dr. Kanjilal's views and I trust that most of the lovers of Homœopathy would uphold the principles laid down by him. I have myself tried mixtures and injections. They are neither safe nor rapid. They don't cure, but they have many points in their favour.

1. They look like allopathy whose protagonists claim for themselves the monopoly of being scientific. The users of Dr. Seal's injections appear more advanced in the eyes of the patients, so they command greater popularity, inspire more confidence and get fatter fees.

2. Medicine began as magic, and to the ignorant and the uninstructed, an injection is a magic rite, more tangible, more appealing than a few pellets of sugar or a teaspoonful of tasteless water. The patient and his friends perceive that something is being done for the sufferer and the high charges are a guarantee that they are getting the most costly treatment available.

3. Coming to the practitioners we find that the institutional training given in our medical colleges is so tiring, so unmeaningful to the learner, that the capacity for logical thinking is washed away. Naturally there is a feeling (often unconscious) that the medical practitioner has a right to be recompensed for the expenses incurred, for the labour spent, and for the grind undergone, so he welcomes a short cut to that goal of curing patients, as laid down by Hahnemann, and prescribes the latest injection or pill that the manufacturers or their agents bring forcibly and incessantly to his notice. If the injection is untried, so much the better, for that small inner voice (conscience) need not trouble him.

4. When the patient does not get any benefit, knowing the futility of remonstrance, he suffers silently for a time, then goes to

another practitioner, to be plucked once more to another physician, who extracts his fees and prescribes something equally modern, equally senseless, and this goes on and on until the angel of death comes to close the scene.

5. Manufacturers of Homœopathic medicines are constantly pestered by their clients for such short cuts to easy prescribing, and because they are businessmen, they are naturally ready to take advantage of such demand. The fact that firms like Boericke and Tafel of Philadelphia, Ehrhart and Karl of Chicago, Madaus and Wilmar Schwabe of West Germany—all manufacture such mixtures, is proof that such products are popular, that there is a demand for them, and that they bring profit to the Manufacturers and benefit to the practitioners. Moreover such products are demanded by a section of the people who are encouraged (by suitable advertisements) to buy and use such proprietary preparations for their complaints without a prescription. This gives the people a feeling of power.

6. In India there is another factor which cannot be ignored: that is our *Government*. And this is a very significant factor. They jingle their pockets with the poor man's hard-earned money and offer it to any one who comes to claim it on *their conditions*. In Medicine that condition is *research*. The tag with the research is that it ought to be of the allopathic kind, (which they call Scientific), and which is sponsored by W.H.O. and which in turn is financed by the drug manufacturers of England, Europe and America. There are conscientious objectors in that august body, but their protests are met with *complete silence*; as a result their small pipes don't reach the public who are bombarded with the propaganda that quinine kills malaria, that vaccination will eradicate smallpox, that BCG will end tuberculosis, that Salk vaccine is necessary to escape polio, that Anacine with its four poisons is a greater killer of pain than APC with only three poisons.

7. The research in medicine is of a very special kind. A doctor gets the idea that cancer may be caused by a viral infection. He applies to the centre for Cancer Research, gets a grant of money, a well-equipped laboratory and a few research scholars to work on the lines prescribed by the director. That all such work

has proved sterile does not deter, for it is in the name of Science. The basic qualification for such research are:

- (a) an easy (almost dormant) conscience,
- (b) a love for the good things of life.

Naturally there are many such persons in all lands as well as in India. And they reap a rich harvest. Why should any one grudge them the Government dole?

8. One may wonder if it were not the duty of the Government to appraise what use is being made of the poor man's earnings, given as grants, made in the name of research! But this research is directed by people who had their brains washed in England or America, and who have brought some pet ideas with them, they prefer some adventurers to perform jugglers, tricks in medicine in order that their own vagaries are not too minutely looked into. What difference does it make if some speculators undermine the Science of Homœopathy and waste half a lakh of public money! And if their own failings are pointed out they always say, "Someone else has donè the samè." Ayurveda has abandoned its own principles and adopted those of allopathy for the lure of lucre offered by the Government.

9. Is there a remedy? I believe there is; but it does not lie in appeals made to such exploiters. They have wives who hunger for fashionable saries, for gold and jewels. They have children whom they aspire to send to England and America. Why should they deny themselves the easy money doled out by the Government to please Dr. Kanjilal? The remedy lies in educating the people (which is a very difficult thing to do), and in making genuine homœopathy more efficacious, by making Homœopathic Colleges free of all spurious gadgets smuggled in the name of science to earn a grant. We should so manage our colleges that the trainees become quick observers and accurate prescribers, so that the patients do not have to look about for something else. Homœopathic prescribing is never easy, but because the human brain is the most wonderful machine, such prescribing is possible. When that is done, all false claimants will be eliminated.

10. Our trainees should be devoted and selfless. The example was set by the master himself. Hunted out of his homèland, per-

secuted by his peers, reduced to extreme poverty, he devoted himself heart and soul to the task of discovering a cure for the incurable disease. And when the *truth* was revealed to him, he wrote: "... I should have to consider myself as lacking very much in worldly prudence to make known for the *common good*, even before my death, an art which I alone possess, and which it is within my power to make as profitable as possible by simply keeping it secret." (Preface to the *Chronic Diseases*).

The ordinary practitioner may fear that following in the footsteps of the Master could lead him to penury, his attention is invited to Dr. Robert's warning in his *The Principles and Art of Cure by Homœopathy*. He says: "The decision lies with the individual and what he is determined to secure from his life-work. If it is financial ambition, he had better not take up homœopathy. Homœopathy is a principle, and principles brook no division of loyalty. If he has at heart the desire to serve, he may find fame and riches at his door as well as that keen satisfaction of knowing that he has brought to his clientele the gift of healing in the safest, gentlest and most rapid manner."

A FEW MINUTES WITH Dr. A

DR. R. D. MALLICK, B.SC., LL.B., D.M.S. (*Gold Medallist*)

After finishing the evening shift of my chamber I was going to retire when an Allopath colleague stepped in and expressed his desire to be under my treatment for his chronic troubles which appeared to be very obstinate and not yielding to his own system of treatment. I welcomed him and on completion of case taking prescribed a dose of Nux Vomica 200.

He seemed to be a bit puzzled and said, "well, excuse me, I heard your Nux Vomica is a medicine for digestive troubles but I am suffering from lumbago."

"Yes" I replied, "Nux Vomica is no doubt a great medicine for digestive troubles under certain conditions but it is likewise effective in haemorrhage, urinary troubles, insomnia, coryza, vertigo, dystocia and a host of other troubles if the symptom-totally agrees."

"But these are all very different diseases and how the symptoms will agree?" was the query.

My reply was, "yes, but we in Homœopathy treat the patient and not the disease as you call it nosologically. To us the particular condition of the patient as a whole is the disease which is not determined only on the basis of prominent pathological changes in some particular part or parts of the body."

He looked still perplexed. I continued my explanation, "you say a man is suffering from Cholera when you find rice watery stool, prostration, dysuria and comma bacilli in stool. Well, all the patients suffering from Cholera have some similarity in their gross symptomatology as per your text book symptoms in Practice of Medicine. But don't you find large variations in many other aspects from patient to patient when dealing with actual cases of the same so-called disease? One patient feels extreme heat though the surface is cool and kicks off covering. One feels hot but at the same time dislikes uncovering. One feels thirsty but drinks only in sips though often while another drinks large volume at a time but after long intervals. One vomits as soon as he drinks but

another vomits after considerable lapse of time. In one you find twitchings mainly in extensor while in another mainly in flexor muscles. The march of convulsive movements is also different, sometimes it is centrepetal and sometimes centrifugal or alternating sides of the body. One case is marked by fear and apprehension and another by complete apathy. One is irritable and another is comatose. And so on and so forth

He asked, "but the disease is no doubt Cholera in every case."

"Yes nosologically", I replied, "but Homœopathy conceives that a disease is diagnosed for therapeutic purpose by the alternations in both normal functions and sensations of a living organism and these are manifested by symptoms, physical as well as mental—visible as also invisible but perceivable."

"Thus" I continued, "we try to ascertain further details to find out what is not common or general in a particular case of any so-called disease, say cholera; while you discard the same but base your diagnosis on generals only. As a matter of fact you discard these details because pathology as yet developed has not been able to put forward any explanation of the intricate processes which are accomplished in the body economy; but to ignore actual facts for this reason cannot certainly be wise consideration."

He interrupted, "but you cannot ignore comma bacilli in a case of cholera!"

I answered, "certainly not, we do not ignore your points of consideration for diagnostic purpose but we add something more to have a complete picture instead of having a partial view only."

"Let us, for the sake of easier understanding, take an example" I continued by elucidation, "a cow has a long tail, so has a monkey, a donkey, a kangaroo and so on. We make a great blunder if we try to identify a cow by its long tail only; whereas a cow has numerous other features the sum total of which will lead to its correct identification even if its tail is cut off. So cholera and dysentery to us, from the view point of therapeutics, are not different if the totality of such features of Nux Vomica or any other medicine is available for individualisation of the case in hand."

"I see" he said in a bit convinced tone, "that is why you had

been asking me when taking up my case as to my likings, dislikings, temperament, heat, chilliness and all these!"

"Yes" I replied, "apart from the local symptoms your chilliness, irritability of mind, craving for rich food and stimulants, insomnia at the latter part of night, nausea and sour taste in morning, morning aggravation of the pain of lumbago, constipation with frequent but ineffectual urging for stool, etc. were the guides for prescribing *Nux Vomica*."

"So do you identify the disease with some particular conditions as we identify cholera with comma bacilli or tuberculosis with Koch bacilli?" was the query.

"No" I answered, "we do not identify the disease with anything but we get only an outward picture of the indwelling disease through the symptom totality."

"Yes, I understand" he said, "suppose a football game is being held in a field surrounded by walls all around. A man outside cannot see what is going on inside the playground but if provided with a suitable periscope he can clearly watch the game. Your symptom totality serves the purpose of the periscope in disease diagnosis; is it not?"

I said, "A very near approach to the real explanation no doubt but it yet presents a fallacy in this. Disease, to our conception, is something dynamic and has no material existence like that of the football, the player, the referee and others. Thus we do not get such an image through symptom totality like the image of the material objects reflected in the glass of the periscope. We get only a conception of the disease through the symptoms as we know a man is very sad if he weeps. But the sorrow or sadness is not identical with tears. So disease and symptoms are not identical."

"I think, we can take up another better example," I continued, "suppose there occurs an electrical failure in your residential house. The mechanic comes and goes on testing the flow of current. He tests the mains to see if there is total failure of current. If this is O.K., he goes on testing the different branches of the house wiring and ultimately succeeds in finding out how and where the failure has occurred. He cannot see the electricity but only feels its existence and ascertains the derangement of the flow. We also feel the derangement in the normal flow of the

vital force and this derangement is called disease which causes alterations in normal functions and sensations which again are manifested by symptoms. The totality of symptoms reveals the type of alterations in functions and sensations and thus the nature of the disease is diagnosed."

"Oh! I understand" he exclaimed, "you then note the symptoms in a case and add them up to find the totality with a view to understand the disease."

"Yes" I said, "but that is not also fully correct. The totality for our purpose is not the numerical aggregate only but it is the sum total of all the symptoms including causation, modality, cravings, aversions, etc. and each symptom again being arranged in its proper place according to the order of priority. Then and then only an outward picture of the inner disease will be depicted.

"What is wrong if we take the numerical aggregate only because in this also all the symptoms are included?" was the query.

"Well", I said, "this will lead you only to symptomatic treatment which is not the Homœopathic principle though it is often popularly but wrongly attributed to Homœopathy not only by non-homœopaths but also by some so-called Homœopaths leading to magnification of the list of failures both in magnitude and number.

Suppose, you have been given all the parts of a bicycle and asked to assemble them. If you do not know the proper place of each part to be fitted in, can you assemble them into a bicycle though you have got all the parts in hand?"

"Of course not" was the ready reply.

"So" I said, "collection only of all the symptoms is not all that we want but their proper arrangement according to appropriate priority of each is essential and then only we can arrive at the symptom-totality of the case in hand. Rice watery stool only may not have the same priority in each case of cholera in its symptom totality whereas even in a case of dystocia we may have such symptom totality in complete absence of rice watery stool, the same Nux Vomica may be the medicine in both these cases as we can identify a cow by many other features even if its tail is cut off. Similarly two or more cases of dysentery may require different

medicine for each according to symptom totality though nosologically all these patients are suffering from dysentery."

"So" he said, "you mean that a particular medicine may be applicable under certain conditions in a number of cases though the patients are suffering from diseases so different from each other from our point of view or again different cases of same disease may also require different medicines?"

"Exactly so" I replied, "moreover, we use a single medicine at a time which covers all the so-called diseases—urinary, cardiac, digestive, etc. from which the patient is simultaneously suffering. The reason of this, I hope, will be evident if you try to understand the Homœopathic notion about disease as explained herein before.

"Thank you very much" he said, "for removing a misconception about Homœopathy from my mind in a manner so simple but convincing. But how do you fix the appropriate priority of a symptom in a given case?"

"That is another Chapter Sir," I spoke, "known as Evaluation of symptoms."

At this time the telephone was heard ringing. It was for a message for the Doctor friend from a patient waiting in his chamber. So he wished good night with a request for kindly sparing sometime more on another occasion to explain these principles of Homœopathic art of Cure, which appeared to him to be so curious at the same time so firmly based on scientific reasons.

—D. N. De Homœo. *Medical College Re-Union Magazine*, April '64

LETTER TO THE EDITOR

SIR,

Here is a curious fact that "a piece of silver turns black in the mouth of a cancer patient within a few minutes and leaves a garlic taste". So says Dr. B. R. Chugha in connection with the signs of mouth-cancer, in his "CANCER AND ITS CURE".

Again, a clergyman having received a dose of Sulphur MM (1,000,000th potency) from Dr. Skinner, on clear symptoms of Sulphur, wrote: "Since I left your house I have noticed that all the silver coins of my pockets, my silver pencil-case, and my silver hunting watch, are all PERFECTLY BLACK."

Is there any connection between CANCER and SULPHUR that both turn silver black?

BHUMANANDA, Pondicherry-2

THE DANGER OF ANTIBIOTICS

(Continued from page 69)

"The streptococcal sore throat is often converted by penicillin lozenges into a sorer throat, attacked by strange organisms hitherto latent. In the intestine sterilized by streptomycin and sulphaphthaldine the monilia (fungus) is apt to become a pest.

"In attacking the bacteria many of them (the antibiotics) may knock out the cellular resistance of the host—suddenly, without warning, and often irreparably. Their most harmful action is that they absolve the body from the need to bring its immune mechanism that has been acquired and perfected through millions of years and that seldom fails."

—*Homœopathy, July '60*

HOMŒOPATHIC NEWS

RESOLUTIONS

adopted at

THE SIXTH ALL INDIA HOMŒOPATHIC CONGRESS

*Convened by All India Institute of Homœopathy on the
15th, 16th & 17th November 1964 at Ahmedabad*

1. This Congress places on record its deep sense of grief over the sad demise of our beloved leader Pandit Jawaharlal Nehru.

2. The Congress condoles the death of the following eminent Homœopaths of India:

(a) Dr. M. M. Jaysooriya, Hyderabad, (b) Dr. N. C. Ghose, Patna, (c) Dr. S. N. Ghose, Calcutta, (d) Dr. Benoytosh Bhattacharya, Naihati.

3. This Congress congratulates the Union Health Minister for lending her active support for the advancement of Homœopathy and hopes that the Government will utilise the services of Homœopathic physicians in various health services of the country.

4. The Congress requests the Central Government to establish a Central Homœopathic Institute for Research at Delhi as early as possible.

5. This Congress congratulates the Central Government for appointing Dr. K. G. Saxena, Ex-General Secretary of All India Institute of Homœopathy, as the Honorary Adviser in Homœopathy.

6. This Congress congratulates the Central Government for constituting the:

(a) Homœopathic Pharmacœpia Committee.

(b) Expanded Research & Technical Sub-committee for the formulation of uniform curriculum and syllabus for Homœopathic education all over India.

(c) Rural Homœopathic Medical Aid Committee

and requests the Government of India to implement the recommendations of these committees in general.

7. This Congress requests the State Governments to take steps to establish at least one State Homœopathic Medical College and Hospital in each State and to make immediate provision for the same in the next Five Year Plan of the country.

8. This Congress congratulates the State Health Minister of Gujarat for his assurance at the inaugural session of this Congress on 15th November 1964, to establish a Homœopathic Medical College and Hospital in Gujarat in the next Five Year Plan, and it requests the State Government to start the same as soon as possible.

9. This Congress requests the Government of Gujarat to expedite the work of giving registrations to the Homœopathic doctors of Gujarat under the Gujarat Homœopathic Act 1963.

10. In view of the fact that each State has different legislation for Homœopathy, different standard of registration and training, different diploma or degree and different rules and regulations for the Homœopathic education; and in view of the fact that there exists no reciprocity between the States in the matter of Registration and recognition of qualifications of each other State,

This Congress is of considered opinion that a Statutory Central Homœopathic Council should be immediately established by the Central Government with powers and duties similar to those of the Indian Medical Council; and the Congress requests the Central Government to take steps for the establishment of the same.

11. The Congress is of considered opinion that the advertisements in newspapers of giving registration in Homœopathy or imparting education in Homœopathy through postal correspondence, issued by unauthorised persons, are turning out to be highly detrimental to the scientific progress of Homœopathy and therefore the Congress requests the Central and State Governments to take suitable steps for prevention of such practices by legislative measures or otherwise.

12. This Congress regrets the anomalous situation created by the Northern Railways in not recognising the medical certificates issued by Homœopathic doctors who are appointed under the Staff Benefit Fund. It requests the authorities concerned to recog-

nise the medical certificates issued by them.

13. This Congress requests the Ministry of Railways to appoint Registered Homœopathic Practitioners in their Medical Service Cadre.

14. This Congress draws the attention of the State Governments to the fact that under present circumstances the practice of engaging whole-time professors, including Principals, to the Colleges and Hospitals for Homœopathy is not feasible, as this might dissuade the experienced Homœopathic physicians commanding good practice, from joining the said colleges and hospitals.

15. This Congress congratulates the Madhya Pradesh Government for their decision to start Homœopathic College and dispensaries in the State and more so for the fact that the Government has sanctioned rupees seventeen lacs in the supplementary budget earmarked for a full-fledged homœopathic College and hospital and a hostel for boys and girls.

16. This Congress requests the Central and State Governments and the Directorates to utilise the services of Homœopathic physicians under the Employment State Insurance Schemes in view of the fact that Homœopathy has been officially recognised by the Government and that a large number of persons are taking the benefits of the treatment under Homœopathy.

17. This Congress requests the Government to start Homœopathic dispensaries under the Central Government Health Service Scheme.

18. This Congress requests the State Governments to take into consideration the professional educational qualification of the registered homœopathic practitioners during nomination of members in the respective Homœopathic Boards or Councils or Faculties, to ensure the best interests of Homœopathy.

19. This Congress urges the Homœopathic profession of India to develop the right mental orientation regarding pure Homœopathic principles and practice; and discourages most emphatically the use of combined medicines which usually go under the labels of Homœopathic patents, tonics, specifics etc. which are apt to induce many Homœopathic practitioners to resort to their use as they (the Homœopathic practitioners) appear

to be reluctant to undergo assiduous mental disciplining and labour to arrive at selection of single Homœopathic remedy on the basis of strict individualisation of patients and drugs according to the Law of Similars which is the bedrock of the Homœopathic system of Medicine.

20. This Congress regrets to learn that the University Grant Commission is reluctant to recognise the G. H. M. S. degree in Homœopathy conferred by the Agra University and the Congress requests the University Grants Commission to reconsider the question.

21. This Congress requests the Central and State Governments to implement the recommendations of the Dave Committee Report regarding the constitution of separate Directorates in the Centre as well as in the States as soon as possible.

22. While welcoming the Central Government's decision to include Homœopathic drugs under the Drugs and Cosmetics Act 1940 and approving, in general, the amendments to the said Act and amendments to the Drug Rules as published in the Gazette of India of August '64 under G.S.R. 1184 and G.S.R. 1185, dated New Delhi, the 18th August '64,

This Congress resolves to forward the following suggestions to be taken into consideration by the Central Government :

- (i) This Congress fully endorses the amendment of Drugs Act as well as the amendments to the Drug Rules in relation to the Homœopathic medicines, which have been forwarded to the Central Health Ministry by the Homœopathic Pharmaceutical Chemist's Association of West Bengal as per their letters No. DR/H/1/64-65 and No. DR/H/2/64-65 of 31-10-64, and requests the Central Government to accept the said amendments.
- (ii) That the enforcement of the amendments to the schedule of the Drugs & Cosmetics Act 1940 as well as the amendments to the Drugs and Cosmetics Rules 1945 be deferred for a period of six months from the 1st January '65.
- (iii) That registered Homœopathic practitioners be appointed as Inspectors under the said Act.

23. This Congress notes with great appreciation the help,

co-operation and facilities provided by the authorities of the Harijan Ashram, Sabarmati for holding this Congress and is very thankful to them for the same.

24. This Congress notes with pleasure that there were six Homœopathic dispensaries running in the State of Rajasthan before merger and that one more has been started at Ajmer and requests the Government of Rajasthan to start many more such dispensaries.

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THE HAHNEMANNIAN GLEANINGS

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EDITORIAL

HOMŒOPATHIC CONFERENCES

Homœopathy in India, to-day, is entering into a new epoch of life. It is coming out of its phase of spontaneous growth, and is entering into the phase of organised growth, with legal status, under official control.

There is a basic qualitative difference between these two phases of life. We referred to this difference on a number of occasions; but we want to emphasize it again, because if at any moment we forget or undervalue this difference, the result will be disastrous to Homœopathy.

In the phase of spontaneous growth in any part of the world, especially in the U.S.A., Homœopathy flourished and extended itself inexorably, in spite of severe opposition and attempts at suppression, as a force of Nature. But as soon as it came under official control, real danger to its life began. From this lesson of history, one may conclude that legal status and official control of Homœopathy should be avoided and fought against.

But this conclusion arises from a superficial approach to the problem. Official control is an unavoidable necessity in any sphere of social life, in the present age, owing to various factors, of which the following are the most important—

(1) Spontaneous growth has its natural limits. The really well-bred elements of the growth may be stifled and crowded out by wild adventitious growths, as is happening in case of Homœopathy in India to-day. Really, Homœopathy is almost on the point of being supplanted, to-day, by various forms of pseudo-

homœopathy in the form of so-called specifics, patents, antibiotics, injections etc. This internal danger is, like miasmatic diseases, far more disastrous than the external danger coming from the opponents.

(2) In the present phase of economic crisis, the spontaneous sources of nutrition and growth of Homœopathy are drying up. Most of the glorious homœopathic teaching institutions run and maintained by philanthropic individuals in India, are now non-existent, and the few that are still surviving are barely breathing with great difficulty. Their place has been taken by mushroom institutions, whose main business is to sell false diplomas to innocent Homœopaths, thus bringing disrepute to the whole homœopathic society. This unwholesome business cannot be stopped without State control. And, moreover, today Homœopathic education and research is not at all possible without substantial State help.

(3) This is an age of State control and management of all social affairs including those of health and medicine. In this age, the scope for free competition in the field of practice is fast getting curtailed. In such a situation the Homœopaths will be totally ousted from practice, if they fail to secure official recognition and care.

So, the question of opposing State control and supervision of Homœopathy is totally irrelevant. But, how to obviate the harmful aspects of State interference?

The danger of State control of Homœopathy arises from two main sources, viz.—

(1) The authorities and personnel of the Government are, as a rule, overwhelmingly under the influence of traditional ideas about Medicine, and more or less under the grip of the dominant School.

(2) Weakness and shortcomings of the homœopathic society itself. Whatever may be the personal attitude of the authorities or of the officials in a democratic Government, the ultimate rulers of the State are the people themselves. Whatever benefit any section of the people can derive from the State ultimately depends upon its *qualitative* strength. The more a particular section of people is conscious about their own real interest, the more they

are united and organised, the more benefit it can derive from the State.

According to official estimate, there are about 60,000 Registered Homœopaths in India; and there must be far more than double this number of Homœopaths who are still remaining unregistered, who will get registration before long. So the total number of Homœopaths practising in India to-day must exceed two lakhs. No practitioner can thrive unless he has at least 200 clients under his hand. Thus we see that, there are at least 4-crores of people in India whose life and interest are deeply connected with the destiny of Homœopathy. If these 4 crores of people are sufficiently conscious about their real interests and move unitedly to achieve those interests, no force on earth can prevent them from realising those objectives.

This fact is being spontaneously and instinctively realised by the Homœopathic masses in India. That is why we are finding, in last few years, frequent Homœopathic conferences on local, State or All India basis. Not to speak of the West Bengal State Homœopathic Federation which has been holding its Conference every year since its inception, absolutely democratically and gradually drawing vaster and vaster masses of Homœopaths, but even those older Associations which had seemed to have been hibernating for years, are waking up and are holding their lively conferences. The peculiarity of all these Conferences are as follows:—

(1) The number of their participants is far unequal to any before, and the number is fast increasing every year.

(2) Each of the Conferences provides free scope for venting all sorts of views however divergent on all the aspects of Homœopathy. Then only those views that are accepted unanimously or by the overwhelming majority, are passed by the Conference. The real advantage of this method is twofold, (i) The real truth becomes more sharp and clear and more thoroughly realised by Homœopathic masses, (ii) the opportunists and vitiators of Homœopathic society become more and more clearly exposed and isolated, so that ultimately they may be totally ousted from Homœopathic forum and society.

(3) The Conferences bring regularly and sharply before the

public as well as the authorities, the basic facts about Homœopathy and what are the real needs and demands of Homœopathy at a particular time.

But, one great weakness is still persisting. Most of these Conferences are being held under the auspices of separate isolated Homœopathic Associations. Unless and until this basic shortcoming is removed, not only nothing substantial for Homœopathy will be achieved, but moreover, various alien and detrimental directives will be imposed on it, in all its spheres e.g., education, research, practice, business etc. It is high time that, all the Associations on State and All India Basis must unite with each other to form one All India Association or Federation. The differing view points should be discussed and synthesized inside the united organisations. And conferences should be held at various levels on local, regional, State or Union basis, under the auspices of this United All India Organisation, functioning thoroughly democratically, so that ultimately one voice should emanate from the whole Homœopathic Society of India.

J. N. Kanjilal

THE MAGNESIA GROUP

EUGENE UNDERHILL, M.D., Philadelphia

The remedies to be studied under this group include *Magnesia carbonica*, *Magnesia muriatica*, *Magnesia phosphorica* and *Magnesia sulphurica* or Epsom Salt.

All of the *Magnesias* are so-called blood thinners or anemia producers and gastro-intestinal irritants. They also have affinity for nervous tissue and therefore often indicated when neuralgic pains are a conspicuous complaint. All are deep, long-acting remedies.

A state of nervous tenseness is common to all members of the group. Anxiety and uneasiness of mind are characteristic mental symptoms. Depression, apprehension and irritability are symptoms that help to set the pattern.

Magnesia carb. Anxious inquietude of mind with trembling of hands. Sadness with aversion to conversation. Apprehensive with feeling of warmth over body and through head. Complaints following nervous stress or shock, also following long periods of worry or mental fatigue.

Magnesia mur. Anxious, restless and fidgety. Hard to keep still or remain in one position. Nervousness with tendency to weep. Aversion to company and to conversation. Wakefulness with sense of fear that something will happen. Anxiety with relief in open air.

Magnesia phos. Mental depression and anxiety. Persistent depression of spirits. Very forgetful. Complains bitterly of pain. Tiredness with indisposition for mental effort. Tense form of nervousness. Pain causes restlessness.

Magnesia sulph. Foreboding anxiety as if some accident would happen. Apprehension with restless uneasiness. Melancholy with disposition to weep. Tendency to be easily irritated or annoyed.

From the above it appears that the mental symptoms of each remedy follow the group pattern rather closely, but it requires symptoms outside of the mental field to make the individual selec-

tion. In fact, no really sharp picture unfolds itself that would warrant describing it as the *Magnesia* mind. The *Natrum* group presents a more definite mental pattern both collectively and individually. The same may be said of the *Kali* group, although perhaps to a somewhat less degree. Remedies such as *Arsenicum album*, *Nux vomica*, *Phosphorus*, *Pulsatilla* and *Sepia* all present clearly-defined mental symptoms. When it comes to the *Magnesias* too many other remedies present mind symptoms that follow along more or less similar lines. It might be said that *Magnesia* exerts its effects more in the body than in mind. It is more "somatic" than "psycho."

Pain and sensitiveness to pain are strong features of *Magnesia*. In the carbonate there is painful sensitiveness of the entire body; also lightning-like neuralgic pains; sore, aching feeling in shoulders and limbs. Often there is facial neuralgia with preference for the left side. Toothache in the roots of the teeth, even in the absence of caries.

In *Magnesia muriaticum* symptoms of nerve irritation with cramping pains in the region of the liver and uterine region. Aching pains in back and hips. Lancing, drawing, tearing pains in the extremities. Drawing pains in face; cramp-like pains in bones of face. Toothache aggravated by least contact of food. Abdominal and uterine cramps with pains extending to thighs.

Magnesia phosphorica, called the "prince of the *Magnesias*" by Nash and the "great anti-spasmodic remedy" by other writers. Severe cramping, neuralgic pains which are ameliorated by heat and pressure. Sudden, violent cramps and paroxysms of pain anywhere in body. Intestinal and uterine colic relieved by heat and pressure. Deep massage will often relieve the pain, but only momentarily. Often indicated in exhausted, neurotic persons, and no word short of "violent" will describe the severity of the pains to which the patient is subjected, pains so severe that they are practically the sole topic of conversation. Cramping, cutting, shooting, spasmodic pains better from heat and pressure.

Magnesia sulphurica is full of pain like the other *Magnesias*, but the word "cramping" is largely replaced by the term "burning." This is probably due to the *Sulphur* in the combination. Burning, tearing, rheumatic pains in the limbs with a feeling of

soreness over the body. Violent burning pains in the head, especially in the temples. Bruised, burning and stitching pains in the back and elsewhere in the body. Burning and neuralgic pains in the abdomen radiating from the umbilicus.

In the digestive sphere the *carbonate* has a strong action on the stomach, liver and intestines. *Magnesia muriatica* affects the liver and the general function of digestion. The *Phosphorus* combination brings out the nervous sensitivity and is prone to severe abdominal and intestinal cramps. *Magnesia sulphurica* has a sluggish liver function, intestinal irritation with diarrhoea of a watery nature and copious urine of a greenish color when first voided.

Desires and aversions, aggravations and ameliorations in respect to food often have selective value.

Magnesia carbonica desires bread and butter, but in some cases there is an aversion. Craving for milk, meat and broths even though they aggravate. Desire for fruits and sour foods, also for cold drinks.

Magnesia muriatica desires sweets, but is aggravated from butter and fat in general. There is also aggravation from cold food, meat, milk and salty foods.

Magnesia phosphorica has aversion to coffee, but a craving for very cold drinks as in *Phosphorus*.

Magnesia sulphurica has aversion to tobacco, and aggravation from eating potatoes, the latter having been verified a number of times in the writer's experience. Aversion to meat is a frequent symptom.

Lack of vital heat is noted under *Magnesia carbonica* and *Magnesia muriatica* and this modality is strongly marked under *Magnesia phosphorica*, the latter desiring warmth in general as well as heat applied locally. *Magnesia sulphurica* is a much warmer remedy.

Magnesia muriatica has a 4 to 8 p.m. aggravation but to a less degree than *Lycopodium*. Periodic complaints have been observed under *Magnesia carbonica* with a three week cycle, this mostly in very chronic conditions.

Acidity is characteristic of *Magnesia carbonica*. Sour odor of body, sour eructations. Gastric hyperacidity. These symptoms are most common in sensitive, nervous patients.

Magnesia muriatica acts strongly on the liver, and constipation is nearly always an associated symptom. Small knotty stools which have a tendency to crumble as they are expelled. Constipation in children during dentition. Pelvic disorders in women with long history of digestive trouble.

Magnesia phosphorica acts on the digestive tracts and with any gastric disorder there is the characteristic relief from heat and pressure. If there is toothache, it will be relieved by holding hot water in the mouth and by pressure on the jaw. Persistent hic-cough with thirst for ice cold drinks but with relief from external heat and pressure on the stomach and abdomen. This remedy is indicated in menstrual suppression following cold bathing or any chilling of the abdomen. Amelioration from heat and pressure is a necessary modality.

Magnesia sulphurica has frequent eructations tasting like spoiled eggs. Nausea with accumulation of water in the mouth. Vomiting of food then mucus. Sensation of coldness in stomach with nausea. Burning sensation in throat, esophagus and stomach.

Magnesia sulphurica or Epsom Salts, is used with a very free hand as an external application in the form of hot compresses. In the writer's opinion its value is very much overstressed. Towels wrung out of hot water, and continued until the tissues are thoroughly heated through, will serve the purpose just as well.

—*Journl. of the Am. Inst. of Homœopathy, Nov.-Dec., '59*

THE FACULTY OF HOMŒOPATHY
RICHARD HUGHES MEMORIAL LECTURE, 1959

DR. MARGERY G. BLACKIE, M.D., F.F. HOM.

(Continued from page 59)

Now let me give Clark's description of *Bryonia*: less rapid in its action than *Aconite*, it goes deeper in its effects and often takes up the work where *Aconite* leaves off. It not only disorders the circulation, but alters the blood itself. It corresponds to fevers of almost all kinds, especially rheumatic, typhoid, bilious and remitting. In these as in all other complaints the exquisite sensitiveness of the drug to movement of all kinds is a leading characteristic. The patient avoids even the movement of the eyes—raising the head from the pillow causes faintness—nausea and vomiting. Allied to this is > from pressure; from lying on the painful side—this keeps the part at rest. There is also an intense headache, dull, throbbing or sharp stabbing pains—all > pressure and << movement. Mouth very dry, tongue coated white, lips dry and parched. Thirst for large quantities. The mucous membranes are dry, serous membranes inflamed and the seat of sharp stitching pains < motion. Later exudation occurs—the muscles inflamed and sore. Irritability of mind, easily angered—with fever, stupid drowsy condition. Not much difference but the accent is more on the general condition and reactions of the patient rather than the organ affected.

How different it must have been a century ago to get a clear picture of a drug from the symptoms in the *Materia Medica pura*. They were like skeletons then—their anatomy laid out to view; but with the accumulated clinical experiences of the generations between they have now become living personalities. No one today would say whether *Bryonia* or *Phosphorus* played the chief part in pneumonia but would decide on the totality of symptoms. Prescribing with high potencies is rather like doing jigsaw puzzles—the bits alone tell you nothing, but they will when you fit them together.

Let me describe the picture we expect to see in a *Bryonia* or *Phosphorus* in an acute influenza, pneumonia or rheumatic fever, or any other acute disease. You see the *Bryonia* patient lying in bed—not in the least pleased to see you for he hates being disturbed in any way. He is heavy, drowsy, face puffy and bloated, the fine features gone. Lips may be dry and cracked. He is anxious and worried, mostly about business—he must get back because he had left something unfinished. He shows his irritability when you examine him. One lad with pneumonia in the ward jumped out of bed in a rage when nurse was attempting to put on anti-phlogistine and he collapsed on the floor. Every movement brings on some symptom and he keeps all painful parts still, either by pressure or lying on them. He is hot and sweaty.

The *Phosphorus* patient is entirely different. She is delighted to see you. She is nervous alone, full of apprehension about her illness as well as other things and wants to be reassured. She is afraid something is going to go wrong—some friend on a journey will have an accident or the factory inspector is coming and she knows he'll find some fault. You see someone alive even when very ill, and often the picture of activity even to the glint in the hair. Face brightly flushed then will suddenly go pale. Her skin is dry and will only sweat on exertion, even mental exertion, either on telling you her symptoms or from fright. She likes to have things done to her and all her pains are > rubbing. She lies on the unaffected side.

Dr. Hughes suggests that it may not be possible to prescribe for large numbers of acute cases by this method, but that when there is leisure it should be tried in chronic cases. No one will become a high potency prescriber in this way. It is an entirely new outlook—you have to learn to think differently. You learn to think in terms of drugs, not diseases—it becomes quite automatic. You begin to pick out pieces unconsciously from the moment you first see the patient. It is always worth fetching them from the waiting room; you'll see whether she is sitting over the fire or by the window, whether she has her parcels all neatly by her side, ready to jump up quickly and not keep you waiting, or whether she has them scattered over the table and chairs. You may find her writing letters or, as I once found a

patient, sitting with her umbrella up because there was a draught!

At another time a boy of 19, in trying to get politely and quickly out of my waiting room, fell over everything, his own feet, my feet, and anything else that happened to be in his line of progress. Magazines were swept from the table and in his frantic efforts to retrieve them several more fell—in fact, chaos reigned, not just once but every time he came. After a 10*m* of *Sulphur* things greatly improved.

All nothing very much but just pieces of the jig-saw that may be very important in the end. You notice as you shake hands with the patient whether the hand is cold, hot, moist or horny. As you follow the immaculately tidy person who had her parcels all neat and tidy, she walks quickly into the consulting room, sits down and arranges her parcels neatly again, and starts straight off with her story, almost before I've sat down and anyhow before I've had time to ask her name and address. She's got a tale to tell and she may not have time to tell it all. It's a story full of trouble, and she punctuates it with how worried she is—it's all so hopeless. I have an elderly patient who is a pure *Arsenic*. Her house and garden are meticulously tidy. In spite of an unruly kind of hair and getting on in years she is conspicuously tidy and her hair is kept in order with nets and pins galore. Everybody's life in her house is a misery, everything has to be done to time and in order and if anyone is late—something must have happened. If visitors are coming she is in a state of agitation in case the dinner doesn't come up to scratch. She has a hiatus hernia and before I knew her she had a good deal of discomfort, nausea and vomiting. After a dose of *Arsenicum* she is much better and life for the family is comparative peace. When she begins to tell me that I've been marvellous all these years in keeping her stomach going but now she's too old—I can't do much more—I know that another 10*m* of *Arsenicum* is needed and she forgets her age and the hopelessness of it again for another few months.

The *Nat. mur.* patient too, will walk rapidly into the consulting room, but much more deliberately—she's not in a hurry to tell her story—more a look of—if it's got to be done, we might as well get it over quickly. She often puts down her par-

cels shakily. Alert and flushed as she comes in, she will sink back later into her chair and become sallow and greasy looking. You might have thought of *Phosphorus* as she came in, but not now. She is generally broadly built and a definite character. She will not be very communicative—she has a contradictory nature. She craves sympathy but will turn and rend anyone who gives it to her. She is a changeable person—may be excited or depressed and not in one state for long—may be laughing one moment, crying the next and you may see something of this. Twenty years ago a girl came to me with an exophthalmic goitre. She was just about to have it operated on but someone suggested her trying Homœopathy first. Never have I seen such a picture of *Nat. mur.* She told me she felt very irritable and depressed. Her family couldn't understand why she couldn't enjoy life like other people; they complained that she was so uncertain they never knew what she'd do. She was reading a book the day before and her sister dropped something behind her and she got up and hit her over the head with the book. Her goitre cleared up completely and she is very apt to send every goitre she meets to me to treat.

The look of a patient can tell you so much. The greyish almost metallic look of *Alumina*—the, usually fat, mauvish face of the *Graphites*, almost looking as if it had been powdered. The delicate alabaster look of the *China* child. The constant expression of fright and terror so commonly found in *Opium* after fright. An elderly patient was in a bad daylight air raid with her old brother and sister-in-law, both over 80. A bomb fell near and when she could see through the dust and debris there was no sign of them—she searched frantically for two hours—then went home, and found them sitting in her garden. They had dashed into a shelter. She felt so shaken that she rang me up and I prescribed *Aconite*, and a day or two later *Causticum*. I saw her after a week, looking as scared as if it had just happened, and she said she was still so frightened and could not get over it. I gave *Opium* 200 and, to use her own expression, she was quite herself again in a few hours. I could go on endlessly. Then while examining the patient one will elucidate more detailed information about the thing that is worrying them—

about the sore throat, the cough, the headache or backache, etc., but in a chronic case most of the prescribing material will be in what she says and how she says it. Dr. Hughes in one of his writings says "The homœopathic physician does not listen and enquire merely to find out to what class of maladies his patients' troubles are to be relegated. For this end but few symptoms are necessary, and the rest can be left. He has to get at their totality and in pursuit of this aim he must not account any detail superfluous." It has been objected that we should come off badly upon such a method with Mrs. Nickleby for a patient, but happily all patients are not Mrs. Nicklebys and when we do meet them, commonsense must deal with them accordingly. I say that no high potency prescribed would have any difficulty with Mrs. Nickleby. Listen to her telling her son that an eligible young man is in love with his sister:

"I think it my duty, Nicholas, my dear, to tell you what I know: not only because you have a right to know it too, and to know everything that happens in this family, but because you have it in your power to promote and assist the thing very much; and there is no doubt that the sooner one can come to a clear understanding on such subjects, it is always better, every way. There are a great many things you might do; such as taking a walk in the garden sometimes, or sitting upstairs in your own room for a little while, or making believe to fall asleep occasionally, or pretending that you recollected some business, and going out for an hour or so, and taking Mr. Smike with you. These seem very slight things, and I dare say you will be amused at my making them of so much importance; at the same time, my dear, I can assure you (and you'll find this out, Nicholas, for yourself one of these days, if you ever fall in love with anybody: as I trust and hope you will, provided she is respectable and well conducted, and of course you'd never dream of falling in love with anybody who was not), I say, I can assure you that a great deal more depends upon these little things, than you would suppose possible. If your poor papa was alive, he would tell you how much depended on the parties being left alone. Of course, you are not to go out of the room as if you meant it and did it on purpose, but as if it was quite an accident, and to

come back again in the same way. If you cough in the passage before you open the door, or whistle carelessly, or hum a tune, or something of that sort to let them know you're coming, it's always better; because, of course, though it's not only natural but perfectly correct and proper under the circumstances, still it is very confusing if you interrupt young people when they are—when they are sitting on the sofa, and—and all that sort of thing: which is very nonsensical perhaps, but still they will do it.”

Could anyone so loquacious and detached and so utterly self-centred need anything but a 10m of *Lachesis*?

A patient, Miss L., aged about 30, was convinced she had heart disease. She had grasping pains with a feeling of all her blood rushing to her heart and causing palpitation. In spite of completely negative tests she retired to bed. Her relations persuaded me to get in a psychiatrist as their life was impossible. She lay in bed in a fever of planning and they had to do her bidding all day long. The psychiatrist didn't help at all, so I asked Dr. Borland to come and see her and I listened spellbound. She told him with rage what we had done. He replied most sympathetically that he could quite understand her feelings. he'd have felt exactly the same if a psychiatrist had been brought to see him. From then on she scarcely paused to draw breath. She was sure he'd understand—no one else did—that she, who had always managed the affairs of the family—they couldn't do a thing without her advice—even while she lay in bed feeling so ill, she still had to plan everything—how monstrous that she should be asked to see a Psychiatrist. Would she be lying in bed month after month wasting time when she had such a promising career before her if there weren't something wrong with her, and so on. The facts were that she had been trained for a career and had been an utter failure. By retiring to bed and being the centre of the house with her future and success dimly on the horizon, she was able to get some of the kick that she had hoped for on the stage. I didn't recognize her drug, but Dr. Borland said as he went out—typical *Lilium tigrinum*.

Another case—I had looked after a man for years who had occasional gastric upsets. He generally cleared up quickly but this time I failed. I could get few symptoms, “just exactly the

same as last time Doctor" was about all I could get, but last time's medicine nor any other did any good. I took him to an orthodox physician because he and his family were very worried. Imagine my feelings when I heard him say, "I do hope you will get to the bottom of this, Doctor, for it's affecting my business. I've always been able to make quick decisions easily and it's essential in my business, but now I can't make up my mind at all and it's affecting the whole office." He thought it was probably due to lack of nourishment. He'd always lived on fish in previous attacks, but he couldn't even digest that now. I'd prescribed for him before the specialist had started to take the history! He clinched it when he was examining him. Looking at his hand he muttered "a little dry eczema but of no consequence" and I noted the palm dry and starting to crack. *Graphites 10m* cleared him quickly and that specialist is considered a genius in that family still.

The taking of the history is not merely the collection of facts. Those sheets of questions with a space for answer which I used as a Resident are not good. The patient will probably do his best to give the right answer, but you don't get her story. A new patient is often encouraged because this is the first time a Doctor has listened to her and encouraged her to talk about her strange symptom. The consultation over, the patient will often tell strange facts that she thinks have nothing to do with her complaints and, often on the doorstep, you get very important symptoms.

Having taught the student how to observe his patient and collect facts, how do we teach him to learn his drugs? Like Dr. Hughes we tell him to read all about the drugs in all the books he can—Kent, Clark, Dr. Tyler's pictures and so on—he must know them thoroughly, then to go on to Allen's *Encyclopaedia* to get the details of the mental and general symptoms, for now he knows his drug, they will throw more light on it. My uncle, Dr. Compton Burnett, began by knowing 10 drugs very thoroughly before he started prescribing. If a student knows 10 drugs like that he will be able to spot them quickly and will prescribe well for a good many cases he meets in a day. From then on he adds to his repertory as he meets a new drug in a patient, and learns

all about that one. He will attach what he needs to that patient, and, if typical, that will be his picture of the drug for all time. I remember from my Resident days, my first clear picture of *China*, *Aethusa*, *Coccus cacti* and many others.

How does one prescribe for acute cases in this busy life? Once again one must know well about a dozen drugs to begin with, and know them backwards. A list like *Arsenicum*, *Bryonia*, *Causticum*, *Gelseminum*, *Kali carb.*, *Lachesis*, *Nat. mur.*, *Nat. sulph.*, *Phosphorus*, *Pulsatilla*, *Phytolacca* and *Sulphur*.

Dr. Tyler and Dr. Borland published *Pointers to the Remedies*—wonderful for gaining the local modalities—and with these aids one will soon be able to prescribe for an acute case with high potencies as quickly as in any other way.

I hope I have proved to you that this system which we teach here is applicable to the exigencies of every-day practice in all hands who wish to learn it, and who are prepared to put in enough hard work in the first few years in learning a number of drugs thoroughly.

In chronic cases Dr. Hughes says the high potencies should be tried. I agree wholeheartedly—old standing cases clear up, and are often surprised and delighted that something which has troubled them for a long time and which they have come to look upon as inevitable and never mentioned—has cleared up too. After many years of high potency prescribing only, I have come to the conclusion that there is, too, a place for the low-potency pathological prescribing. At both extremes of life I think a medicine case of low potencies is necessary in the home. In the nursery *Chamomilla* at teething time, *Aconite* when the child comes in from playing in a cold wind crying with earache, *Spongia* for the croupy cough waking him in the night, *Arnica* for all the bumps and bruises—all these given immediately will generally stop the trouble from developing. Most old people today have to do more than they are able for, with resulting tiredness, fretfulness, aching limbs and increased rheumatism and so on. I find low potencies of *Arnica*, *Chamomilla*, *Nux vomica* and *Rhus tox.*, as well as others, quite invaluable in helping them to carry on and in many cases to feel surprisingly better. In cases, too, where illness has left some more or less permanent tissue

damage such as rheumatoid arthritis, cardiac conditions, emphysema, bronchiectasis and cancer, the high potency indicated will make the patient feel much better but they still have their pain and coughs and local discomforts, and for some years now I have been prescribing pathologically for the local condition and think the patients have got on more comfortably and quickly.

For example, a man with very severe rheumatoid arthritis responded extremely well to a 10m of *Rhus tox*. He had been running a slight temperature for weeks, but after the *Rhus* it settled at once. He was much better in every way but he couldn't stand—his feet and ankles were agony and he could do nothing with his hands and wrists without extreme pain. I gave him *Calc. hypoph.* 6 for a fortnight and he moved about better and with less and less pain each day. He then said his lower back was the worst spot and I gave ten days of *Nat. mur.* 6 until it was relieved. After this he had a bad aggravation from the first hot weather and his knees both flared up badly. I gave him *Pulsatilla* 10m and he had a great jump forward in every way and began to eat as he hadn't done for a year. A week or two later the only very acute pain was in his shoulder running down behind the clavicle and keeping him awake at night and I gave *Sang.* 6 for two or three weeks. Before trying Homœopathy he had been off work, mostly in bed for six months and every kind of treatment had been tried including Cortisone. He went back to work to everyone's amazement four months after starting Homœopathy.

Nothing is so encouraging or so thrilling as to know that in our book of remedies there is one that will match and cure our patient, can we find it. Poor Dr. Hughes can never really have felt the thrill of the chase or he would never have advised his students to practice any other method and he would have been, I am sure, as celebrated today as he was at the end of the last century.

—*The Brit. Homœo. Journal, April, '60*

IMMUNITY AND HEALTH

A. B. G.

Anyone suspected of being a homœopath will not escape the anxious question, "What is the world do you do about immunity?" And a ready answer is another question, "What better immunity do you want than health?" But in the turmoil of modern discussion this answer with whatever truth and finality it may have seldom satisfies.

One practical starting point is put prominently to the front in the early sessions of the Foundation Course for Laymen, where definitions of terms take precedence over the use of terms. By definition, medicine is the science and art of preventing, alleviating or curing disease; though it is not the only such art, its main implements are medicines and they are for the most part given by mouth or through the skin. In the field of medicine, Homœopathy stands out for its aims, which is to embrace man in his totality and to treat the man rather than the man's malady. From that it follows that if and when the man is so altered in his vital powers that he is able to emerge from sickness, his vital powers are better able to keep him from sickness. It follows, too, incidentally that Homœopathy's remedies are always internal and never through the skin because man's vital powers are within. But in any event Homœopathy can allow itself no less a purpose than to leave the patient after his illness better able to remain well by reason of the treatment. This purpose flows inevitably from the definitions at the start.

If man comes away from medical care better able to keep well, he stands at a higher level than before in health and there is no quibble as to what manner of illness may be about him, poised to strike him—as ordinary medicine pictures it. Whether he is struck or not depends on his power of reaction, more than it depends on some artificial shield, and this is a matter of good health. There are at least two ways to regard health. The ordinary way is to think of it merely as the absence of illness, a passive state that needs shelter and is quite helpless without it. This is a

traditional concept that generally escapes analysis or test and is accepted unquestioningly at face value. It is an escapist attitude. It welcomes almost anything that seems to offer escape from illness. And one escape is good for the day thereof. What happens next is of little or no concern until it strikes. Then it is a matter of another escape.

But health can be regarded in an extraordinary way, not as a passive state calling for shelter, not as a result of a clever escape, but an inward power always at work, busy with the tasks of growth, maintenance, repair, home defense, with enough left over for outward activity and useful living. With this kind of health we have the individual citizen, the social being, the personality that counts in the world. Such a person has the power to live in the world by meeting the world's tests as well as its hazards. This is Homœopathy's concept and Homœopathy's goal.

Now if Homœopathy is right about this, then the power to remain well which is health is the power to meet threats and constitutes the actual and the fundamental preventive. What man relies on in the end, rather than some artificial shelter or technical escape, is such a practice of medicine as sets up the patient with enhanced power to stay well by reason of medical treatment. When man becomes wise enough to demand that brand of service and to know it when he sees it, little occasion will remain for prophylaxis. Instead of the future being clouded with mysterious threats and health becoming an ever more complicated and expensive concern, the tendency will reverse toward that simplicity which marks the genuinely applied science.

As a practical matter, it would not be possible to carry out Homœopathy's concept or to approach Homœopathy's goal with a chest of medicines bedeviled with side-effects, after-effects, unwanted or unexpected dangers. One of the first tasks confronting the pioneers was to find out the essential mode of action of medicines and to purify it. How that task was met is another story and a long one, but it was nicely met and the process turned out to be the comparatively simple process of potentization. Yet after more than 160 years potentization is still so little understood in ordinary medicine that *Consumer Reports* for May, 1959, discharges its function of providing authoritative advice by saying

on Page 263: "It is a classic principle of pharmacology that a drug which is useful in relieving symptoms or curing disease also is capable of causing serious reactions; . . ." It goes on to give examples. "Penicillin can cause serious allergic reactions." Antibiotics that have what are called broad spectrums—meaning that they destroy a wide variety of germs—can bring on "super-infections" by other germs that they do not destroy. Drugs intended to bring down high blood pressure can disturb the nervous system. Chlorpromazine affecting the nervous system as a tranquilizer can also bring jaundice. Cortisone, hydrocortisone, prednisone and other steroid hormones can bring upset metabolism, mental disturbances and digestive derangements. Presumably the list could go into the wee small hours.

Consumer Reports express sympathetic admiration for heroic doctors who in this amazing day must cope with such a tossing sea of complications. Indeed, if one of them is called to give first aid to the injured he cannot begin safely until he is told the victim's blood type, rh factor, the date of his tetanus toxoid immunization, the date of the booster dose, what "medical conditions" the victim is possessed of, what he is allergic to, what drugs he is now taking by generic name, by trade name and the dosage schedule. A printed form is placed at the bottom of the page to be filled out with the aid of the family physician and carried in the billfold for the doctor to find who answers the emergency call. So long as drugs are used that entail bad side-effects, just so long do complications and allergies follow medical attention and raise the hazards of existence.

Research done in the usual way, on the usual suppositions regarding health, leads to drugs with complicating consequences whether they are for treating the sick or for preventing sickness. Research done in the usual way not bound by the usual suppositions about health led to medicines of relatively pure effects. These are the potentized remedies known to Homœopathy. They are employed according to homœopathic procedures both in treating the sick and in preventing sickness. Using them to prevent a particular communicative malady would be indicated seldom if all persons were under Homœopathy and were thus better able to stay well under their own power. But things being as they are,

there is need for prophylaxis on occasion. Homœopathy is equipped with a number of remedies to choose from in a particular situation and chooses the one remedy most fitting for the particular epidemic. In cases such as smallpox or poliomyelitis or rabies or tetanus (lockjaw), ordinary medicine is obliged to rely on inoculated "protection" because ordinary medicine is off its limits when the malady starts. If Homœopathy prevailed, these maladies would carry far less terror, for in every individual case there is a curative remedy to be found and the situation is far from hopeless.

Sitting together at a class luncheon the other day were two classmates, one of whom was a doctor of ordinary medicine, dismayed to learn that the other had any questions whatever about the virtue of vaccination against smallpox. "Believe me," said he, "I would much rather have a little scar on my arm than have my face covered with pock-marks." "But how about fixing it," said his lay friend, "so you would not have either one?"

—*The Layman Speaks, June 1959*

THEORIES IN HOMŒOPATHY

Reflections on the point of view of a homœopathic doctor

DR. DAVID CASTRO, Rio de Janeiro

Translated from L'Homœopathie Française—February, 1960

A few days ago a physician asked me two direct questions:

1. Do you consider homœopathy to be the only true form of therapeutics?
2. Have you ever, during the course of your clinical activities, had occasion to use an allopathic drug?

Before answering his questions I did some quick thinking, promising meanwhile that I would supply him with a detailed explanation. This is given below, and I am further availing myself of the opportunity to answer those who, though they may not actually have asked these same questions, yet have them always on their lips.

"All roads lead to Rome," as the old proverb says. Good sense however adds: "But one of them may be better, quicker or shorter."

A sincere homœopath will reason similarly on the subject of therapy. All therapeutic methods may lead to cure, but for him, the homœopath, the best and the most efficient is homœopathic therapy.

Such reasoning is logical and comprehensive. The doctor's first duty is to heal. And if a doctor chooses homœopathic therapy, it is because he considers it most strongly indicated for the easy accomplishment of this duty. The same holds good for the partisans of all other therapeutic methods, unless they are non-scientific.

Taking a neutral point of view (which I must admit is for me only theoretically possible) I concede to the partisans of so-called allopathic therapeutics the right of considering that their methods are the best, the most strongly indicated and the most efficient. This is as logical from the medical point of view as it is human from the individual point of view.

Eclectic Point of View

There is however another aspect of this question in which homœopathy differs from other therapies; it is from the point of view of eclecticism. In allopathy this term has really no meaning. It cannot be said to constitute a therapeutic theory, in the same way as homœopathy does.

Allopathy is a collection of therapeutic theories, rather than a concrete general theory of therapeutics. This is not to say that it is not scientific. Its experimental bases are indeed strictly scientific. But its concepts are broad, diffuse, and subject to the constant inclusion and exclusion of drugs and methods.

And amidst these multiple concepts and methods, a doctor is free to accept all, or just some of them; to recognise this and to reject that; to admit the efficacy of such and such a drug or method against illness, and to admit no other.

An allopathic doctor can even advise homœopathy, and many of them do so. Yes, they can deliberately recommend the use of homœopathic remedies; and this is without taking into account a number of drugs used in allopathic medicine, whose action is clearly homœopathic.

Established Theory

In homœopathy, the position is different. Homœopathy is a definite, established theory. Its laws are held to be proved, and "Similia Similibus Curentur" (sic) means that the method of cure based on the law of similars is considered to be true, best and more right.

The theory of homœopathic therapeutics contains many other more or less important concepts which the homœopath owes it to himself to follow. Here is no prejudice or unhealthy orthodoxy. It is the very nature itself of the method or of the theory.

When a homœopath refrains from prescribing arsenic or mercury for a syphilitic, it is not because he is against arsenic or mercury or because he doubts their action upon the treponema. Rather it is because in his therapy, based as it is upon pathology, the concept of the microbe is not so important as are the subjective and objective effects of that microbe and its toxins upon the patient—the symptom picture. Obviously the homœopath is going

to seek for the remedy indicated by this picture, in a word, for the "similimum".

Our purpose here is not to argue as to which is the best form of therapy, or whether or not syphilis is cured by arsenobenzols. Certainly they must cure it, or they would not have been in use for such a long time.

But the homœopath, by virtue of his very name, uses his own method, and only his own method, because for him it is the best and the most strongly indicated.

Thus eclecticism is not recognised by homœopathy. Either one uses homœopathic methods according to the laws of homœopathy, and one is a homœopath; or one uses different methods according to no particular laws, and one is not a homœopath.

Varying Reactions

Allopaths, or doctors who are not homœopaths, are in the main anti-homœopaths. But their reactions vary. Some know nothing about homœopathy, have never heard of it and will not discuss it. Others simply despise it. Others again ridicule, without understanding it. Some tolerate it. A very few understand, without using, it. Lastly, some fight it furiously.

All of these attitudes depend upon very personal, subjective or objective factors. Not one of them is essential or fundamental. Whether or not they are adopted has no effect on true therapeutic methods. The explanation of this lies in the fact that non-homœopathic therapeutics are the official ones, that is to say, those taught in recognised medical schools all over the world, and practised by the great majority of doctors.

The position of homœopaths with regard to allopathy is very different. In the first place this position is universal, general, common to all homœopaths because it is a part of their doctrine. Further, it is based upon a constant comparative analysis. Finally, it relates to a doctrinal necessity of the theory.

For a homœopath, non-homœopathic theories and methods are serious and profoundly scientific questions. They are questions like: What is the therapeutic position of surgery? Are mental symptoms influential in the choice of a remedy? Is diagnosis the fundamental element in the choice of a remedy? Is the action (of

a remedy, Tr.) on the human organism more, or less, important than its action on the microbial agent? Is the question of the elimination of the remedy given proper consideration in non-homœopathic therapeutics? Will not a tendency to specialisation lead to a loss of the notion of the organic wholeness, of the One?

Need of Understanding

These are only some of the questions discussed by the homœopath, and he can obviously only do so in the light of other theories. Moreover, given his social position, the homœopath needs to be widely understood in a way that would be quite useless to classical medicine. To spread this understanding, the critical method is the best, if not the only, way.

So have thought all the masters of homœopathy since Hahnemann. So have done, in Brazil, Mure, Souza Martins Soares de Meireles, Murinho, Licinio Cardoso, Nilo Cairo, Alberto Seabra, Galhardo, etc. There is nothing sectarian about this, unless it is respect upon a scientific and impersonal basis. It is not a matter of denying other therapies, but of showing the advantages which homœopathy can offer in obtaining cure, according to the true homœopaths.

"All roads lead to Rome." But homœopaths consider that theirs is the best, the fastest, and the most efficacious, and feel themselves under the obligation to demonstrate the reasons for their conviction, not only in showing which is their "road", but also in analysing that of the others which they think is less efficacious or contra-indicated.

Finally, the question of whether I employ non-homœopathic remedies in my clinical practice. The answer is, No. I have never used non-homœopathic remedies in my clinical practice.

But,—this must be amplified—this is not through systematic opposition, but because never in my professional life have I encountered the need to do so, either from scepticism or from insufficiency of means in the homœopathic *Materia Medica*.

Thus it has been until today, and thus I think it will continue to be, because I consider homœopathy to be a sufficient medical

(Continued on page 131)

PRESIDENTIAL ADDRESS*

DR. K. G. SAXENA, B.M.B.S., Delhi

*Hony. Homœopathic Adviser to the Government of India,
Hony. Homœopathic Physician to the President of India*

HONOURED GUESTS, BROTHER DELEGATES, LADIES AND GENTLEMEN,

I am grateful to the West Bengal Homœopathic Federation for giving me this great honour and privilege of presiding over their deliberations in this historic city of Berhampur, West Bengal. To invite a person who is a product of Homœopathy from Bengal is nothing but to carry coal to New Castle. I have accepted your offer with some diffidence because I am now Honorary Adviser in Homœopathy to the Central Health Ministry. Before I express my views it must be made clear that whatever I express here will have no bearing on the official policy of the Government of India. Whatever I say will be in my personal capacity as a Homœopath who has been championing the cause of Homœopathy for more than quarter of a century.

Although advent of Homœopathy in India was brought about by Dr. Honigberger of Germany in 1839 who was invited to treat Maharaja Ranjit Singh of Lahore, the best exponents of Homœopathy were to be found in Bengal initiating this system during the middle of the last century. The names of eminent and talented Homœopaths who were largely responsible for the establishment and development of Homœopathy in India are Dr. Mahendralal Sarkar, Dr. Berigny, Dr. Salzer, Dr. P. C. Majumdar, Dr. D. N. Roy, Dr. Younan, Dr. S. K. Nag, Dr. Baridbaran Mukherjee, Dr. J. N. Majumdar (Senior), Dr. T. N. Palit, Dr. A. N. Mukherjee, Dr. G. N. Sinha and a host of others. These Homœopaths were either converted from Allopathy or learnt it from U.S.A. or U.K. or Germany and practised and propagated Homœopathy. It is from Bengal that Homœopathy has spread to all parts of India. I can-

* Delivered on 27-12-64 at the 4th Session of West Bengal State Homœopathic Practitioners' Conference at Berhampore, Murshidabad.

not forget the lessons of homœopathic philosophy and Organon that I learnt from Dr. B. K. Bose of Calcutta Homœopathic Medical College who largely inspired me in my early College days and brought about a sense of resolution in my mind to make determined efforts for the recognition of Homœopathy in India. I bow before these stalwarts of Homœopathy from where we took the torch to every nook and corner of our motherland and served the poor people of our country.

Soon after I settled in Delhi in 1937, I contacted the members of the Central Legislative Assembly and got the first Homœopathic Resolution put up for consideration. This resolution was adopted by the Central Assembly by majority of 8 votes. The mover of the resolution was Mr. Ghiasuddin, M.L.A. and there was a large number of M.L.A.'s who supported him from different parties in the Central Assembly. The resolution was forwarded to all the State Governments for implementation. I must pay my high compliments to Bengal for the constitution of the first Homœopathic State Faculty in 1943 in India.

When our National Government was formed in 1948, another Homœopathic resolution was put up by Shri S. C. Samanta, M.P. of Bengal. This resolution was unanimously adopted by the Union Parliament and the Government announced the appointment of the famous Homœopathic Enquiry Committee. The personnel of this Committee was announced in 1948 which submitted its report in 1949. The Committee recognised the scientific basis of Homœopathy and advocated the constitution of a Central Homœopathic Council. The Third All India Health Minister's Conference approved the recommendations of the Homœopathic Committee and commended for its implementation.

The Homœopathic Ad Hoc Committee was formed in 1952 and worked till 1954. Later, this Committee was designated as the Homœopathic Advisory Committee and has been functioning since then. The D. G. H. S. was the first Chairman of this Committee. In 1956, the Advisory Committee was taken over by the Ministry of Health and the Secretary of the Ministry of Health became its Chairman; and the D. G. H. S., Director, I. C. M. R., Deputy Financial Adviser and six Homœopathic Physicians as Members with the Under-Secretary, Ministry of Health as Convenor.

The Adviser in Homœopathy was appointed in May, 1962 and is working as Secretary of the Advisory Committee. The Homœopathic Pharmacopœia Committee was constituted in November, 1962. The Research and Technical Sub-Committee was also constituted to look after Research carried on in some of the institutions of Homœopathy in India. In February, 1964, the Government expanded the Research and Technical Sub-Committee including 8 Principals of Homœopathic Medical Colleges for considering uniform training in Homœopathy. This Committee has submitted its report in September, 1964, recommending a uniform Licentiate course for 4 years and a further graded course of 2 years for the Degree Course. These courses are under the active consideration of the Central and State Governments at present. I am confident with your co-operation, we shall achieve uniformity of training in Homœopathy all over India.

In February, 1964, the Government appointed the Rural Homœopathic Medical Aid Committee for considering the utilisation of Homœopaths in the villages. This Committee has also submitted its report to the Government. The Committee recommended that Homœopathic Physicians could be utilised in rural areas. Those who have had 2 years Medical training or practising Homœopathy for more than 5 years will have to undergo an additional course of 6 months and will be eligible for service in rural dispensaries. Diploma holders of 3 years or 4 years will be eligible for direct employment in these dispensaries. The Committee has also strongly advocated that the services of Homœopaths be utilised in Community Development Centres particularly which are run by the Central Government and which are not aided by international agencies. There are nearly 500 such centres which could not be started due to paucity of medical personnel. We feel that diploma holders of 4 years could be easily employed by the Government in such centres.

There are nearly 60,000 registered Homœopaths in our country. There are more than 30,000 institutionally qualified Homœopaths. We feel our State Governments could easily utilise the services of these Homœopaths in village dispensaries, in Community Development Centres, in C.G.H.S. and Employees State Insurance Corporation dispensaries and some such ancillary services.

Most of the State Governments have constituted State Homœopathic Boards. There are only 3 States, viz., Punjab, Rajasthan and Madras which have not formed Homœopathic Boards and recognised Homœopathy. I wish to emphasise on the State Governments that the present Homœopathic Acts do not contain any provision for the training of Homœopaths. When registration and regulation of homœopathic practitioners is undertaken by the State Governments it is their duty also to see that proper institution for Homœopathic training are established there. The Dave Committee had recommended the establishment of separate Directorates for Homœopathy in 1956. May we appeal to the State Governments to implement this important recommendation.

PLANNING OF HEALTH PROGRAMMES

In 1952, the Planning Commission invited representatives of Homœopathy to a joint discussion with practitioners of all non-allopathic systems of medicine. After 2 days discussion the Commission accepted 5 out of 7 proposals put forward by representatives of Homœopathy. These 5 proposals are also incorporated in the First Five Year Plan Report, I regret to point out that these recommendations of the Planning Commission are not yet implemented by the Government.

In 1957, the Planning Commission again invited representatives of Homœopathy along with representatives of Indigenous Systems of Medicine as well as some prominent Members of Parliament. A joint memorandum of all non-allopathic systems was submitted to the Commission. However, no action was taken on that memorandum so far. In the Second Five Year Plan Report some allocation of funds for Homœopathy is mentioned.

In 1962, the Government appointed Dr. Saxena as a member of the Health Panel of the Planning Commission for Third Plan period and he had the privilege of addressing the panel at its inaugural meeting. The proceedings of the Panel Meeting state as follows:

"Dr. K. G. Saxena expressed his disappointment over non-implementation of the recommendations made in the First Five Year Plan by the Committee dealing with systems other than the allopathic systems of medicine, appointed in 1952, though the

recommendations had been accepted by the Government. During the First Plan a sum of Rs. 37.5 lakhs was allocated for the indigenous systems and homœopathy, but unfortunately not a single penny was spent on homœopathy and during the Second Plan period not a word was mentioned about homœopathy. He expressed his disappointment over the step-motherly attitude of the Government towards homœopathy, as very little had been done so far by the Government for the furtherance of homœopathy in the country. He pleaded that when 80 per cent of the population of the country, depend on indigenous as well as homœopathic systems of medicine, Government of India and Planning Commission instead of neglecting these systems, should give all possible help and encouragement. During Third Plan period, the services of the large number of registered homœopathic practitioners which were available should be utilised in the community projects for manning the medical and health services. During the recent epidemics of cholera, influenza, hepatitis and jaundice, homœopathic and indigenous systems were found to be of tremendous value, though the Government did not pay any consideration to these systems in the formulation of the preventive programmes.

With regard to vaccination, he strongly opposed compulsory vaccination of all persons. The Father of the Nation was dead-against compulsory vaccination in India. He felt sorry to say that the very concept of the health plan became unrealistic because the services of thousands of registered practitioners in indigenous and homœopathic systems of medicine available in our country had not been considered for utilisation during the Third Plan. Indigenous systems of medicine had been recognised in all State Governments while Homœopathy is recognised by only 12 out of 15 States. He suggested that this defect should be removed, and the State Governments should see that Homœopathy was given recognition in all the States. Dr. Saxena further stated that Government of India's policy towards the indigenous systems and Homœopathy was quite unscientific. According to Shri D. P. Karmarkar the official policy of Government was towards the synthesis of all systems of medicine into one system which appeared to him to be impossible because each system followed

a set of different principles. However, according to Shri G. L. Nanda, Minister for Planning, these systems of medicine should co-exist. What exactly was the policy of the Government of India in reality, nobody could understand. He requested that in the first place the Government of India should enunciate their policy as to whether they preferred co-existence or synthesis. He felt that all the systems in the first instance should be allowed to co-exist and develop independently and prove their utility by stimulating a healthy competition between the different systems in the service of the people."

Thus it is clear that the whole concept of planning is unrealistic, because the Planning Commission did not take into consideration, thousands of registered practitioners in Indigenous systems and Homœopathy available in our country. I earnestly feel that the Government can easily utilise the service of qualified and registered practitioners of all systems of medicines according to their knowledge and experience and which can be supplemented by a few months further training.

Planning for the Fourth Plan is under consideration of the Planning Commission. We have put forward a number of proposals for inclusion in the Fourth Plan period including the establishment of a Central Homœopathic Institute for Research in Delhi. Let us hope we shall be able to get the Institute started in that period.

As I stated at the meeting of the Health Panel of the Planning Commission in 1962, we still do not know what is the exact policy of the Government with regard to Homœopathy and Indigenous Systems of Medicine. In this regard I wish to pay my tribute to the Union Health Minister for her large-hearted policy towards homœopathy. She is a true disciple of Gandhiji and believes in truth and honest service to millions of our people. She wants to utilise Homœopathy for the service of the suffering people of our country. I presume that she is unable to chalk out a concrete policy on account of the views of various national and international organisation, dominated by Allopathic experts.

There is one important point which we have to consider and decide how so many different systems of medicine that are practised in our country could be recognised and utilised for the

service of the people? In my humble opinion all systems whether Ayurvedic, Unani, Homœopathy, Naturopathy or Sidha are all based on certain principles and their medicines are manufactured, prepared and used according to their own methods. How all these systems will be integrated into one system is beyond our imagination. Segregating a number of medicines from Ayurveda or Unani and incorporating them in the Materia Medica is no integration. In a country which believes in and adheres to a policy of equality in social, economic and political spheres and confers equality of status and equal opportunity to all its citizens, the adoption of such policy will be nothing but a negation of inherent rights and privileges. It will be just like an integration of Hindu, Muslim, Sikh religions into one which is wrong in principle. The best course to adopt will be according to Prime Minister Lal Bahadur Sastri's advice while opening the Outdoor Department of the Nehru Homœopathic Hospital in New Delhi on the 6th May, 1964, when he pleaded for co-existence of all systems of medicine and allowing them to be practised according to their own genius. Thus to my mind the best course for us will be to recognise all systems of medicines in the first instance. This is necessary for the purpose of encouragement also. And in this way the Government will be able, in course of time, to find out ways and means for utilising them in the service of the people. A Committee should be appointed by the Government to go into this question of utilising various systems of medicine in the future health fabric of the nation.

There is absolute ignorance with regard to the part which Homœopathy can play in the treatment of various diseases that abound in our country. No one has tried to inform the people as well as the Government how and where Homœopathy can treat diseases. It is true, Homœopathy treats the patient and not the disease. So far as this principle is concerned I am in full agreement with it but the world is not much conversant with this ideology and remains ignorant regarding homœopathic viewpoint of nomenclature and treatment of diseases. The vast Homœopathic Materia Medica presents not only picture counterparts of already known, natural disease-conditions to which nosological labels can be attached but also numerous clinical symptom-syndromes to

match any disease-condition which is still unknown or undiagnosable as yet. Herein lies the distinctive advantage of the Homœopathic system of treatment.

The main point to note in this connection is that the Government in particular and the people in general, who lay too much stress on the pathognomonic aspects of a case should understand that Homœopathic medicines are capable of curing those conditions expressed in signs and symptoms even when proper diagnosis is yet to be established. What is required is that Homœopathy is officially given a chance to make special researches in various categories of diseases and is allowed to work in fields like epidemics, endemics, infectious conditions and so-called surgical diseases that have become the monopoly of the Allopathic School.

In addition to the above, I would like to draw your attention to the pressing problems before Homœopathic profession :

1. Tendency towards poly-pharmacy, i.e., preparation of combination drugs, specifics, patent medicines and so on.
2. Introduction of Parenteral method of drug administration (Injections).
3. So-called Homœopathic Antibiotic drugs.
4. Electro-Homœopathic drugs.
5. Mechanised methods of finding similar medicines for individual patients.

We have to seriously consider these dangerous trends in Homœopathy, which may ruin the very foundations of our science and therapy. I am totally against these developments and I would like your Federation to move into this matter and eradicate all such evils from our profession.

Bengal is the cradle of Homœopathy in India. There are thousands of Homœopathic practitioners in this great province. It has also produced the greatest Homœopaths of the country. We are proud of all those Homœopaths who have not only served Bengal but also took the torch of Homœopathy to various parts in the country. There is not a single state where Bengali Homœopaths are not to be found. I am, however, not satisfied with the state of affairs in Homœopathic institutions in Bengal. Although, there are institutions which were established for about one quarter, half or nearly one century, they are not properly organised

or looked after as they should have been for such a long period. I regret this is partly due to the personal jealousies, animosity, and selfishness. Even if one or two learned Homœopaths could have dedicated their lives to one of these institutions, it would have grown into a fine institution for emulation by all other institutions in India. I say all this with my personal experience of Homœopathy in Calcutta.

I am glad about 35 Homœopathic Organisations of West Bengal have joined hands in the West Bengal Homœopathic Federation. I wish to congratulate Dr. Kanjilal, the Organising Secretary of this Federation as well as all the member organisations who constitute this Federation. If all the organisations emulate the example of the West Bengal Federation and the city, district, provincial, and all India Homœopathic Organisations could be brought into one organisation which could be a mouth-piece of all the Homœopaths of India, that will be a great day for Homœopathy in India and abroad. I will advise all my homœopathic friends to follow this example and federate themselves into one All India Homœopathic Federation. I am sure, the day is not far off when we shall achieve this goal.

I wish to congratulate you on the formation of the First Homœopathic Council under the new West Bengal Homœopathic Act. The State Faculty of Homœopathic Medicine has already done much spade work in the field of Homœopathic education. I wish the State Government may start its own Homœopathic College for a degree course attached with a 200 bedded hospital. Calcutta also has the best nucleus for a Post Graduate Institution for Homœopathy. The Central Government may be prepared to help them in both these tasks.

Friends, Homœopathy is in great peril today all over the world. Followers of Hahnemann seem to be dazzled before the glamour of the so-called modern medicine. The Great Master was alone when he challenged the inhuman onslaughts of Allopathy on mankind. He fought single-handed against the wrong approach to the study and cure of disease. And it is very strange—rather deplorable that Homœopaths who count in millions today cannot stand united before this growing menace to truth and unbiased or unprejudiced observation and experiment. Science of Medicine

has been monopolised, so to say, by big cartel Organisations, large-scale manufacturers, who manipulate and regulate all researches, pharmaceutical, and other activities in medicines to suit their own vested interests. WHO and Health Directorates of Governments are nothing but a mouthpiece of these gigantic users. To do big business and push on their products is their only aim. They have no real interest in the welfare of humanity. The cruel apothecaries of Hahnemann's times have appeared in this garb today. Beware of these monstrous havocs that are being wrought over man through their nefarious activities. Practice of Medicine today is only an organised demonstration of millions of patent drugs mostly synthetic, that are responsible for the increase of so many types and names of diseases. More than 50 per cent of present-day diseases is due to the ill-effects of modern drugs used for prevention and treatment of diseases.

Purity of Homœopathic medicines, steadfastness to Hahnemannian principles and unity of genuine homœopaths are the only answers to this present-day barbarism in medicine.

THEORIES IN HOMŒOPATHY

(Continued from page 121)

theory and practice. I do not however guarantee that I will never do so, since after all the cure of the patient is the essential object of the doctor's mission, as Hahnemann said in the first paragraph of the Organon.

—*Homœopathy, June 1960*

IMPROVING UPON HOMŒOPATHY BY VULGARIZING IT*

DR. J. N. KANJILAL, M.B., D.M.S., Calcutta

RESPECTED AND BELOVED PRESIDENT, COLLEAGUES AND FRIENDS,

It is a great privilege for me to get an opportunity to address a big learned gathering like this. But sense of duty compels me to select a thorny subject, and what I shall have to speak may not be pleasant to some people. Still I take this indulgence with a definite expectation that, however bitter may be my speech to some, all will sincerely try to understand me.

I shall have to talk on a problem that is seriously worrying me as well as many of us in India—the problem of vulgarization of Homœopathy by introduction and propagation of injections, patents, specific and the so-called homœopathic antibiotics—all in the name of Homœopathy, nay, ironically enough, in the name of improving upon Hahnemann; on the plea that Hahnemann would have done all these, had he been living today. This menace is a rising force in Indian Homœopathy. This menace is growing under the shelter of the following factors:—

1. CALLOUSNESS OF THE HOMŒOPATHIC SOCIETY

Many a homœopath in India, particularly in the leading sections seems to be too optimistic and complacent about this problem. Their stand is that, these vulgarizers of Homœopathy (Hahnemann's "Mongrel sects") have been existing since the very inception of Homœopathy—but they have never been able to prevent the growth and spread of true Homœopathy, which has been ever growing and spreading by dint of its own intrinsic merit and virility.

I humbly like to point out to these innocent leaders of Indian Homœopathy that their stand is only partially substantiated where Homœopathy has not yet come under official control, and not at all where Homœopathy has come under the law of the country.

* Speech delivered at the 6th All India Homœopathic Congress, Ahmedabad—November 15-17, 1964.

These wild vegetations in the homœopathic field have all along been thwarting the spontaneous growth and spread of Homœopathy in European countries, and have been successful to almost completely oust Homœopathy from its highly glorious fosterland, the U.S.A. where the effigy of Homœopathy is enjoying official status.

Under the shelter of this complacency, or even in some cases tacit support, of our Homœopathic leaders, these wild vegetations are gaining formidable foothold in India. Almost all the Homœopathic journals in India (with only 1 or 2 honourable exceptions)—not only those belonging to homœopathic firms, but strangely enough, those belonging to homœopathic associations—are lavishly propagating their statements and advertisements. These vulgarizers are not only forming their own associations (which are, in most cases, virtually nothing but organizations of buyers of their products) making themselves the Presidents (really owners) of these organizations, but also are getting easy entrance into the leadership of various Associations claiming to advocate true Homœopathy. Thanks to their political strength earned in this way and financial strength earned by their unscrupulous business, they have now acquired sufficient capacity to exert pressure on the authorities at the Centre as well as various States, to accept their line in the purview of Homœopathic system of medicine.

So, we cannot afford to neglect this formidable growth a single moment more, if we do not want to throw Homœopathy in India into the same plight as in the U.S.A. This problem is all the more vital, in view of the fact that, the fate of Homœopathy on world scale today depends considerably on how it fares in India—its Asiatic fosterland.

2. INTRINSIC PECULIARITY OF HOMŒOPATHIC ART AND SCIENCE

Apart from political and intellectual indifference and indulgence enjoyed by these wild vegetations, they are gaining ground by taking advantage of some intrinsic paradoxical peculiarities of Homœopathy. Superficially Homœopathy is unusually too simple, but deeply it is unusually too hard. Apparently the Homœopathic art and science are so easy and straight that anybody with only a little knowledge and intellectual equipment can use homœopathic medicine to cure or at least give relief to a large number of sick

people, and thus can call himself a Homœopath. Of course, due to their shallow position they too often fall in difficulties, for which they are forced either to go deeper into Homœopathy, or to take recourse to various means which have nothing to do with Homœopathy. The first path—going deeper into Homœopathy—is loaded with immense difficulties. For taking to this path the hardest difficulty that he will face is that, he will have to reorient his mind and get rid of the traditional notions regarding Medicine, and then to take great pains to grasp the homœopathic science and philosophy more and more thoroughly. So, many people get inclined and tempted to take the alternative much easier, although unscrupulous and hazardous path, but without, for that, leaving aside the garb of Homœopathy, for fear of losing face. Advantage of this situation is rapaciously taken by the fortune-seekers in the Homœopathic society.

In their method they adopt various techniques to seduce and beguile the naive homœopaths—

(i) They quote at random from the various authorities in Homœopathy including Hahnemann himself, taking for granted that nobody will bother to verify their authenticity, or their meaning in respective contexts.

(ii) They take advantage of the ignorance of the public as well as simpleton homœopaths as to the difference between true cure and palliation or suppression, and as to the dangers or evil consequences of the latter.

(iii) They take advantage of the eagerness of the lay public for some common specific for any name of disease, knowing fully well that such specifics are totally inconsistent with homœopathic science.

(iv) They take advantage of the hobby of lay public for heroic methods like Injections, etc. knowing fully well that these methods are totally irrelevant while dealing with dynamic medicines working through nerves.

(v) They even borrow, or rather plagiarise from allopathic parlance names like—tranquillizers, tonics, antibiotics, etc. to catch the fancy of the lay public, without, of course, forgetting to put a homœopathic cloak over them, notwithstanding the fact that

these terms are totally irrelevant in homœopathic ideology and parlance.

(vi) They gibe at the failure of pure Homœopathy in many cases. But, no science can claim success in every case, and the least of all, the medical science, the weakest of all sciences. And that is precisely the reason for the existence of so many systems in the medical science, each with its own peculiar principles, methods and techniques, as well as its own peculiar problems requiring research in its own way.

(vii) In order to give a scientific garb over their irrelevant and unscrupulous activities and to allure the novelty-faddists they do not forget to call their affairs as research work, despite the fact that each field of science including that of Homœopathy, as just mentioned, has its own problems for research in its own relevant way; problems and methods of any branch of science cannot be bungled up with those of any other.

(viii) They even do not waver to brazenly dangle the prospect of mercenary gain by adopting their methods, relinquishing the tedious unremunerative methods of pure Homœopathy. But, the money earned by their methods, pilfered from the orthodox school, is black money with all its stink, and the money earned by purity of profession is glorious money with its heavenly joy of clean conscience. Moreover, this black money implies some risks too. The methods yielding this money have some inherent dangers which can be faced and tackled only by those who are adepts in the original science from which they have been pilfered, and not by those pilferers.

I do not feel it at all necessary to take more of the valuable time of this learned gathering in exploding the fictitious scientific ground of these mongrel products. Only for an instance, I would briefly deal with the latest of these fusses—the so-called "*Homœopathic Antibiotics*".

In order to justify a homœopathic coating over these so-called antibiotic products, that is, to vindicate the prefix "homœopathic" before their names the manufacturers of these products assert that if a substance that produces certain physiological effects is potentized and is given in sub-physiological doses for a similar complaint, it may be called homœopathic. We have no serious

objections to this statement, although it does not express the whole truth. Our real objection is against the actual products, said to be produced on this principle and propagandised and marketed as such.

A drug to be fit to be used on homœopathic principle must fulfil one pre-condition—it must have a thorough and authentic proving in the strict homœopathic line, to ascertain its pathogenic properties, in the physiological as well as dynamic plane.

What to speak of any proving of these products on strict homœopathic method, we do not know of any even ordinary pharmacological data regarding these products. The physiological effects stated to be produced by any of these homœopathic antibiotics are nothing but products of fertile brain of the authors *cum* manufacturers of these drugs. These data cannot at all be relied upon for therapeutic purposes in any system of medicine, and the least of all in the homœopathic system of medicine—even if hundreds or thousands or even lakhs of so-called homœopaths can be befooled to use them in the name of Homœopathy.

Then, these authors ordain that these products should be administered by injections. But we know that, a homœopathic drug, which acts in the dynamic plane, has no problem of assimilation, propagation and excretion through the channel of body-fluids; it acts through the nervous system and its action is set up as soon as any part of it or even its emanation comes in contact with the nerve-endings anywhere, which are, of course, most luxuriant at the various surfaces of the body. Hence their claim of using their products in the homœopathic way, is anything other than relevant and just.

They are of course wise (?) enough to consider the mental symptoms (especially the pain) as the most important aspect of the "Psychosomatic" disease. So they advise to put out these most important guiding lights for therapeutic purposes, by using so-called sedatives, hypnotics and tranquillizers (or really paralyzers of brain) which, if necessary, may be pilfered with impunity from allopathic armamentarium (which has been swelling to bursting point with products of these sorts); but that is not always required because these Messiahs have already got from heavens *homœopathic tranquillizers* in the form of drugs in the group of ophidæ, viperidæ

and arañidæ. No matter wherefrom you take these panaceas—from allopathic armoury or from heavens—you must use them at the very outset, in order to suppress the most important guides for the purpose of cure. And to get the surest effect these most important adjuvants must be administered by *injection* in *combination* with the basic drug—the homœopathic antibiotic.

I do not think these delirious patterings require any serious discussion in this learned gathering. So I refrain from tiring your patience any further, and sit down.

HOMŒOPATHIC NEWS

WEST BENGAL STATE HOMŒOPATHIC PRACTITIONERS' CONFERENCE (4TH SESSION)

The 4th Annual Session of the West Bengal Homœopathic Practitioners' Conference, under the auspices of the West Bengal State Homœopathic Federation was held with great éclat, at K. N. Collegiate School, Berhampore, Murshidabad, on the 27th and 28th December 1964. The total number of Delegates and R. C. Members exceeded 1100, and the participants in the Inaugural Session exceeded 2000.

The Conference was inaugurated by Hon'ble Shri Keshab Chandra Basu, the Speaker, West Bengal Legislative Assembly; and presided over by Dr. K. G. Saxena, Homœopathic Adviser, Government of India. The sectional Chairmen for Materia Medica, Homœopathic Education and Organon were—Dr. H. Sircar, Dr. B. K. Sarkar and Dr. S. N. Roy, respectively. Dr. R. C. Paul, M.A., LL.B., PH.D., Principal, K. N. College was the Chairman of the Reception Committee. Many other eminent personalities of West Bengal as well as other States—including Dr. J. N. Majumdar, Dr. J. N. Sircar of Calcutta, Dr. J. P. Srivastava (General Secretary, All-India Institute of Homœopathy) of Delhi—enriched the Conference by their participation. Blessing messages were received from many important personalities of India.

The highly educative and graceful Exhibition at the Conference premises was participated by Hahnemann Publishing Co. Private Ltd., Economic Homœo. Pharmacy and National Homœo. Laboratory. The Stall of the W.B.S.H. Federation displayed various medical herbs—borrowed from the Indian Botanical Garden, various pictures, charts and posters depicting various aspects of Medicine as well as Homœopathy, and also various Homœopathic books highly useful to Homœopaths. The Souvenir, issued at the Conference was enriched by learned articles from a good number of erudite Homœopaths of India.

18 Resolutions (printed separately) were adopted at the Conference—most important of which urged for a reconsideration

of 3 years' course for Diploma Examination, demanded acceptance of Homœopaths in the various health services and schemes, deprecated so-called Homœopathic injections, specifics and patents and demanded the formation of an All-India Organisation uniting all the Homœopaths of India.

The Session was enlivened by various cultural programmes—including drama, dance, music, gymnastics, etc.—organised by cultural associations of Berhampore.

The grand success of the Conference was greatly due to the liberal donation made by the Hahnemann Publishing Co. Private Ltd., Economic Homœo. Pharmacy, M. Bhattacharyya & Co. and Kundu Paul & Co.

Of the various important speeches at the various sessions of the Conference, the following deserve special mention:

Dr. R. C. Paul in his welcome speech referred to the inequitable attitude of the authorities who are giving cognizance to Homœopaths, but showing coldness in accepting the responsibility of its education and research, and in accepting Homœopaths in the health services.

Shri Keshab Chandra Basu in his inaugural speech stressed the importance of such annual conferences in the matter of realising the multifarious objectives of Homœopathy. He asserted that when the Government has given recognition to Homœopathy it will surely look after its all-round development.

The President, Dr. K. G. Saxena in his opening speech gave the history of development of Homœopathy in India and asserted that it is expected that before long there would be a uniform course of Homœopathic education all over India and there will be an All-India United Organisation for all the Homœopaths of India. In his closing speech he stressed the significance of 4 years course for Diploma Examination in Homœopathy.

RESOLUTIONS

Adopted at the 4th W. B. S. Homœopathic Practitioners' Conference held at Berhampore, West Bengal, on 27th and 28th December 1964

1. This Conference condoles with heavy heart the demise of our beloved leader and Prime Minister, Pandit Jawaharlal Nehru.

2. This Conference deeply condoles the demise of the following eminent Homœopaths:—

(1) Dr. S. N. Sengupta, (2) Dr. N. M. Jaisoorya, and (3) Dr. S. N. Ghosh.

3. This Conference congratulates the Government of India for its attempts to evolve a uniform curriculum and syllabus of studies in Homœopathy on an All-India basis.

4. This Conference earnestly requests the Government of India to reconsider the introduction of a 3-year Course for Diploma Examination in place of 4 years.

5. This Conference urges upon the Government of India as well as the Government of West Bengal to take immediate steps to implement the recommendations of Rural Homœopathic Medical Aid Committee.

6. This Conference urges upon the Government of India as well as the Government of West Bengal to accept registered Homœopaths into the various Health Schemes including the State Insurance Scheme.

7. This Conference urges upon the Government of India to establish a Central Homœopathic Council and upon the Government of West Bengal to establish a Homœopathic Directorate immediately.

8. This Conference urges upon the Government of India to consider amendment of the Drug Act and Drug Rules as suggested by the West Bengal State Homœopathic Federation.

9. This Conference congratulates the Government of West Bengal for enforcing the West Bengal System of Medicine Act, 1963 on 1st August 1964 and hails the newly-constituted Council of Homœopathic Medicine, West Bengal.

10. This Conference urges upon the Government of West Bengal to establish an ideal Homœopathic College and Hospital in Calcutta.

11. This Conference urges upon the Government of West Bengal to make available necessary finance to different autonomous bodies for help, opening new Homœopathic Charitable Dispensaries and running the existing ones giving appointments to Registered Homœopaths.

12. This conference urges upon the Council of Homœopathic Medicine, West Bengal to see

- (1) that no eligible practitioners of Homœopathy are denied Registration,
- (2) that the examination for registration is carried out only to ascertain that the candidates had been practising Homœopathy as envisaged in the Act, and
- (3) that different examination-centres are opened, preferably on district basis to avoid rush and inconvenience of both the examinees and examiners.

13. This Conference urges upon the West Bengal Council of Homœopathic Medicine to minimise the total cost of registration (including application fee, examination fee and registration) in view of the poor economic capacity of a large number of Homœopathic Practitioners.

14. This Conference urges upon the Council of Homœopathic Medicine, West Bengal, to accept into the paragraph 3 of the Schedule (Section 21 of the Act) all the Homœopathic Institutions who can prove on enquiry that they had regular course of training of at least 2 years upto the commencement of the West Bengal Homœopathic System of Medicine Act, 1963.

15. This Conference congratulates the West Bengal Government for providing equal facilities to all systems of medicine—Homœopathic, Allopathic and Ayurvedic—in their W. B. State Employees Medical Aid Scheme and urges upon the Central Government to introduce similar Scheme without any partiality to any particular system of medicine.

16. This Conference urges upon the different Chambers of Commerce, Mercantile Firms and various Autonomous bodies to honour and pay the Bills of Homœopathic Practitioners as are being done by the State Government.

17. This Conference urges upon the Homœopaths all over India not to vulgarise Homœopathy by using so-called Homœopathic Specifics, Injections and Combustion drugs and requests them to practise Homœopathy by upholding the Fundamental tenets of Homœopathy as envisaged in the Organon.

18. This Conference urges upon the All-India Homœopathic Medical Association and All-India Institute of Homœopathy—the

two premier All-India Homœopathic Organisations, to take immediate steps to unite with each other to provide a common platform for all Homœopaths of India.

THE BIHAR STATE HOMŒOPATHIC CONFERENCE
(17th SESSION), JAMSHEDPUR

The 17th Session of the Bihar State Homœopathic Conference, convened by the Singhbhum Branch of the *All India Homœopathic Medical Association* was held on the 17th January 1965, at Kerala Club Hall, Sakchi, Jamshedpur.

The Scientific Session of the Conference was held from 9 A.M. to 12 noon, under the Chairmanship of Dr. R. P. Mishra; Dr. J. N. Kanjilal was the Chief Guest. Main theme of discussion was the admissibility of Specifics, Patents and Injections in Homœopathy. After elaborate discussion, the whole house totally denounced such things as inconsistent with the Homœopathic Law, principles and methods.

The Open Session was held from 6-30 P.M. to 9 P.M., under the Presidency of Dr. B. B. Majumdar and was inaugurated by Janab, A. Q. Ansari, Minister of Health, Government of Bihar.

After the welcome speech of Dr. S. Chowdhury, the Chairman of the Reception Committee, Janab Ansari, in his inaugural speech, declared that the Bihar Government had taken a decision to establish a full-fledged Homœopathic College and Hospital with 200 beds at Patna. He remarked that Homœopaths lag too much in organisational strength and propaganda activity, in comparison with the Allopathic Organisation—Indian Medical Association. Due to this defect, their State Government find it often too difficult to convince the Planning Commission of the Central Government about their plans and projects regarding Homœopathy.

The Conference conferred the honorary title of "Homœo. Ratan" to Dr. R. P. Mishra, Dr. G. K. Koheli, Dr. J. N. Kanjilal and some others.

The Exhibition at the Conference was opened by Dr. G. K. Koheli. The Economic Homœo Pharmacy of Calcutta opened a Stall at the Conference, and its proprietor, Dr. Sukumar Roy entertained all with Tea in the evening.

The Conference was participated by eminent Homœopaths of other distant States like, Dr. Sat Prakash from Chandigarh (Punjab), Drs. B. B. Chakravarty, S. B. Sinha and M. Das from Calcutta, Dr. S. T. Chakravarty from Hooghly, and others.

The organising talent of Dr. S. B. Kar, Principal, Singbhum Homœopathic Medical College and Dr. K. S. Sidhu, General Secretary, Reception Committee deserves special mention for organising so grand a State Conference at so short a notice.

INTERNATIONAL HOMŒOPATHIC LEAGUE

The 27th Congress of the International Homœopathic League will be held in London on July 19th-24th, 1965 under the presidency of Dr. Margery Blackie.

Homœopathic physicians throughout the world are invited to submit papers to be presented at the scientific sessions. Papers should be limited in length, so as to take no more than 20 minutes to read.

The theme for the first Session will be Allergy and Immunity. It is hoped that papers and discussion will cover not only the homœopathic treatment of the well-known allergic diseases but will consider the relevance of the new ideas on immunity and auto-immunity to homœopathic thought and practice.

For the Second Session the theme will be The Changing Face of Acute Disease. It is suggested that acute, inflammatory diseases have changed dramatically in their severity and clinical manifestations. How far is this connected with mass immunization, the use of antibiotics or other factors? How does it affect homœopathic treatment?

The Third Session will be devoted to Rheumatism. This broad term is used so as to include osteo- and rheumatoid arthritis as well as gout and the varied range of aches and pains of the locomotor system.

The Final Session will be concerned with Psychoneurotic and Psychosomatic Disorders.

The official languages of the Congress will be English, French and German. Simultaneous translations will be provided at the scientific sessions.

The booking of the hotel accommodation has been entrusted

to the Mayflower Travel Service Ltd., 80, Duke Street, London, W.1.

Owing to the very heavy demand for Hotel accommodation in London in July it is Essential that Booking should be made as soon as possible and *by February at the latest.*

Communications should be addressed to: The Congress Social Secretary, Mr. D. W. Everitt, 73, Duke Street, London, W.1. and Scientific Papers which *should arrive before 1st April 1965* and should be in triplicate to the Scientific Secretary, Dr. L. R. Twentyman, 45, Wimpole Street, London, W. 1.

For further information contact Dr. Diwan Harish Chand, National Vice-President, International Homœopathic League, 1, Hanuman Road, New Delhi-1.

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EDITORIAL

IS HAHNEMANN OUTDATED BY THE MODERN DEVELOPMENTS IN THERAPEUTICS ?

A few members of the homœopathic society, some of them with considerable erudition, are gradually becoming more or more vociferous to establish that the principles, nay even the therapeutic law formulated and established by Hahnemann, are now out-of-date on the face of the immense glaring development in the present age of orthodox therapeutics. These gentlemen further assert that anybody who wants to stick to the principles and the basic law established by Hahnemann is bigoted and so unscientific. They go further to allege that, as Hahnemann himself was a scientific-minded man, free from prejudices, he would have surely accepted the inventions of so-called Modern Scientific Medicine that is, the recent developments in the field of traditional therapeutics.

Without going into the speculative controversy as to what would have been done by Hahnemann, had he been living today, we want to discuss two basic points so that, any misconception on them can be liquidated. These basic points are: (1) *On the score of principle*—what particular new inventions or developments can be accepted by a scientist in any particular line, refusal of which can be alleged as due to his bigotry; and which particular developments are accepted by the scientists in the same line, due to lack of sufficient conception and confidence in his own line, as well as to various forms of opportunism. (2) *On the score of concrete facts*—what new developments in the traditional therapeutics are able to contribute to the sole mission of