

## HOMŒOPATHY AND TISSUE THERAPY— SOME HYPOTHESES

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Having had occasion to read Dr. Biswas's learned article on the relation between homœopathy and tissue therapy, (*the Hahnemannian Gleanings—April 1959*) and as I myself have been trying to correlate the two systems, I feel I should present some of my thoughts to your Society and shall be grateful to you for my criticism.

(1) The process of the development of Biogenic Stimulants in an organism may be called 'Filatov-Phenomenon', for the sake of convenience.

(2) Every living tissue (human, animal or vegetable) isolated from the organism and retained under conditions, unfavourable but not lethal, that inhibit its vitality, undergoes a biochemical change accompanied by the formation of substances, Biogenic Stimulants, which help the tissue to preserve its viability under such conditions. These substances are formed in the tissue while it is still living and is in a state of 'survival'. They have no specific character, but they stimulate vital processes in the organism into which they have been introduced.

Tissue therapy introduces these Biogenic Stimulants ready-made, straightaway (by implantation of tissue with a high content of these or by injection or peroral use of extracts of such tissue), to increase the organism's resistance to pathogenic factors as well as to increase the regenerative and resorptive properties of the organism, thus accelerating recovery.

(b) Biogenic Stimulants are also produced in intact organisms through the biochemical changes which occur when they are subjected to unfavourable (but not lethal) internal (or external) environmental conditions.

It is this second observation of Filatov that seems exactly to conform to the method of homœo-therapy. I don't think it is correct to say that the homœopathic medicines themselves

contain Biogenic Stimulants, produced by trituration or otherwise. A careful study of Filatov would show that this can not be. I should rather hold that the homœopathic *simillimum* by creating an initial optimal 'aggravation' causes an unfavourable (but not lethal) environment within the organism, thus forcing it to produce Biogenic Stimulants. My view seems to be supported by facts:—

"The appearance of non-lactose fermenting bacilli often followed and seemed to bear relationship to the previously administered homœopathic remedy. . . . In the laboratory one observed an unexpected phenomenon, that from a patient who had previously yielded only *B. Coli*, there suddenly appeared a large percentage of non-lactose fermenting bacilli of a type which one associated with the pathogenic group of typhoid. If one accepts the view, generally held, that the *B. Coli* of the intestinal tract is a harmless saprophyte and is non-pathogenic it must be concluded that so far as the intestinal tract was concerned there was no evidence of disease in these patients during the first series of examinations. Now the patient's stool yielded a large percentage of presumably pathogenic organisms, and according to the accepted Pasteur-Koch theory, the patient was suffering from disease. Clinical investigations however revealed that the patient did not fall ill, but had experienced a sense of well-being which he had attributed to the last medicine he had received. Since the non-lactose fermenting bacilli had appeared after a definite latent period of ten to fourteen days, following the administration of the remedy, it would seem that the *homœopathic potentized remedy* had changed the bowel flora, and had caused the disease. The pathogenic germ in this case was the *result of vital action* set up in the patient by the *potentized remedy*. . . ." (Paterson—Bowel Nosodes, P. 2).

(2) It would thus be seen that tissue therapy is able to cure almost all diseases *through one specific*, viz., the direct introduction of the Biogenic Stimulants into the organism. On the contrary, homœopathy promotes the development of Biogenic Stimulants within the organism itself by creating an unfavourable internal environment. And to produce such environment and thereby cause the onset of

the Biogenic Stimulants, homœopathy has to employ a medicine etiologically suited to the diseased organism. That is, it resorts to individualisation. If Biogenic Stimulants directly originate from the process of trituration or succussion, then any single homœopathic remedy should be able to cure all diseases of all persons. But this is not so.

(3) Incidentally, it is pertinent here to stress the limitations of tissue therapy. Filatov himself observes that it may be "contra-indicated or at least limited in such conditions as serious impairment of the cardio-vascular system, serious kidney lesions, fresh cerebral hæmorrhage and in the latter period of pregnancy" (*Tissue Therapy*, P. 41).

In the face of this difficulty we have theoretically to account for the probabilities of successful homœopathic treatment in conditions to which tissue therapy may not be applied.

(4) The greater curative action of the higher potencies requires to be explained. Shall we say that, generally speaking, the higher the potency the more unfavourable but less 'lethal' are the internal environmental conditions created and consequently the more abundant production of Biogenic Stimulants?

(5) When the potency employed is greater than necessary, that is, much higher than the optimal potency required in a case, perhaps it causes an aggravation too violent to stimulate the Filatov-phenomenon. "The intoxication of the body by pathogenic substances causes inhibition of its ability to respond to the disease by the production of Biogenic Stimulants essential for initiating regenerative processes. On the other hand pathological processes developed as a result of the action of pathogenic substances may, *in diseases of a certain gravity and duration*, give rise to the increased production of Biogenic Stimulants that act through the nervous system (the cerebral cortex) and intensify the physiological functions to a degree permitting recovery." (Filatov—*My Path In Science*—Chapter 2. P. 7; italics mine).

(6) Shall we then say that the Filatov-Phenomenon occurs just at the time when the 'curative crisis' is of optimal intensity?

(7) Dr. Biswas says that the homœopathic remedy often

removes minor symptoms at which it is not aimed. This should not be strange, as the remedy is aimed at the *disease-totality* on the basis of our understanding of the major constitutional signs and symptoms. The minor symptoms are just like the smaller branches of a massive tree. When the tree is gone, the branches go too. Hence, I suppose, the hypotheses of tissue therapy may not be invoked for explaining the disappearance of minor symptoms that may have no special therapeutic significance.

(8) The fundamental point of similarity between homœopathy and tissue-therapy is that they believe in stimulating *reaction* of the organism against disease factors. They aim at, not the specific pathogenic factors (e.g., microbes and their toxins), but the organism as a whole. It is thus impossible to show that they are directed 'against the disease' as such.

(9) In correlating homœopathy and tissue therapy it occurs to me that the homœopathic principle of similars is part of a wide 'Filatov's Law', as it may be termed. That is, "the appearance of Biogenic Stimulants under the influence of unfavourable environmental conditions is a general law affecting all living nature. Biogenic Stimulants are produced wherever there is adaptation to new conditions or a struggle for existence." (*Filatov—My Path In Science*, P. 71—wording slightly changed here).

(Following Fridland (Paths of Science) I have used 'Biogenic Stimulators').

#### REFERENCES:

1. Biswas—Homœopathy Through a Different Angle—*Hahn Gleanings*—April, 1959.
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3. Filatov—My Path in Science—Foreign Languages Publishing House, Moscow—1957.
4. Fridland—Paths of Science—Foreign Languages Publishing House, Moscow—1956.
5. Paterson—The Bowel Nosodes—A. Nelson & Co., London—1950.

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