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AN OVERALL SURVEY ABOUT THE PRINCIPLES OF EMPLOYING ANTIDOTES IN HOMOEOPATHY

ONE of the offshoots of homoeopathic doctrine, "Similia Similibus Curentur" is its principle of antidoting, peculiar in manner and occasion of application. Some homoeopathic practitioners do occasionally talk about the advantage of homoeopathic antidotes. But being a homoeopath, we do not saturate the patient with bulk quantities of medicines to cause inconvenience to the patient by their violent action and as such, we rarely face such a condition of a patient which calls for an immediate attempt to antidote, as prevailed in the allopathic school. However, due to our reluctance for being thorough in detailed case taking, or due to our insufficient knowledge of drug pathogenesis and the pathogenesis of the patient to be cured or due to our hasty choice of a medicine or due to oversensitivity of the patient, or due to inadequate knowledge of homoeopathic posology or due to other unperceptible causes, we occasionally face a complex disease picture mingled with the existing symptoms of the patient, and the drug symptoms provoked by the unwise selection of the drug or the potency, which creates more suffering to the patient calling for an antidote, that is, a corrective. In selecting such an antidote we should have a guiding principle, otherwise we are apt to select this

or that creating much trouble to the patient.

Having the perspective above in mind, I dare to take the venture of dealing with such a complicated subject with my meagre knowledge and experience. The purpose of this humble attempt is actually to invite the more able observers to come forward with their better understanding and knowledge to enlighten us for better service to the sick.

Before dealing with the titled context, it would not be superfluous to have some ideas of what is happening in the allopathic school of medicine in respect of antidotes. All the medical practitioners are knitted together in a unique contexture of some common responsibilities bestowed upon them for the noble service to the sick.

And so, no practitioner, in any pathy he belongs to, can digress the demand of the ailing society.

The allopathic system of medicines also certifies the application of antidotes to alleviate the sufferings or to save the life of the patient of wilful or accidental poisoning or to counter check the over action or contra-action or allergic shock inherent in some powerful

drugs essential to be administered for the sake of the patient's life and sufferings. The allopaths occasionally have to prescribe some other medicaments, along with the principal medicines or after the course, to ward off or to mitigate the violent anaphylactic shock or side effects or after effects apprehended. In the case of gross poisoning threatening the life of the patient, they consult the chemistry of the poison and find out an appropriate antidote to employ in bulk quantity enough to neutralise the poison.

The last sort of antidoting is also sanctioned by our school.

In an article published in the year 1798 on "Antidotes to some powerful vegetable substances" Hahnemann, the father of our school, classified all the antidotes in four groups.

I. Removed :

i. By evacuation (vomiting, purging, excising the poisonous bite).

ii. By enveloping (giving suct for pieces of glass that have been swallowed)

II. Altered : i. Chemically (hepar sulphuris for corrosive sublimate.

ii. Dynamically (i.e. their potential influence on the living fibre removed) as coffee for opium.

In respect of mechanical removal and chemical neutralisation, both the schools are alike.

But in respect of dynamic antidotes, homoeopathic school resorts to a different view, unique to its own philosophy. In the above essay, Hahnemann narrated eight cases of poisoning treated successfully with the following antidotes, some of these antidotes were dynamical, others chemical.

Poisons.	Antidotes
1. Camphor	Opium
2. Opium	Camphor
3. Arnica	Vineger
4. Cocculus indicus	Camphor
5. Camboge	Salt of Tartar (and other drastic gum-resines)
6. Datura stramonium	Veneger (and citric acid)
7. Ignatia	Veneger
8. Veratrum album	Coffee
9. Mezereum	Camphor
10. Cantharides	Camphor
11. Squills	Camphor
12. Nux vomica	Vineger

From the time of Nicander to the 16th Century, the toxicologists

and the medical men were under the illusion for finding out a universal antidote which would be able to tackle each and every vase of poisoning. But Hahnemann endeavoured and was crowned with success in search of specific antidote for specific case. He aptly remarks about universal antidote "we now know how ridiculous all these efforts were".

Hahnemann also exclusively narrates the situation in the following lines. "Powerful, heroic medicinal substances, without which the medical art would be as completely paralysed as the mechanical arts would be without steel and fire, are apt to give rise to violent effects, even in a very small excess of dose, in certain states of the body, as also in idiosyncratic or otherwise very irritable subjects, and these effects the physician must know how to remove in order that the cause he advocates may not suffer.

As to chemical neutralization of poisoning, he establishes the following reasoning.

"Alkalies probably destroy the drastic property of other purgative gum resins, especially if the latter are still present in the stomach, but not as in the other cases I have adduced dynamically, by an opposite influence upon the sensitive and irritable fibre, but chemically, by decomposing the resin".

The homoeopathic literatures of the master and of the able and ardent followers propagate mainly the principle of dynamic antidoting against dynamic actions of our medicines as Dr. Trinke says "the antidotarial influence of medicines

on one another depends solely upon the homoeopathic principle".

From what I have tried to explain in the already said lines, we cannot draw a preceptible principle by which we may be guided to employ an antidote dynamically. In the organon, there is little space for explaining the principle of dynamic antidoting. Only the Aphorism no. 167 casts some light in brief on this subject which reads as follows :

"Thus if there occur, during the use of this imperfectly homoeopathic remedy first employed, accessory symptoms of some moment, then, in the case of acute diseases, we do not allow this first dose to exhaust its action, nor leave the patient to the full duration of the action of the remedy but we investigate afresh the morbid state in its now altered condition, and add the remainder of the original symptoms to those newly developed in tracing a new picture of the disease".

We, now, can place the following principle or guideline to the tribunal of our logical reasoning that the true dynamic antidote would be that medicine whose pathogenesis mostly cover the altered pathogenesis of the patient prevailed after employment of a medicine in a dose or doses powerful enough to excite the receptor i.e. the patient adversely. In my opinion this type of antidoting is an ideal one and this is to be followed in general practice.

Here it is reasonable to say that the lists of the antidotes given against each drug in the materia medica are not exhaustive and more and more drugs are waiting to be included in these lists to match the composite picture of the patient revealed by the original symptoms

or a part of those remaining after the execution of the drug and the additional symptoms due to the drug action.

There are other kinds of antidotes in vogue which are sanctioned by empirical use but there is no underlying principle. In the homoeopathic materia medica, against some drugs so many antidotes are suggested and most of them fall under this category. In practice, it is also suggested that the next higher potency antidotes the ill effects of the lower one. But this type of antidoting does not appeal to me because there is every possibility of inducing more drug action which, without alleviating the sufferings, may add fuel to the fire. Even the empirical use of antidotes is nothing but an attempt to catch a black cat in a dark room.

The above statements provide me a chance to cite a clinical case of Dr. Thomas skinner, M.D. in his own language :

Lately I was called to a patient, an elderly lady, a little over 70 years. She is very spare and is now in her second dotage, with senile cataract of both eyes, and other infirmities common to her time of life. Among her infirmities she suffers now and again from irritability of the bladder, especially troubles some during the night. For this affection, and for this alone, as she had then nothing else the matter with her. I gave her one dose of Lachesis 30(F) dry on her tongue. The medicine was made by myself from the 4th cen. sent me by Lippe, as a graft from the original Lachesis used by Constantine in his provings of that remat

markable serpent poison.

The dose certainly put an end to the nocturnal urination, but it gave rise to the following terrible and most agonising distress. Within an hour of my placing the dose dry on her tongue, she was seized with the most severe tenesmus of the back and front passage, particularly of the rectum, that I have ever witnessed. I made an examination of the anus, and the tenesmus was perfectly visible, the anus was acting very like a mare after she has finished staling only very much more violently-blood and mucus being frequently pressed out. The tenesmus was spasmodic, and came in paroxysms, at intervals of from 10 to at most five minutes, and so violent, that her screams might be heard at times all house. Being certain that it was the effect of the Lachesis 30, I gave her Lachesis 200(F), but it only made matters worse, I waited a little, applying hot or cold applications to afford relief, but they afforded none, only they gave me time to determine my next step. I then gave her Secale cor 30, but without effect. This would be towards evening and I gave the dose of Lachesis about 1 or 2 P.M. I then put some pillets of Arsenic 30(F) in a teacupful of water, and ordered a teaspoonful every hour or two, but it had very little or no effect she passed a terrible night. I called early next day and was astonished at the failure of the Arsenicum, and as there seemed to be immense amount of super-sensitivity present. I gave her Nux vomica 30(F) every half hour or hour which afforded considerable relief, for a time at least., I was called to my patient again in the afternoon, as she was very much

worse, and not better from hot stuping, I did not reach her until 7P.M. when it occurred to me that the symptoms were very much the same as I had observed in a case of aggravation from Sepia 30, which was quieted by Aconitum 30(F) every hour or two till better or worse. The lady's nurse called at 10 P.M. to inform me that after the first dose there was a visible improvement, and after the second, both the pain and tenesmus were at an end. Ever since, I have classed Sepia among the antidotes to Lachesis, the antidotes to which now stand in my repertory as follows :

Acon., Ars., Bell., Camph., Caust., Cham, China., Cocc., Coff., Graph., Hepar., Merc., Natr M., Nit-ac., Nux-m., Nux-V., Ph-ac., Puls., Rhus., Samb., Sepia., Verat., also Heat, Alcohol and salt.

The above case is very much interesting and pregnant with much information about antidotes.

And now another question peeps from my mind whether the antidotes are able, to annihilate fully the adverse effects of a drug. Though I have no enough data to convince the readers that the total eradication of unwanted symptoms by applying antidotes is next to impossible, but from my personal experience and logical reasoning it can be alluded that by a judicious application of antidote, the severity of the suffering may be palliated but the remaining symptoms are to be handed over to the nature and time for the best process of healing. And after final sedimentation of the residual symptoms, the case is to be viewed afresh and a proper remedy, called for, may be prescribed accordingly.

Hahnemann rightly says, "I may here observe, that in the case of severe poisonings we have not infrequently to combat a remnant of chronic affections, because the antidote of the noxious substance even though it be specific, only acts in a contrary sense consequently belongs to the class of palliatives which are unable to remove, the secondary effects of the poison that has been swallowed especially if it has had time to make some inroads on the system".

Moreover, we cannot expect that antidote can be such a perfect counter position of the poison as two triangles with equal sides and angles cover one another. The adversely effecting drug, in combination with an antidote, must develop a new action which will remain in the body for a longer or shorter time. But there is a consolation being fully convinced with the statement of Dr. R. F. Dudgeon, M.D. "that the necessity for the administration of an antidote in consequence of the too violent effects of an infinitesimal dose is very rare:"

I had two remarkable occasions for employment of antidotes, one in the case of a tongue cancer patient who improved considerably on Syphilinum 200 and 1M but 10 M made him worse, and the other case was of an adult girl who had been suffering from physical infirmities from very childhood, and when she received Causticum 1M her old symptoms of epileptic fits came back. I tried to antidote the above two cases guided by the lists of the antidotes of Syphilinum and Causticum but in vain. These two cases are still a puzzle to me, I

cannot decide whether I should associate those with the category of normal aggravations of disease or of medicinal aggravations.

In conclusion, I cannot deny the temptation to quote from Dr. J. T. Kent., A.M., M.D.

"The wisest will make mistakes in perception, but the aim must ever be to find the most similar of any medicines proved, and to recognise that there is one most similar of all".

TREATMENT OF ASTHMA..... (Contd from Page -16)

what had become of my patient who had shown symptoms slightly better with this new remedy. A messenger came with the report that the patient passed a good night. I was requested to see him again. When I arrived at his place at 8 A.M. was surprised to see him better, he had not only regained his consciousness, but was sitting quietly in his bed and could speak slowly, the difficulty of breathing was completely gone, but the cough, occasionally troubled him and a good deal of expectoration of frothy white or sometimes of big yellowish lumps of mucus came up. He was given three doses of the same medicine 2X trit, during the day. He passed a fair day, but at night his difficulty of breathing again appeared in some-what milder form. He had to take two doses of the medicine. Thus the medicine was continued for a week and his trouble daily became less and less until after the expiration

of a week he was able to sleep at night for the first time in the last six or seven years. I treated him over a month, and his health improved so rapidly that he not only got rid of the asthmatic trouble but was soon able to go out and even attend his business. The stooped condition of his neck with slight pain and slight chronic bronchitis did not leave him altogether. Besides Blatta Orientalis I also prescribed for him Arsenic alb 6 and 12, Naja trip. 6, Ipecac 3 and Antim tart 3, as they were indicated. He continued well for over a year, but in August 1890 he had slight reappearance of the asthmatic trouble. He again took Blatta Orientalis and got well.

Argentum nitricum - silver nitrate - is the "devil's stone" or "hell-stone" of Old School, which has not much use for it, except as Lunar Caustic; because in allopathic doses, or when accidentally swallowed during the process of cauterizing the throat, it has turned people permanently blue - a condition known as "argyria". With us it is a most precious remedy, and no other can take its place.

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