

ETHICS AND RESPONSIBILITY OF THE PHYSICIAN

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Recent events and developments in the world of business and medicine are deeply disturbing. The trend of choking and annihilating individualism, the rapid erosion of the sense of responsibility of the physician in his noble task, are spreading with alarming rapidity. Unless a reaction to sanity counteracts this tendency, the physician will soon become a well-polished robot, distributing prescriptions at an increasing pace, an automatic cam applying the general rules dictated by technical investigation or even electronic computers—in short, an irresponsible robot.

TAYLORISM AND SPECIALIZATION

This unhealthy trend is in part due to the socialization of medicine with its havoc to the dignity of the medical profession; it has established collectivism in health care, thereby losing the essential, vital relationship between patient and doctor through individualization; and it is ruining the nation financially.

This deviation is greatly enhanced by the multiplication of medical specialties, each with its boundaries shrinking to a particular organ or area of the body, with no concern for the rest of the patient and particularly for the personality of the patient. Furthermore, new clever taylorism distributes in well-organized sections the instrumental examination of the patient, submitted anonymously to scores of elaborate tests, with results duly recorded in diagnosing computers. A constellation of specialists quickly scan the vast accumulation of data and decide *ex cathedra* the final diagnosis and, automatically, the therapy to be prescribed. None of this team of specialists knows the patient as a person, a human being, but merely as a number, a case of lung, liver, or kidney disease.

One of the oldest pillars of medical ethics is the traditional maxim *primum non nocere* which, if applied to the letter, would have deprived humanity of some of the most constructive and beneficial measures for the obliteration of acute diseases—immunology. Yet vaccinations and immunizations are too often fraught with severe, rarely lethal, reactions. Also, the introduction of potent modern drugs has generated a new, formidable feature in medical practice—*iatrogenic diseases* with their intricate legal and ethical consequences.

The problem of the physician's responsibility has expanded in unforeseen dimensions since the development of the new potent and dangerous drugs. Inoffensive, bland, and safe drugs have been systematically eliminated; the powerful chemicals and biological products, scientifically refined and concentrated, now confront the physician with decisions loaded with unexpected

and dire results: an antibiotic can start deadly allergic reactions; or an anticoagulant, dramatic haemorrhages; or radiation treatment, cancerous developments even years after application. So the decision to be made in the selection of the therapeutic agent is now as grave, hazardous, and dangerous for the internist or specialist as it is for the surgeon in the course of an operation.

ARTIFICIAL SURVIVAL

Another aspect of the physician's responsibility is the prolongation of life, old age and senility, with the problem of increasingly cluttered asylums, hospitals, and convalescent homes and the crushing load of welfare and financial burden.

What is the future of the multiplying number of people who are loaded with transplanted organs—prolonging a life that is no longer contributive or productive—for the sake of a successful miracle? Why conserve and prolong life in decerebrated patients such as one child who, 30 years ago, following a protracted convulsion, had the brain cortex destroyed, became unconscious, yet because the reflexes of deglutition and digestion remained active, has been fed and taken care of in an institution for the last 30 years without ever having regained consciousness, costing the community about \$15,000 a year, her parents untold sufferings . . . and for what? To demonstrate the amazing progress in the knowledge of nutrition and biochemistry?

This brings us to another controversial aspect of medical responsibility: *euthanasia* and the right to die with dignity. One has to make the distinction between 'active euthanasia' when a drug or other treatment is administered to hasten death, and 'passive euthanasia' in which therapy is withheld and death hastened by omission of treatment.

And now the 'pill' makes procreation a conscious and voluntary act, whilst at the same time some of the most radical social developments since the beginning of time change the meaning of health, disease, and death, subjecting them to the decisions of the collectivity instead of the individual. What will be the ultimate consequences on the generations to come of the tampering suppressive action on the delicate hormonal balance of the human body?

EDUCATION

The determination, accumulation, and classification of innumerable facts as a result of scientific research and investigation, has become so enormous, so staggering, that medical teaching is becoming a nightmare. The myth of all-knowledge evaporates, since it is impossible for the future doctor to remember by heart the full list of the incompatibilities of sodium salicylate, or all the causes of thrombocytopenic purpura. The choice of the curriculum, of the matter and data to be taught to the medical student to prepare him for a successful, satisfying career, is of tremendous importance for the future of mankind and of the profession. The art and science of interrogation, inspection, and examination of the patient, the right discrimination and evalua-

tion of observed facts in a true and solid synthesis, the responsible consideration of the risks and probabilities in the course of a disease, and the response of the patient to the therapeutic decision, should receive the highest priority in the formation of the student. The necessity of an *omni-practitioner*, able to synthesize all the data of the specialists, is more urgent than ever.

SOCIALIZATION OF MEDICINE

At a time when psychosomatic disturbances are increasing enormously, the search for collective solutions in every domain appears as the main factor of social progress and is directly opposed to individualization in medicine, which is the essence of homoeotherapy.

The exaggerated emphasis on laboratory tests—some fraught with definite risks and danger to the patient—has relegated to a minimum the teaching of the clinical aspect of medicine, thereby distorting the final evaluation of the therapeutic decisions.

Because of the staggering costs of medical care, necessitating adequate insurance, most of my patients belong to one or other chain of standardized production-lines—such as Kaiser—where they never meet the same physician twice. They are well taken care of in emergencies or accidents requiring surgery. However, the need for a “personal physician,” a competent adviser who takes the time to become thoroughly acquainted with the patient as a person, with his background, his way of life, his particular problems, is so great that the patient is willing to pay extra for this service. Many private physicians find patients still consulting them in order to get personal attention even if they belong to medical groups, proving that group medical care is not the final satisfactory answer.

The era of *solo* practice, now termed ‘professional isolationism,’ is fast becoming extinct because even the most gifted and dedicated physician cannot possibly extend his knowledge and skills to all the aspects of medical practice. Besides, he has to assume responsibilities with the hospitals where he treats his patients and participate in the activities of the staff, in the various professional organizations at the local, state, and national level, and in the medical care problems of his local community.

MEDICAL ETHICS

There is an increasing confusion and uneasiness about medicine's ethical responsibilities since the practice of the physician has shifted from solo to group practice. The need to reaffirm and reformulate these responsibilities in the constant changes of medical ecology is revealed in the special National Convention on Medical Ethics sponsored by the Judicial Council of the A.M.A. and by numerous recent articles published in various medical journals here and abroad. This is a healthy trend and promising endeavor, yet no sound and satisfactory solution has materialized to date.

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WHAT THE DOCTOR NEEDS, OR MEDICAL ETHICS

The doctor needs, first of all, to be a moral and spiritual human being, to find his right purpose, and to be correctly related to life and fellow man, so that the different parts of his life form a unity and his care for the sick harmoniously springs from that broad human context.

All human beings need this order—a faith from which to unite the multiple affairs of their life, perspective, meaning, right priorities.

In a way, a man's fundamental faith is a very private affair: it comes from inside and involves his free-will, and nobody else can decide or answer for him in that domain. But at the same time it expresses itself publicly in his behavior. What we are, what we do and intend, affects and concerns everybody everywhere. In fact, our duties and responsibilities to others are spiritual and moral before they are civic; the social and ecological order we try so hard to legislate and plan in the world can only come from inside. So if we really mind our own business it means that we are highly moral and responsive in our behavior to everybody else.

For nobody is this more true than for the doctor. We come to him with our health, which is a precious and intimate thing. It is nothing less than our well-being, and when we entrust it to our physician we are more or less entrusting ourselves to him, not just a possession. Even if we think that we consult him only for the efficient functioning of our physical body, we soon see that its condition affects the way we feel. We cannot really separate it from any other part of us: the psyche and the physical interpenetrate, they are different aspects of the same total human being. So the doctor has a privileged and intimate access to the whole patient.

This is why medicine was never separated from religion in the golden ages of the past. The doctor was at the same time psychiatrist, priest, sage, teacher, and arbiter of justice. A Sanskrit proverb inscribed on the wall of Dr. Pierre Schmidt's consulting room in Geneva states it beautifully: "The doctor is the priest to whom God has entrusted the care of the human temple." Hindu medicine was revealed in the *Vedas*, the same scriptures that established the order of society, man's relationship to God and man, his place in the universe, his duties and purpose. The law of the Manu, which established the social order of India from the beginning of its history, provides that education, medicine and religious ceremonies are sacred functions and shall be the duty of the Brahmin alone, and that he shall exercise them out of virtue, not for power or possessions. It defines a Brahmin by his conduct and not by his family. (As virtue declined through the years this order was gradually reversed). Christ told the man he had healed that his sins were forgiven, thus placing health, disease, and cure in the context of the law of

causation—you will reap what you sow. Nearer to our times, Hahnemann tells us that illness started when man started thinking wrongly, and Kent expresses it again differently by saying that one cannot separate medicine and theology.

However material our times, however far our disciplines and institutions have moved from this spiritual order of human affairs, the patient today still comes to the doctor and bares his soul. As he leans forward to confide—indeed to confess—to his physician that which comes from the depth of his heart, the physician would do well to ask himself how *he* comes to this meeting. Can he bring to it an integrity, dedication, and care equal to the patient's trust; can he truly meet the needs of the real situation there before him? If his hands are not clean he will infect the patient and himself: if his heart is not clean the risk to both is far greater. The doctor's role has been set for all time, not by convention, but by the need of the patient. The doctor represents cure, which is the gift of God, and the patient knows very well what the relationship between himself and the physician is. Does the doctor know?

There is only one way in which we can consider the doctor's calling: service. It is more than a job, a profession, a science, or even an art. It is a high and spiritual office, for which only love and dedication can equip him.

Such a view of the patient, the doctor, and their relationship imposes a therapy based on the same understanding. Homoeopathy is such a therapy.

A doctor will practise the medicine which corresponds to his own outlook and approach. If he is to understand and practise a therapy based on spiritual laws his very life must give allegiance to those laws. And that is why a doctor's first and most important qualification is spiritual and moral. Without that the greatest talent and industry will build on sand.

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THERE ARE NO MEDICINES*

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The rock on which the edifice of Homoeopathy has been built, is expressed in the old Latin sentence: *similia similibus curantur*, which means like cures like, and which is the fundamental homoeopathic law. Hahnemann in his *Organon*, the homoeopathic Bible, and his followers in their works, abundantly explained this law. Nevertheless, people who read these works, often are still not sure whether they understand them or not. They come and ask: "What is similar? What is life force? What is potency? Why the totality? Why the small dose? etc." The thing that has most often led to improper grasping of Homoeopathy is the circumstance that in all these writings a very important fact is not sufficiently emphasized. And what is so astonishing is that this fact was the very cause for the discovery of Homoeopathy. But while it should have been loudly and insistently impressed on the laymen, this was not done, because it was to the writers such a matter of course, that it did not occur to their minds that it should have been stressed.

This fact is that *there are no medicines. Medicines do not exist*, never will exist and never could exist. Nature gives us only foods and poisons, nothing in between. Some smart listener may now rise and shout: "Wrong, we do have medicines, i.e. we have iron for anaemia, quinine for malaria and vitamins for scurvy and pellagra." In a subsequent paragraph it will be explained why this objection is thoroughly mistaken.

We are often inconsistent. We talk about the recuperative power of nature *vis medicatrix naturae*, but in the same breath we talk about medicines as if they were realities, implying that the healing powers of the body are superfluous or non-existent.

The ancient Chinese, as far back as 4,000 years ago, seemed to have been more perspicacious than scientific thinkers of today. They did not have even a word for what we call medicine. Instead, they made use of an ideogram which meant poison and medicine at one and the same time, that is a poison which under certain circumstances could become medicine. How can this be?

Life is an interaction of infinitely complex and infinitely intelligent forces for the purpose of forming units of living beings. To think that we can repair or improve when something goes wrong in a living cell, in the way a motor is repaired by a mechanic, is naive. This is one reason for us to understand why there are no medicines. We cannot create life, we do not under-

* Editorial privilege has been taken to shorten this very long paper which was one of the last written by Dr. Bellokossy for lay people. In some ways his thinking agrees with Dr. Young's writings, but he gives due honor and respect to Dr. Hahnemann for making the timeless laws of Homoeopathy available to all who would study these principles.

stand its mysteries, we have no way to interfere sensibly in any life process.

We can help the living cell only by feeding it properly, but everything that is not food is foreign to the cell and the cell will fight it. Everything foreign disturbs its functions, and the cell defends itself. If harm is done, only the cell can repair it. Therefore, whatever cures there are, all are produced by the life forces and not by our medicines. Consequently there are no artificial, medicinal cures, only palliation and suppression. This is another reason for us to repeat that there are no medicines. It is high time that we stop fooling ourselves and the public.

The pharmacologists divide the doses in which drugs can be administered, in physiological, toxic and lethal. Homoeopathy shows that this distinction is untenable. The size of the dose is of no concern. The human organism defends itself against any dose of any drug, bacteria, virus, radiations no matter how small. But it never defends itself against something that is not harmful. Furthermore, if the body's reaction to something harmful is adequate, no permanent harm ensues, the organism repairs itself. The organism's complete restitution is dependent on the reaction of the healing mechanisms of the body, never on drugs, or radiations.

To the pharmaceutical industry the idea of physiological doses was most welcome. It gave them a loophole. Physiological connotes life-giving, harmless. They could now manufacture drugs which, because considered harmless by the pharmacological science, they would not arouse suspicion or alarm among the public. If here and there, especially with the repetition of a drug, injurious effects cropped up, they were called side effects, tacitly suggesting that these were something unimportant and, in fact, so innocuous that it could be ignored for all practical purposes. So now, due to this misleading information given to the public, we are reaping frightening effects from it with millions of fatalities every year, and with many more millions becoming sick every day, all afflicted with pharmacogenic diseases; commonly called iatrogenic or drug-induced.

In order to show how Homoeopathy can do this, some explanatory preliminaries are necessary.

First, let us see what happens in a natural healing action by the vital forces residing in every living cell as an integral component of its life processes.

The tobacco plant contains mild poisons, but see what develops when a sensitive, delicate youngster smokes his first cigarette. Note the adjective *sensitive*. The resulting episode seems to me the simplest illustrative example of how our body defends itself against everything that is foreign to it.

The smoke has hardly reached the mucous lining of the mouth, windpipe and bronchial tubes, when a literal pandemonium breaks loose in the youngster. No sooner have the smoke molecules touched the mucous membrane of the respiratory tract than the messages of their unwelcome presence have been carried by the ramifications of the sympathetic nervous system to

all, even the most distant corners of the body. The irritating effect of the smoke does not remain local. The whole body gets alarmed by its intrusion. It is resented by every cell of the organism and its instant elimination seems so urgent that, in less than a second, even the remotest defensive functions are aroused to a furious counteraction. The body is like a community with a central office connected by telephone wires with all the members on the periphery.

This self-defense is a most convincing proof that there is no such thing as a physiological action of drugs or of anything foreign to the organism. The mobilization of all the defenses also gives us a glimpse into the reasons for using *the totality of the symptoms required in homoeopathic prescribing* as being one of the cornerstones in the similia concept.

It is evident that such a rapid communication of messages to all the regions of the body, adjacent and remote, and this general engagement of the cell's defenses through the nervous channels cannot possibly be of chemical nature. It can only be by electrical induction and reflex actions which spreads from cell to cell with lightning speed.

Is it not, astounding how this infinitesimal quantity of tobacco toxins can produce such a violent reaction by the body to get rid of this poison.

All the organs of secretion are notified and thrown into the battle. The salivation of the mouth instantly becomes excessive. The secretion of the stomach and bowels become so abundant that vomiting and diarrhoea ensue and coughing reflexes become almost spasms.

So much vital energy is required for the performance of this self-defensive effort that very little of it is left for the other vital functions of the youngster. In consequence, his blood pressure and body temperature fall, he feels weak and pale, shivers and approaches collapse. This is dramatic enough to show again what an enormous effort the body deploys in order to get rid of a tiny amount of a poison and to cure itself so that absolutely no injury remains.

This is the way the body defends itself in all acute diseases. Fever, congestion, inflamed tissues, increased secretion, etc., all of them signs of acute disease. Actually these are signs of self-defense, by which the body can effect a complete repair. Clearly it is a necessary and rational reaction by the body. The only assistance Homoeopathy can offer is a biological excitant or stimulus to assist the body's defenses.

To try to counteract, to combat, to try to remove it with powerful drugs is irrational and always injurious. It kills the goose that lays the golden egg. But in therapeutics this is all too often misunderstood and the body's defense system is contravened. Thus untold damage is inflicted upon the suffering organism. Homocotherapeutics never does that. On the contrary, it helps the process of cure in exactly the same sense nature does it. This accelerates the rate of recovery.

From whatever angle we look at it, we find the contention confirmed that

there is nothing physiological in anything foreign nor in any drug or in any dose of it. Any amount is harmful and pathological, regardless how small. The violence with which the body fights it, is most impressive. The exertion to reject it, and to repair the damage is supreme.

Only the first or the first few cigarettes arouse such a revolution. The subsequent ones, in the following days, have seemingly no effect any more or almost none. It looks as if the body has exhausted all its reactive powers and now has no reserve left for the struggle ahead and considers itself vanquished.

The bio-physical action in this phenomenon consists in the equalization of the electromagnetic tensions between the tobacco toxins and the contents of the cells. In the reaction to the first cigarette the positive has neutralized the negative so that a homoeostatic calm has been established. The battle has died down. This absence of cell defence from subsequent cigarettes, as also from any other foreign substance, does not by any means justify the conclusion that these are now not harmful any more.

Continued smoking continues the harm, even accumulates it. This is observed with every poison without exception but the body does not fight all the poisons in the same way. Different poisons give rise to different reactions. Different reactions evoke different symptoms, but the reactions are always there with every one of them. Some would cause inflammation and fever, some arouse the flow of various secretions, some would increase the metabolism or the perspiration, some aggravate thirst with increased drinking for the purpose of diluting the toxins etc.

A remarkable example of highly excessive self-defense by excretions is cholera. In this disease the gastro-intestinal secretions may be so abundant that within a few hours the greatest part of the soft tissues of the body becomes liquefied and eliminated through mouth and bowel.

When the harm is continued or repeated and no further self-defensive reactions occur, then chronic diseases start, in Homoeopathy called pathogenesis. When one considers how violent the cell defense has to be in order to cure such infinitesimal doses of toxins, one can understand how thoroughly incurable a condition must be where there is no defense. And this the more so when the evil is repeated for weeks, months, and years. How obvious then, that for chronic diseases, there was little help and no mercy in nature until Hahnemann came with the similia concept and left this heritage for health for all mankind.

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DATA ON WHICH THE HOMOEOPATHIC PRESCRIPTIONS ARE BASED*

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For guiding us to the remedy which is more or less homoeopathic to the case in hand, not only for the purpose of cure but even for temporary palliation, we have got to ferret out the required data from the following spheres of investigation in the particular case:

SYMPTOMATIC SPHERE

Of all the symptoms as obtained by the physician from the narration of the patient as well as his attendants or associates and the facts observed by himself, only those will be of any value for a homoeopathic prescription for the case, which are of characteristic, individualising value on the score of sensation, location, modalities and concomitants. How any of these features can impart a characteristic value to a symptom has been discussed in some detail in article V of my book: *Repertorization*.

The data obtained in this sphere of investigation, i.e. the characteristic individualising symptoms are generally the most dependable basis for homoeopathic prescription. But for this purpose a minimum of three such symptoms is essential. Nash compared this essential requirement with a three-legged stool for a stable equilibrium. A dependably representative cartoon of the real totality of symptoms, can generally be drawn with a minimum of three such characteristics.

ETIOLOGICAL SPHERE

The onset of the disease, particularly an acute or semi-acute one, may coincide with a number of facts or events each of which may claim to be the exciting cause of the present condition of the case. But, in any case, if we can definitely spot out the precise exciting cause of the condition, that will always lead us a longer way towards our goal of finding the simillimum.

Usually the solution of the problem of spotting out the exciting cause is not so difficult, if only we can definitely relate the nature of the disease or the general symptomatology of the case with any of the coincidental exciting factors. A model example will make the point clear. Take a person who fell ill after walking a long distance with a load, in a dark cold rainy night and got severely frightened while passing a cremation ground; on returning home, got high fever with restlessness and intense fear of death (pointing towards Aconite) and no other remarkable symptoms, we shall give maximum value

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to the *fright* as the exciting cause, even ignoring the exposure to the wet cold; and if the patient has no other remarkable symptom except some vague hysterical symptoms like convulsion, sighing etc. (Ignatia), we shall again give maximum value to the *fright*; if the patient with all the above mentioned symptoms of Aconite, the restlessness is found to be due to intense body-ache, we shall pay maximum value to the exposure to wet cold and exertion and think of Rhus tox (which, of course, has fright as the exciting cause and also fear of death); if, on the other hand, the patient has no *determinative* symptom except the persistent fright (Opium) or vague neuralgic pain in the heart, etc. (Acon.) we shall pay more value to the *fright* as the exciting cause; and so on.

Thus, we see, the etiological data are only complementary to the data obtained from the symptomatic sphere, and becomes highly useful when the latter fails to provide any dependable basis for the homoeopathic prescription.

In order to apprehend the real significance of etiological factors in the matter of individualization, which is the deciding factor in a correct homoeopathic prescription, we should remember one fact, viz. the same etiological factor is found to produce different reaction in different persons. For example, wet cold may upset a person of the type of Ammon. c., Calc. c., Rhus t., etc. but innocuous to those of Acon., Caust., Hepar., Nux vom.; Milk may upset a person of the type of Calc. c., Mag. m., Sepia, Sulph., but congenial to those of Apis, Ars., Graph., Rhus t., and so on. Thus etiology may be taken as equivalent to the grand modality of the case, and thus the most reliable basis for the homoeopathic prescription.

THE MIASMATIC SPHERE

This sphere is to be specially investigated in *chronic cases* with a view to trace out the activities of the particular miasms, from the most significant points in the whole history of the case (present accessory symptoms, past history and family history) and thus ascertain *the fundamental cause* of the case, and the curative homoeopathic prescription has to be based on the data thus obtained. In this sort of cases *indirect Isopathy* (use of the appropriate nosode) may be immensely helpful if we can definitely trace out the particular miasm as the fundamental cause.

This sphere is to be investigated very occasionally in *acute cases* also, in the following conditions:

- (i) When the remedies based on the present acute symptoms fail to cure.
- (ii) There occur repeated relapses of the same disorder.
- (iii) Or the syndromes shift frequently.
- (iv) There threatens or actually supervenes any form of complication.

IATROGENIC SPHERE

In this sphere we must include the various *drug diseases*. Many of the syndromes are occasionally found to be too callous to our best selected

remedy, even on miasmatic basis, or devoid of any determinative symptoms, or too complex to provide a dependable basis for selecting the appropriate remedy. We face this sort of condition most often now-a-days due to rampant introduction of various types of foreign proteins into the body tissues in the form of various sorts of vaccination, inoculation, antitoxins, toxoids, etc. Burnett categorised all types of this condition under the common name of *vaccinosis* and emphasised Thuja almost as the specific for all these conditions. But we have also other remedies for such cases, e.g. Ars., Ant. t., Maland., Silicea, Sulph., etc., any one of which may be required on the basis of available symptoms.

Such conditions are also very often found to be due to prolonged use of some chemotherapeutic drug or drugs, specially the highly potent modern drugs (like the various sulphas, antibiotics, steroids, tranquillizers etc.) in material doses. In such cases, we have to make all efforts to spot out the particular drug responsible for the present situation. This can be done by investigating in the following lines:

- (i) Since the use of which particular drug the present troubles are persisting.
- (ii) The similarity of the present symptom-complex with the known side-effects of a particular drug.

These investigations will yield data for providing a basis for the use of the causative drug in potentised form (Tautopathy).

CONSTITUTIONAL AND TEMPERAMENTAL SPHERE (INCLUDING THE GENERAL MODALITIES)

I do not venture to go into the details of this sphere, as any attempt to do that will produce a fairly big paper by itself. I have discussed this subject in a number of my previous articles. (vide, *Constitution and Temperament*, H. G., October 1971, *Chilly and Hot Patients and Remedies*, H. G., March 1973). Here I only refer to them, and the valuable book of Dr. J. H. Clarke *Constitutional Medicine*.

PATHOLOGICAL SPHERE

Although pathological data, as they are, provide very poor basis for a homoeopathic prescription, on account of their commonness in all cases having the same type of morbid changes. Even then, they cannot be at all neglected, especially in cases where sufficient number of determinative symptoms are not available. A pathological datum can provide basis for a homoeopathic prescription on the following grounds:

- (i) Sensation (i.e. nature of the lesion).
- (ii) Location.
- (iii) Modalities.
- (iv) Causative factors.
- (v) Concomitants.

I can explain this point better only by some examples—

A necrosis (sensation) of lower jaw (location): Phos.; upper jaw; Merc. c.

A necrosis (caries) of foot: Hecla, Merc., Sil.

Attacks of felon (sensation) every winter (modalities): Hep.

A felon caused by a splinter or pin-prick (causation): Led.

A felon on thumb (location): Bufo, Hep., Sil., Sulph., Led.

Nephritis with diarrhoea (concomitant): Acetic ac.

Acute meningitis with acute cystitis: Canth.

IN THE SPHERE OF CHRONOLOGICAL ORDER OF APPEARANCE OF SYNDROMES

The late Dr. S. M. Chowdhury worked throughout more than the last two decades of his life in evolving a new basis for homoeopathic prescription exclusively on chronological order of appearance of some set group of syndromes (vide his books: *A New Aspect of Homoeopathy*, *Ayurvignan*, *Proving and Curative Power of Medicines* published by Dr. Subrata Chowdhury, 3, Sambhu Chatterjee Street, Calcutta 700 012).

Personally, I do not see completely eye to eye with him in this approach of his, as I find some fallacies and impracticalities in it, which he could not satisfy in spite of several personal discussions and written polemics.

Even then, in the experience of all of us we often find a glimpse of some definite order of appearance of symptom-complexes, particularly in chronic cases; and the same phenomenon is found by going deep into the records of the long provings of some drugs. So there must be some positive content in this approach. In any case, this phenomenon deserves more meticulous and critical observation, at least in our drug proving researches.

Clinically we do often find some hints of the phenomena of chronology in cases of suppression or spontaneous disappearance of a different group of symptoms. For example, in case of epilepsy in a boy, baffling all remedies based on all the available symptoms, it was revealed that he had eczema capitis in infancy of *Cicuta* type, but that disappeared without any remarkable treatment in course of about 2 or 3 months. And the epilepsy started by about the age of 10 years. *Cicuta* completely and permanently controlled the epilepsy. A case of asthma in a young lady was recovered with *Sepia* on the history of leucorrhoea before puberty, which disappeared sometime after puberty.

Before I conclude, I must mention that, in my opinion, none of these data fall outside the purview of the grand totality of symptoms, as I understand it, and any of these data can be fitted into the cartoon of the grand totality. The real fact is that, all these data are not available in all cases, but only some of them in the particular case in hand. Our task is to ferret out these available data and base our homoeopathic prescription on them alone.

These large list of multifarious data for a homoeopathic prescription may
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DATA ON WHICH THE HOMOEOPATHIC PRESCRIPTIONS ARE BASED*

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Prescribing homoeopathically is an art and one which very few physicians can master. Even the most expert among us have had and continue to have failures. A true homoeopathic physician ceaselessly endeavours to master this art. Considering the importance of the art of prescribing in homoeopathic practice, the subject 'Data On Which the Homoeopathic Prescriptions Are Based' carried a great practical significance. Therefore, I hope that this subject will be dealt with, in the discussion, in its right perspective in the Seminar.

When we say 'homoeopathic prescription' it does not only mean the selection of the most similar remedy but also means the selection of the proper potency, selection of the proper dosage and consideration of other factors.

The following points are the main sources of the data on which the homoeopathic prescriptions are based:

- (1) Selection of the most similar remedy based on.
 - (i) the totality of the symptoms,
 - (ii) the strange, rare, peculiar symptoms,
 - (iii) the cause or etiology.
- (2) The nature of the remedy to be tallied with that of the disease.
- (3) Selection of the proper potency by considering.
 - (i) the nature of the disease,
 - (ii) the stage of the disease,
 - (iii) the sensitivity (hyper/hypo) of the patient,
 - (iv) the nature of the drug substance,
 - (v) the similarity of the remedy to the disease picture.
- (4) Selection of the proper dose whether it should be.
 - (i) a single dose,
 - (ii) frequent/repeated doses,
 - (iii) infrequent repetition.
- (5) Past history of the patient: not well since.
 - (i) an acute infection,
 - (ii) a chronic infection,
 - (iii) an injury,
 - (iv) psychic factors,
 - (v) drugs, bad effects of.
- (6) Family history of

* 4th Homoeopathic Scientific Seminar, Second Session held at Belgaum in July 1976 under the auspices of All India Homoeopathic Editors' Guild.

- (i) tuberculosis,
 - (ii) cancer (malignancy),
 - (iii) gonorrhoea,
 - (iv) syphilis etc.
- (7) The remedy relationship—if it is a second prescription or a subsequent one.
- (8) Removal of the exciting cause.

SELECTION OF THE MOST SIMILAR REMEDY

(i) The totality of symptoms: The most similar remedy can be found out from the totality of the symptoms of the patient. I need not expound much on this point as there is no dearth of information on this subject in the homoeopathic literature.

(ii) The strange, rare, peculiar symptoms: Sometimes we come across certain cases, where the remedy indicated by the totality of the symptoms fails to cure the patient but a strange, rare, peculiar symptom presented by the patient *but not covered by the remedy indicated* by the totality, gives clue to a different remedy which cures the patient. For instance:

A lady, 39 years old, married, consulted me on 9.12.1973. She complained of frequent attacks of bronchial asthma since 1968. The attacks were brought on by eating fruits, sour food, bathing on head. Dust, smoke aggravated the condition. Attacks came on towards the midnight. She became very restless, anxious, had to walk about. Breathlessness with cough. Respiration difficult with cough aggravated in the dark. Kept lights on whole night. Had no fear of darkness. Thirst frequent for little quantity of water. Had painful and irregular menses with moderate bleeding.

Had no issue. Had three abortions, all at the third month. She was chilly. Appetite poor. Bowels normal, pulse, B.P. etc. normal. Past history: removal of ovarian cyst (left) in 1967. Family history: not particular.

The totality of this case indicated *Ars. album*. It covered almost all the symptoms except the strange, peculiar symptom 'respiration difficult with cough, agg. in the dark.' *Ars. album*, first in 30th and then in 200th potency, was prescribed without any relief. Later the medicine *Aethusa* indicated by (Kent's Repertory p. 769) the strange, rare, peculiar symptom was given in 30th, 200th, 1M potency with very good result. The lady since then has remained perfectly well.

Dr. Hahnemann in his *Organon*, strongly advocated reliance on the strange, rare, peculiar symptoms for finding the most similar remedy. He says (vide para 153, *Organon*) "The more striking, singular, uncommon and peculiar (characteristic) signs and symptoms of the case of disease are chiefly and most solely to be kept in view; for it is *more particularly these that very similar ones in the list of symptoms of the selected medicine must correspond to*, in order to constitute it the most suitable for effecting the cure."

(iii) The cause or the etiology: This is an important factor to be con-

sidered while making a prescription. Many times we see that the appearance of the symptoms in the patients is directly related to a certain definite cause such as sprain after overlifting, sudden high fever after exposure to dry cold winds or severe headache after exposure to sun heat etc. *

THE NATURE OF THE REMEDY TO BE TALLIED WITH THAT OF THE DISEASE

This is very necessary because sometimes we do find that a remedy selected on the basis of the totality of the symptoms does not have in its nature the capability of producing certain set of symptoms presented by the patient. In such cases we cannot expect that remedy to cure the case because what the remedy cannot cause it cannot cure it.

The following case will make this point clear:

A fair and beautiful girl aged 17 years comes for the treatment of an ugly looking wart on her chin and other complaints. The wart is round, brownish in colour, rough, slightly bigger than the size of a pea and has a growth of a few hairs on it. It is situated on the chin about 1cm below her lower lip. She is a shy and nervous type, has fear and anxiety at night. She has (abnormal) desire for light, becomes nervous and restless from heat and before menses. Has aversion to reading. She also has spells of chills with sensation of heat in the ears, crackling noises in the ears. Has sensation of skin hanging in the throat. Appetite and thirst normal. Bowels normal but gets profuse perspiration after stool. Menses normal. Has no particular past history. Family history: mother has similar but smaller warts on her neck.

This case when studied from the Kent's *Repertory* will indicate on the totality of the symptoms Aconite as her remedy. Aconite may possibly remove most of her complaints except her main complaint, the ugly wart. Because Aconite does not have in its nature the capacity to produce warts in the healthy human beings neither has it been noted anywhere in the clinical experience. So the Aconite will not cure the case even though it is indicated by the totality of the symptoms.

Therefore, it is necessary to tally the nature of the remedy with that of the disease. Simply considering the totality of the symptoms will not be helpful in such cases.

SELECTION OF THE PROPER POTENCY BY CONSIDERING

- (i) The nature of the disease:
 - (a) If the disease is of a chronic nature—high potency.
 - (b) If the disease is of an acute nature—medium to high potency.
 - (c) If the suffering is intense—high potency.
 - (d) If the suffering is mild—low potency.
 - (e) If the disease is of a general, i.e. affecting whole patient—high potency.
 - (f) If the disease is of a local nature—low potency.
 - (g) The more prominent the mental symptoms the higher the potency.

- (h) More of the physical symptoms—low to medium potency.
- (ii) The stage of the disease:
- (a) If the disease is at the functional stage—high potency.
- (b) If the disease has reached the pathological stage—low to medium potency.
- (c) The grosser the pathological and organic changes the lower the potency.
- (iii) Sensitivity of the patient:
- Hypersensitivity—low to medium potency.
- Hyposensitivity—medium to high potency.
- (iv) The nature of drug substance:
- (a) If the drug substance from which the medicine is prepared, is an inert substance such as Carbo veg., Nat. mur., Lyco. etc.—usually medium to high potencies are used.
- (b) If the medicine is a nosode (prepared from the diseased products) it is advised to be given in high potency.
- (v) Similarity of the remedy:
- The more the similarity of the remedy to the disease picture the higher the potency.

SELECTION OF THE PROPER DOSE

- (a) Single dose—in chronic disease, in hypersensitive patients.
- (b) Frequent/repeated doses—in acute and intense cases.
- (c) Infrequent repetition—in chronic diseases, hypersensitive patients.

PAST HISTORY OF THE PATIENT

Not well since:

- (i) An acute infection: When prolonged illness follows an acute infection, the nosode of acute infection can be invaluable.
- (ii) A chronic infection: When there is definite past history of tuberculosis and/or venereal disease, consideration of an appropriate nosode will be necessary.
- (iii) Injury: When a particular condition has resulted from an injury or for the aftereffects of an injury it is worthy of consideration of certain group of remedies, as for example for the aftereffect of head injury, we can think of Arnica, Cicuta, Hypericum, Nat. mur., Nat. sulph, etc.
- (iv) Psychic factors: Many times in our practice we get clear history of a complaint starting from sudden fright, grief, disappointment in love or other emotional upset. In such cases the list of remedies clinically associated with such precipitating causes found in Kent's *Repertory* and elsewhere may be valuable in giving confirmation to an individually chosen remedy.
- (v) Drugs: If the history strongly suggests that present condition of the patient is due to the extensive or indiscriminate use of drugs—allopathic (antibiotics etc.) or otherwise in such cases appropriate antidotal measures are found to be very necessary.

FAMILY HISTORY

If there is a strong history of tuberculosis, malignancy, gonorrhoea or syphilis etc. in the family the appropriate nosode deserves consideration.

In this regard Dr. Kent, in his lesser writings, says "Children may be born of sycotic, where one or both parents are afflicted with gonorrhoea, such children are likely to have cholera infantum, marasmus—pinning children. I have watched these cases and have often found Medorrhinum the only medicine which will save the lives of these little ones."

So, due consideration to the family history is necessary while prescribing homoeopathically.

REMEDY RELATIONSHIP

Consideration of this point becomes necessary when a second prescription or a subsequent prescription is to be made, as the remedies are known to have complementary, inimical, antidotal etc. relations with each another.

REMOVAL OF THE EXCITING CAUSE

Though this point is not directly connected with the prescribing, it has to be considered carefully because if the exciting cause is not removed, even the best prescription will miserably fail to relieve or cure the patient.

We have considered the necessary factors and the method of investigating them to arrive at the needed data on which the homoeopathic prescription is based. It should, however, be kept in mind that most of the factors mentioned above require personal experience and judgment and individual knack of extracting the necessary information from the patients. For this reason, in the beginning of this paper I have said that prescribing homoeopathically is an art.

SUMMARY

A homoeopathic prescription is based on the data collected intelligently from the following sources:

1. Selection of the most similar remedy.
2. The nature of the remedy to be tallied with that of the disease.
3. Selection of the proper potency.
4. Selection of the proper dose.
5. Past history of the patient.
6. Family history.
7. The remedy relationship—if it is a second prescription or a subsequent one.
8. Removal of the exciting cause.

REFERENCES

1. Clarke, J. H.: *Dictionary of Practical Materia Medica*.
2. Foubister, D. M.: *The Significance of Past History in Homoeopathic Prescribing*.
(Continued on page 154)

NICKEL

ALLEN C. NEISWANDER, M.S., California

INTRODUCTION

Nickel is found associated with cobalt. It is said to have received its name (nickel, the devil) from the miners, who considered it 'false ore' as they were mining for copper. The word cobalt (kobold) has possibly a similar derivation. Nickel forms the chief ingredient in the alloy known as 'German silver.' It was proved by Nenning, and the pathogenesis contains some striking symptoms, many of which have been confirmed. Sir James Y. Simpson used the sulphate of nickel (NiSO_4) in periodic headaches of a very severe character and the provings show that the mental and the carbonate are appropriate in this connection.

NICKEL SULPHATE PROVINGS

A review of several provings of Nickel sulphate from *New, Old and Forgotten Remedies* by Dr. E. P. Anshutz:

Nickel sulphate is formed by dissolving nickel carbonate in dilute sulphuric acid and concentrating the solution and setting it aside to crystallize. The sulphate is an emerald green, salty, prismatic crystal, efflorescent in the air, soluble in three parts of cold water, but insoluble in alcohol or ether. It has a sweet, stringent taste. The solution gives a black precipitate with yellow ammonium sulphide, slightly soluble in excess, forming a dark brown solution, and with caustic potash a pale green, bulky precipitate.

Boericke & Tafel kindly furnished the 2x, 3x and 6x triturations for these experiments.

In August, 1908, I made a proving of Nic. sulph. 3x, taking five grains every two hours until symptoms were produced, then stopping.

I took sixty grains. That night I dreamed I had a very disagreeable taste in my mouth, which caused me to spit all the time. I awoke and found my mouth full of saliva, with a coppery taste, and, sure enough, I was obliged to spit.

I fell asleep again, and when I awoke in the morning there was the same coppery taste and mouth full of saliva. The next night I was awakened at 2 a.m. with pains in the occiput, sore pain in the eyes, coppery taste, and much saliva. After falling asleep I was awakened with a desire to urinate. Urine increased in quantity. Next morning I had shooting pains in my hands and fingers.

The dull pains in the occiput and eyes continued. Then there appeared a soreness in the cervical region, going down the spine. In the afternoon there was a hot feeling in my face, as if standing before a hot fire.

Full sensation in temples.

Dull pain in both zygomas.

Fine shooting pains in upper row of teeth.

Fine shooting pains in upper part of face.

Tongue red, elevator papillae sore to the touch. Increased thirst, at the same time mouth full of saliva, with coppery taste. On the third night was obliged to urinate four times. Was aroused at 3 a.m. with burning of soles of feet. The dull pain in the occiput, neck and eyes continued just the same as the day and night before.

Loss of appetite, dizzy, with a general weakness.

Every night for a week I was obliged to urinate three or four times during the night. Every night for two weeks was aroused once or twice a night between the hours of two and three with burning of feet. Coppery taste, pain in the occiput, neck and spine, continued for over two weeks, then gradually disappeared.

Face flushed and feet hot every afternoon for ten days.

In January, 1909, I made a proving of Nic. sulph. 6x trituration, using five grains every two hours. I took the remedy for three days, and the very same symptoms appeared again, but did not continue as long as when taking the 3x.

April 13th, 1909, I began the proving of Nic. sulph 2x. After taking it one day the same old story was repeated, but much more marked and lasting for three weeks.

Miss F. began taking five grains of 6x trituration of Nic. sulph., July 27, 1908, and continued it for two days. On the morning of the 30th she complained of bad taste in the mouth, coppery taste, etc. At noon 'head felt big and heavy.'

Legs and arms felt heavy and weak. Unsteady when walking.

Face flushed. Face felt hot. Eyes began to burn and ache. Head felt heavy, as if it needed a prop. Wanted to lie down.

Obliged to lie down all afternoon.

Slept well, and next day was able to be about, although some symptoms continued, yet not so marked. By the fourth day she felt herself well again.

August 20, 1908, began a proving, using the 2x trituration for one day. The same symptoms were produced, lasting for three days.

On January 25, 1909; Mrs. E. took five grains of Nic. sulph. 3x every two hours until 9 p.m. On January 26, 1909, she began with five grain doses every two hours. At 2 p.m. she began to have dull aching pains in both ovaries, then hot flushes, which came on every half hour to an hour. Hot flushes all over the body, often lasting ten minutes. Afterwards she would break out in a perspiration over the entire body, this only lasting a few minutes. When the flushes came on she wanted to fan herself or have the doors wide open. She did not take cold, although the weather was very severe. The flushes continued just the same through the night as during the day. When flushes came on she would throw off the covers. Would re-

main uncovered until perspiration came over the entire body. After a few minutes this perspiration would dry off and disappear as suddenly as it came on.

Then she would get chilly and would cover up again. This was repeated every one or two hours during the night. She was always waking up with hot flushes. The burning flushes were just like heat from a hot oven. Pain in ovaries continued for two days, with a sensation as if the menses would appear, although not having menstruated for a long time—the menses having stopped and the symptoms accompanying the change of life all being past.

On the second day there was great pain in the cervical region and in the occiput, which extended to the eyeballs. There was a pulling sensation from the eyeballs to the occiput.

There was a sensation as if strings were pulling the eye back to the base of the brain. This pain was made worse by turning head from side to side, also at night by lying on the back.

She could not lie on the back but a few minutes, as it aggravated the pain in the occiput and down the spine.

The spine became sore the entire length. She could not lie on her back. If she fell asleep on her back, she would soon arouse in great pain, and would be obliged to turn on her side at once. This afforded partial relief.

Urine was increased. She was obliged to get up three or four times during the night.

Stiff, numb feeling in neck and back, but worse in neck. Temporary relief obtained by rubbing.

Coppery taste in mouth, loss of appetite, weakness, and increased thirst. A continued tired feeling over entire body.

Tongue at first had a white furry coat. After a few days it was coated brown.

She was nervous, uneasy, would not settle down to any occupation.

Another strange feature of the proving was a breaking out of sweat when one part of the body came in contact with another part, i.e. one limb crossing another, and the parts in contact would be wet with sweat instantly, all the rest of the body remaining dry. If clasping hands, the palms would be wet with perspiration. After removing hand, the parts would dry immediately. If the hands were placed on any part of the body the something would occur.

She could scarcely bear any clothing, owing to these hot flushes and perspiration. Many times, when the weather was frosty or snow was on the ground, and the window was up, she could bear scarcely any covers at night. With all this condition she never contacted a cold.

This state of affairs lasted about six weeks, when an antidote was sought. Two powders of Sepia stopped the hot flushes within two days, but not until

after trying Glonoine first, the remedy which stopped the flushes when passing through the climacteric period.

The pain in the occiput, spine, and eyes was relieved by Picric acid.

COMMENTS

William F. Madsen, M.D., Pasadena :

Dr. Neiswander, would you say that one of the symptoms of Niccolum was a metallic taste?

Dr. Neiswander :

Yes, every prover had it.

Roger A. Schmidt, M.D., San Francisco :

Many remedies have a metallic taste. It is a rather common symptom.

—*The Pacific Coast Homoeopathic Bulletin, December 1969*

ETHICS AND RESPONSIBILITY OF THE PHYSICIAN

(Continued from page 157)

CONCLUSION

The homoeomethodology, with its vitalistic philosophy, its emphasis on synthesis, individualization, and treating the patient *as a whole*, corrects the materialistic-organic dichotomy, and over-specialized medical proclivities. It 'humanizes' modern medical ethics, eliminates and cures iatrogenic diseases by the minimal dose, improves the ecology by straightening out and ameliorating constitutional and genetic factors. It deals primarily with *causes* and embraces prevention and prophylaxis.

It is the opposite pole of the prevalent orthodox method. Both have their place and function and they should be integrated wisely in the total care and welfare of the patient.

—*Homoeopathy, December 1974*
