

The Principles of Homœopathy : the Tenets of Homœopathy in the Medicine of today

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WE HAVE seen something of the situation in which Homœopathy arose and something of the genius of the man whose studies brought about its discovery. We have spoken of its limitations, we have defined it as a method of practice for prescribing medicinal agents and have mentioned the rule—treat likes with likes—by which this method is applied. We have hastily sketched the scientific work which led Hahnemann to the elaboration of this method of prescribing drugs. His studies led him to conclude that a definite relationship always exists between the manifestations of a disease and the drug which will prove curative for that disease. This relationship he stated as "*Similia similibus curantur*"—literally translated "likes are cured by likes." Stated differently, that drug will prove curative in any case of a disease when its effects upon experimental animals and healthy human beings most closely simulate those present in the diseased individual; or perhaps we might put it more simply by saying that a comparable relationship must exist between a diseased state and the effects of the drug which will restore such a state to normal.

WIDELY APPLIED ILLUSTRATIONS OF THE HOMŒOPATHIC LAW

The homœopathist does not pretend that the above law is universally applicable, as aforesaid, but he does contend that it affords the best method thus far known to medicine for the selection of the remedy for the cure of the sick. Let us glance at several modern therapeutic agents widely acknowledged as valuable procedures. Vaccines are

in common use for prophylaxis and cure. The causative agent of the same or a similar disease is used for its cure (a). This is a tacit admission of homœopathic practise and a widespread example of its application.

(a) *I speak of "similar" here in that it is hardly conceivable that the same biochemical influences can be exerted by the living pathogenic agent and by the vaccine made from it. The difference between living and dead cells in the process of vaccine manufacture is obvious. The heat required to complete the sterilization of vaccine products (55 degrees centigrade) and the antiseptic agent (usually one-half per cent phenol) added to the vaccine must alter the previous chemical structure and establish a new physico-chemical equilibrium. Clinically, we have proof that certain alterations do take place in the preparation of these products for our use against disease. Vaccinia (that is, the after effects of vaccination) presents a syndrome similar to that of smallpox but differing qualitatively as well as quantitatively. There are usually no prodromes except general malaise. The condition runs its course in from five to ten days. There is but one pock mark, etc. As another example we may mention the universally utilized and successful application of typhoid vaccine; the after effects of its injection will often produce mild manifestations simulating the disease typhoid fever. However, the rose spots do not appear, the spleen does not enlarge, the leukopenia may be absent, etc.*

It may further be pointed out in this connection that if vaccines are good examples of homœopathic prescribing, then the homœopathic law must be false, inasmuch as many vaccines are absolutely valueless. If one analyzes the field of vaccine therapy, one quickly observes that the most successful vaccines, have been made from easily cultivated, widely adaptable organisms or viruses; hence autogenous staphylococcal vaccines, typhoid vaccine, smallpox vaccine, and diphtheria toxin, have proved to be valuable prophylactic or curative agents in.

contrast with virulent strains of the pneumococcus, the gonococcus, the meningococcus etc., with their narrow temperature and cultural adaptability, which have been utilized with no success whatsoever for vaccine preparation. Felton's work with the pneumococcus is an admirable example of the difficulties to be had in obtaining a vaccine with biochemical influences comparable to that of the living organism.

A second group of pathogenic agents applied homœopathically are the substances in common use for the cure of asthma, hay fever, and other diseases of foreign protein origin. What a joke it was thought when Weir Mitchell first wrote of cat-asthma. Today the proper foreign protein or pollen is selected by individualization of the manifestations of the patient when exposed to the action of these substances. The homœopathist has been treating diseases of sensitization for nearly one and one-half centuries, individualizing the manifestations of the patient in quite a different, yet in as seemingly an accurate way. Every set of cutaneous sensitization tests contains common oat (*avena sativa*), yellow dock (*rumex*), plantain (*plantago-major*), ragweed (*ambrosia*), sage (*salvia officinalis*), mugwort (*artemesia vulgaris*), elder (*sambucus nigra*), burr-flower (*hydrophyllum*), spikenard (*aralia racemosa*), etc,—all known to produce either hay fever or asthma symptoms in sensitive individuals, long before the laboratory was capable of demonstrating their power as antigens.

As a third group of substances in general use among all physicians, we may mention the so-called specifics. For example, mercury proves homœopathic in syphilis, quinine in malaria, emetine in amoebic dysentery, gelsemium in influenza, calcium phosphate or phosphoric acid in rickets, and so forth. The parasitoidal effect of mercury (Lomholt,

Brit. J. Dermatology, 32:353, 1920), of quinine (Wesselhoeft, New England Medical Gazette, 48:64, 637, 1913), of emetine (Dale and Dobell, J. Pharm. and Exp. Therapy, 10:399, 1917), no longer is believed to account for the results obtained. These seem rather to depend upon the stimulation of the diseased tissues to a normal reaction. (b) *In this connection it may be mentioned that drugs are capable of acting as antigens and that the stimulation obtained through homœotherapy is actually comparable to antigen-antibody reactions of immunologic processes. This subject will be discussed later, but several examples may be appropriately mentioned here. Waters has shown that calcium sulphide increases the opsonic index to staphylococci. Mellon has demonstrated group agglutinin for typhoid and paratyphoid bacilli as a result of baptisia administration. He has also shown that veratrum viride increases the opsonic index to pneumococci. Wheeler has produced heightened opsonic index to tubercle bacilli by giving phosphorus to human beings. Hooker has brought about elaboration of agglutinin in healthy human beings to the typhoid-paratyphoid-dysentery group of bacilli by the use of either phosphoric acid or arsenious anhydride, or mercuric chloride.* Precisely, this nicety of stimulation is the entire purpose of homœopathy, for it aims to administer in disease the agent which has a selective action upon the affected tissues and functions. The above mentioned groups of medicinal agents give us some conception of the widespread application of homœopathy and its general use by all practitioners of the healing art. In other words, the homœopathic law is a law of nature, which may be and is utilized accidentally as well as intentionally. The homœopathist makes every effort to utilize this law intentionally by observing the comparable effects that may occur between drugs and the diseased states for which they are curative. Those not versed in Homœopathy fail

to make such comparisons and consequently make prescriptions casually or empirically. Thus they lose the finer distinctions present in two cases of the same disease, and protract or fail in cure, because individualization of drug effects is not carried out.

INDIVIDUALIZATION A KEYNOTE IN HOMŒOPATHY

This brings us to the second point upon which the homœopathist of today is insistent, viz., individualization of case. From the time of Hahnemann, homœopathists have emphasized the necessity for special study of the peculiar and particular factors that differentiate two cases of the same disease from one another. Such differentiation is necessary before any homœopathic prescription can be made logically. It is not sufficient to stop with the classification of the diseased state as an entity, such as lobar pneumonia. Such diagnosis is quite essential, and suffices for the application of medicinal therapeutic methods generally in vogue, e.g., in pneumonia the use of opiates with or without terpene hydrate to allay the cough, the administration of baking soda to alkalize the patient and relieve toxemia, the use of digitalis to steady the heart, etc. Such prescriptions, while valuable measures at times, take no cognizance of the particular factors acting in each case in contradistinction to any other. It is into this breach in our therapeutic procedures that homœopathy steps. No two individuals are alike in form, functional response, mental or physical makeup, psychologic behavior, etc. So completely true is this remark that two people may grow up and grow old side by side and yet differ in each of the above respects, just as the seedlings from one hundred different roses may be furnished with exactly the same soil, rain and sunlight, and each develop its own distinctive individual charac-

teristics. Should we then expect two individuals so dissimilar in health to demand and respond most quickly to one and the same stimulative agent in disease? The homœopathist bases his prescription at least in part upon the constitutional differences that occur and tries to evaluate these, although ever so poorly, before administering a medicinal agent. This is in hearty accord with the comment of Muchs, "The true biological therapeutics of the future will not be based on the stimulus, the cause; but on the organisms through which reaction takes place." The homœopathist is constrained to apply in the fields of diagnosis and therapy those criteria so admirably stressed in the former field by Dr. Llewellys Barker in his first address before the medical students of our own school last spring (University of California Medical School, May, 1930). "The diagnostic problems that confront us today involve more than the naming of the maladies and the recognitions of their anatomical substrata; they include the making of pathologic-physiologic diagnoses, the discovery of etiologic factors, the determination of the series of events that have intervened between the action of causes and their later results (that is to say, the detection of the several links in the pathogenetic chain), the separation of constitutional from environmental factors in the origin of inadequacies of biological adjustments, the reactions of human persons, as a whole, to the situations in which they find themselves, and the discovery of the physical, chemical, psychological and situational means that can be employed to gain to maintain the highest possible level of vital efficiency of each person examined. That this represents a vast widening of our ideas of the functions of medical diagnosis, all will, I think, agree." We might tabulate the things necessary for a complete examination, as noted by Barker, under these headings:

topography (anatomy), pathology, physiology, etiology, constitution, psychology. In actuality none of these conceptions is new. Hahnemann's original schema for the study of drugs attempts to take each of these into account, and it has been admirably amplified to the present day. Thus we study the general makeup (topography) of the individual; the pathological state encountered, the functional alterations, the causative (etiologic) factors, the mental symptoms, the reaction of the constitution to its environment. These make the case; these complete the picture of the diseased state in a particular individual.

When homœotherapy is applied to any individual case of disease, it purports to bring that state back to normal through stimulation of nature's own resisting forces. Such stimulation has been demonstrably best applied by a therapeutic agent which is capable of altering the normal individual towards a diseased state similar to that to be treated.

THE SINGLE REMEDY

We must know next, or thirdly, the effects of remedies upon healthy human beings. Sufficient is known to select some medicinal agent in any given case that has produced functional and pathologic changes similar to those present in the particular case under consideration. This substance is prescribed. If more than one such agent is administered, we are utilizing therapeutically substances whose combined effects upon body function and tissue alteration are not known. In other words, single remedies alone are used in homœopathic prescribing (c).

(c) Of course it goes without saying that a number of substances may be mixed, then given to healthy human beings and experimental animals and the effects of the combination studied. Obviously such a combination is in every respect a single remedy.

Let me illustrate : nux vomica heightens sensibility of the central nervous system to external stimuli, thereby increasing irritability of the individual to his or her environment. Gelsemium deadens the central nervous system to the effects of external stimuli, and simultaneously decreases the reactivity of motor nerves. What happens when the two drugs are applied at one and the same time is not known. Such a combination has no place in homœopathic prescribing. Or, again, coedine allays the irritation of coughing by a partly central and partly peripheral action, and at the same time decreases the functional capacity of the heart and other parenchymatous organs. What happens when it is combined with a drug like digitalis, for instance, which increases the functional capacity of the heart is not known. Such a combination therefore has no place in homœopathic prescribing (d).

(d) *This statement does not mean, however, that both of these drugs may not have simultaneous usefulness in certain forms of heart disease, where palliative therapy is desirable (see lecture 1). It does mean that cure is not likely under such conditions*

If homœo-stimulation is to be obtained, the agent or combination of agents whose effects are first known must be administered singly. After all, it is more and more the aim of all physicians to apply remedies singly when possible. The menstrual disturbance which accompanies decreased activity of the thyroid gland, for instance, is best treated by the administration of the substance of that gland, and not by a combination of glandular extracts. The ascites of liver cirrhosis is best met by a single agent stimulating the functional activity of that organ.

THE MINIMUM DOSE

Finally, having selected a single remedy most closely adapted to bringing the diseased state back to normality:

or health, the homœopathist believes in utilizing this in the smallest possible amount. Just how far the reduction in dosage should go is sometimes a much mooted question. Suffice it here to say that the greater the homœopathic relationship existing between the diseased state and the drug's effects, the less the amount of the agent necessary. Hence, the more we individualize the disease and the effects of the remedy to be employed, the smaller the effective dose.

Needless to say, factors such as age, sex, environment, and temperament are also of importance in determination of dosage. These will be discussed in detail later.

SUMMARY

1. The common usages of homœopathy in present day medicine establish it as a therapeutic procedure of merit.
2. This procedure is based upon a natural law, i. e., that that agent will prove most curative in any given case of disease, the effects of which on healthy human beings most closely simulate the alteration, pathological and functional, found in the sick individual.
3. In applying this law one must
 - (a) take full account of constitutional peculiarities and environmental influences (modalities);
 - (b) use only single remedies;
 - (c) administer the smallest amount of the agent selected that will prove effective.

—*Pacific Coast Journal of Homœopathy.*

As disease is of dynamic origin and dynamic in its nature, how should it be treated unless by a similar agent—a dynamic force?—J. T. TEMPLE, M. D., 1868.