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## VARIETIES OF HOMŒOPATHY

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The term homœopathy (Gr. *homoios*, like; *pathos*, feeling, suffering) coined by Hahnemann, means the system of treatment of disease by drugs that in healthy person would produce symptoms like those of the disease.

As a method of drug therapy the principle of symptom-similarity was no new discovery of Hahnemann. It had been known to the classical authorities of Western Medicine (Hippocrates, Paracelsus, Basel Valentine etc.), as well as Eastern Medicine (Charaka etc.). But they failed to accept it as the sole basic principle—the law of therapeutics owing to 3 main reasons, viz.—(1) They attempted to apply the principle to only certain symptoms, i.e. parts of the case of disease, rather than the whole individual case with its totality of symptoms. (2) Their knowledge of therapeutic properties (symptom producing capacity) of any drug was imperfect, incomplete and inadequate, as they had to depend only upon the toxicological properties of the respective drugs, culled from cases of poisoning, being unaware of the scientific method of eliciting full set of real symptoms of the drug, i.e. the totality of symptoms of the drug. (3) Being completely unaware of the dynamic properties of drug they applied the drugs in ordinary crude dose with often disastrous results. It was quite natural that this three-pronged ignorance—as to the object of treatment—the disease (apprehensible only by totality of symptoms of the diseased individual); means of treatment (the real dynamic therapeutic

properties of the drugs); the method of application of the means to the object (dose etc.), prevented them from accepting the principle of symptom-similarity as the sole law of therapeutics.

It fell to the prodigious genius of Hahnemann to develop these 3 basic aspects of drug-therapeutics to its natural culmination and perfection. It is he who for the first time formulated the only practical and unassailably reliable method of completely apprehending disease in a psychosomatic individual, purged of all speculative theories and crude mechanical-materialistic dogmas, viz. eliciting the totality of symptoms the only possible replica of the whole disease. It is he who for the first time discovered the only way of eliciting fully the dynamic therapeutic properties of drugs—viz. by proving on healthy individuals of different age, sex and constitution, in different attenuations. It is he who for the first time discovered the best way of applying the drugs to the patients so as to derive the fullest benefit of the formers' dynamic therapeutic properties, with the least possible risk of harm to the patient, viz. by using them in potentised form in minimum possible dose. It is by dint of these discoveries that he became the sole founder of the basic scientific principle of all curative therapeutics—*Similia Similibus Curantur*—as a Law of Nature. Of course in order to establish this law he ransacked the whole history of Medicine of all countries (thanks to his wonderful mastery of 10 languages), and found out that all real cures in the history of Medicine could be traced to the conscious or unconscious application of this law of therapeutic science. And in the process of application of this law to actual practice and following scrupulously the principles of inductive and deductive logic he developed and established certain basic tenets of therapeutics, thus founding Homœopathy as a complete system of Medicine. Some of the most vital of these basic tenets are as follows:—

(1) **Case Taking**—This is a peculiar exclusive basic feature of Hahnemannian Homœopathy—quite unknown or ignored by any other system. Hahnemann understood by the term disease a *state* of disorder of the whole psychosomatic unit of the organism, governed by the Vital Force, i.e. ultimately a disorder of the Vital Force itself; as by health a state of order of the

same. This state of disorder is manifested to the exterior by all sorts of signs and symptoms. And there is no way for apprehending the whole of this disorder of the individual organism as a unit, other than by collecting all these manifestations, with especial stress on those features which depict the individual peculiarity and personality of the case. Case-taking is nothing but drawing in this way an exact pen-picture of the disease with its individual characteristic features.

(2) **Drug Proving**—The physician is concerned mainly with the therapeutic properties of drug and not so much with its chemical or physical properties directly. And the only way of eliciting the therapeutic properties, i.e. symptoms producible by the drug is by testing (known as "proving" in homœopathic parlance) the drug in different attenuations on healthy individuals of different age, sex and constitution. The totality of symptoms thus obtained with their peculiar uncommon features, represents the individuality of the drug.

(3) **Potentization of the drugs**—As shown above disease is a state produced by dynamic change in the Vital Force, towards disorder. This dynamic change can be brought back to order, only by a force of the same category, i.e. it must be a dynamic one, rather than a physical or chemical force. This dynamic force of drug can be brought out only by potentization by the peculiar method of homœopathy, as testified formerly by clinical experience alone, at present by physical means also (Boyd's Eanometer, Radiesthesia, Reflex methods, Flocculation test, etc.).

(4) **Single drug at a time**—Disease is a state of a whole unitary individual. If we want to match the whole of it (for the purpose of complete and real cure), rather than to match a part of it (for the purpose of palliation), it requires no protracted argument to establish that we must find one and a single drug superlatively the similarmost, i.e. *the similitimum* to cover the whole unit. By any trickery of logic we cannot think of more than one similarmost wholly covering and touching directly and simultaneously the same unitary space.

(5) **Minimum Dose**—if we accept the above-mentioned tenets as true, that is if we take disease as a dynamic state to

be matched by dynamic properties of the similarmost drug, material crude dose is out of the question. Even of the potentised drug that much is necessary which will just rouse the vital force for coming back to normal. Any dose more than that is likely to produce excessive reaction and disturb the process of returning back to equilibrium.

Many other vital tenets may be added—as the Organon is full of such tenets ; but I refrain from proceeding any further, in consideration of space and time for the article, and of superfluity for our purpose of establishing the special features of Hahnemannian Homœopathy in comparison with other varieties of the same.

Hero-worship has no place in science. And nobody can claim that these tenets should be strictly observed simply because they came from a great man. Any scientist has every right to try to improve any of them. But before any such attempt sane reason demands that each of them should be tried thoroughly and scrupulously. As a result of this scientific trial, if any one is found wrong and useless it should be rejected forthwith ; if found defective or inadequate it should be corrected and improved ; but if all attempts to discover any scope for improvement in any respect fail then there remains no alternative than to follow them accurately and conscientiously.

But the unfortunate and perilous fact is that some Pandits while (quite reasonably and justly) refusing to be slaves to any body's tenets, in the name of improving upon these tenets, have always since the very inception of Homœopathy, and still more forcefully to-day, are actually tampering with them and tending to drag Homœopathy the most highly developed of all forms of therapeutics to the shallow orthodox method i.e. Allopathy. On final analysis, the motive behind these so-called scientific attempts to improve upon the tenets of Hahnemann, can be traced to any or all of the following 4 trends of mind, viz.—(1) Basic misapprehension of the term *cure*, confusing it with palliation. (2) Disinclination to undertake the labour of going deep into these tenets (although made much easier, and most easily comprehensible by various able followers of the Master especially Boenninghausen, Hering and Kent). (3) Lack of patience and perseverance

required in the application of these tenets to practice being goaded by time-fetish and money-fetish the basic motive force of the present day society. (4) Failure to overcome the inexorable force of traditional prejudices and the attraction of crude materialistic way of thinking, shutting the eyes to the modern development of Physics which has proved matter and energy to be the different aspects of the same thing, mutually convertible.

By dint of all these factors there have cropped up in the world following varieties of Homœopathy:—

### 1. Crude Materialistic Homœopathy

The advocates of this variety have failed to win themselves over from the formidable attraction of crude mechanical materialism and solid mental grounding in static pathology. The existence of enormous amount of energy (vital or life energy) inside each molecule of living matter, which collectively constitutes the vital force of the organisms; as well as inside each molecule of a drug which constitutes its dynamic therapeutic individuality—or personality so to speak—always remain outside the stony wall of their comprehension. Their ideas and intellect get giddy at the very thought of any potency higher than the 12th centesimal; and thus they keep themselves as well as their patients forever denied of the real and intrinsic boon of Homœopathy.

### 2. Vacillating Homœopathy

Advocates of this variety deem it not worthwhile to make any endeavour to find out the most suitable single drug—the *similimum* for any particular condition of the patient and to allow sufficient time to the single drug for completion of its action—so that a proper assessment can be made whether the drug was at all *similimum*, or as to what new symptom-totality it has led the patient to, so that a fresh selection may correctly be done. In stead, they select 2 or more drugs, on none of which they have sufficient confidence, and administer them in alternation or rotation at short intervals according to their personal choice or whim; with the idea that each of the drugs will cure its own part of the

totality and ultimately lead to cure (which ofcourse is some times achieved especially if each of the dose luckily got sufficient time for finishing its action). But these doctors forget one thing, if a dose of any of the alternating drugs happen to fall during the action of a previous dose (a near similimum) it may disturb the whole case and create a hotch-potch of symptom-totality barring all possibility of a subsequent correct selection of the curative remedy, making all prospects of real cure, to say the least, uncertain, if not impossible.

### 3. Hit & Trial Homœopathy

Advocates of this variety, who are one step more backward than those of the above-mentioned 2nd variety do not even feel it necessary to bother for finding out the similimum. They simply pick up a number of drugs covering some corresponding groups of symptoms (some of which are generally crude pathological), mix them, generally in lowest possible potencies and material doses, in the form of powder or solution and administer them to the patient, with the naive idea that each of their consigned army of drugs will nicely and perfectly do its part of the job by covering its own corresponding symptom-group, and their total effect will lead to cure of the patient; or atleast if any one or two of them happen to be appropriate for the case they will do the job others remaining silent. They forget that, it is not possible to know beforehand about how each of these consignees will behave on going in a company into the system of the patient. These soldiers may prefer fighting with each other and with the system of the patient rather to doing their entrusted jobs. And after one or two rounds of battle are over it will be impossible to assess where the situation stands. And the selection of the similimum for the whole patient will be far more difficult and the prospect of real cure will be further away than in the case of No. 2.

Notwithstanding all so far stated, the above mentioned 3 varieties have some vestige of Homœopathy in them—as they atleast abide by the etymological meaning of the term (*Homoios*. and *Pathos*), they are not yet completely devoid of faith and

confidence in the potency of the basic principle—*similia similibus curantur*, however shabbily they may apply this principle. The case is qualitatively different in the 2 subsequent varieties that I am just going to mention. Regarding the very basic principle their faith is either totally absent or at least divided. They care a fig for symptom-similarity. They have more faith and dependence on pathological prescriptions and that in crude doses—i.e. on Allopathy—although still reluctant to leave aside the garb of Homœopathy.

#### 4. Illogical or Faithless Homœopathy

The advocates of this variety recklessly use allopathic drugs and methods along with their Homœopathic prescriptions with perfect impunity from their conscience and reason. They forget or perhaps have no idea about the fact that allopathic therapeutics, notwithstanding its present day glaring developments is, after all, an out and out palliative and suppressive method. Its overwhelming developments in the modern times have only brought into its hands more and more effective drugs for more dramatically and drastically suppressing wider and wider range of symptom-groups (according their nomenclature so many diseases). But for real cure i.e. bringing the disordered state of the individual to perfect and permanent order, there is no path other than Homœopathy. This fact has been thoroughly established by limitless number of experiences in course of last 150 years. But the problem is that for perfect cure the Homœopath has to make his prescription and proceed on his path depending solely on the pure and undistorted symptoms of the case in hand. Symptoms are really guiding lights to him from the beginning to end of his task. What can be more illogical than the idea of putting out or vitiating these very lights by drastic allopathic methods and still hoping to proceed on the true path of cure? But unfortunately, so far as my knowledge goes, this is one of the accepted trends, if not the main trend in Western Homœopathy to-day, inspite of their far advanced cultural and intellectual level.

### 5. Pseudo Homœopathy

This is none the less illogical and baneful than No. 4, rather far more so. Advocates of this variety have absolutely nothing to do with symptom-similarity. So they cannot be called Homœopaths in any sense of the term. Still they want to be in the Homœopathic society simply for the flimsy garb they yet continue to stick to. Neither they are allopaths too, because Allopathy has its own *locus standi*. I do not know what is the locus standi of Homœopaths of this variety. They have no necessity of getting the symptoms and of finding out any similar drug, what they require is only the name of the disease, and they have their specifics for each beginning from toothache tablets or diarrhœa tablets to even (Good Lord!). Phthisis tablets; tonic of all sorts beginning from general tonic or blood tonic or nerve tonic to various organ tonics (for Uterus, Liver, Stomach, Heart etc. etc.); various patents e.g. "Hydrocele Hammer" "Hernia Cure" and so many others for Eczema, Otorrhœa, Leucorrhœa, Female disease and what not. May God help them in reviving their good sense!!!

Lastly we come to the so-called Hahnemannian Homœopaths of the present age of hurry and money-fetish.

### 6. Pseudo Hahnemannian Homœopathy

Most of us so-called Hahnemannian Homœopaths of to-day fall in this category. We often rejoice and vaunt over our dramatic cures with 1 or 2 doses, of some obstinate symptom or symptom-group baffling all other pathies for years together—e.g. a case of obstinate leucorrhœa, peptic ulcer and so on (usually known as so many diseases). But Alas! the bubble of our elation becomes completely shrunken when the same patient returns to us in more or less time, with the same symptoms considerably modified, or with a fresh set of symptoms, and the same prescription prove hopelessly futile; we have got to make frequent change of prescriptions and ultimately give up the battle altogether in utter frustration, blaming Homœopathy as useless for cases like this. But our procedure from the very beginning was far from Hahnemannian Homœopathy, and



what we deluded ourselves as a *cure* was far from that, it was a mere *palliation*. Hahnemannian Homœopathy demands that instead of running after any group of symptoms however alluringly characteristic, we ought to have "taken" the whole case, and traced out the individualizing features of the whole person, then found out the similimum with the help of Repertory etc., then judiciously applied the selected drug for the whole case in proper potency and dose. After all these we ought to have allowed full scope and time for the remedy to complete its action; and then made fresh assessment of the whole case for the next prescription. This procedure is ofcourse not at all dramatic and the patient instead of getting instantaneous relief may often have to suffer some preliminary aggravation—still this is the only path of cure and there is no other path. This path may be much shortened, and made much easier by constant intelligent and conscientious practice and mastery of the tenets. Still some minimum time is unavoidably necessary for the procedure, but no alternative. If we grudge or shirk this laborious but glorious path then the high and only mission of our life, viz. to restore the sick to health i.e. to *cure*, will be nullified.

These then are the different trends in Homœopathy as prevailing to-day. None of these ofcourse forebodes well for Homœopathy, and for the matter of that for ailing humanity. Still we need not get disheartened. Homœopathy, a true science of therapeutics, is as in the case of any real truth, sure to assert itself, in the long run. How quickly it will do so, or how long it will take in passing through the whirlpools of long cherished prejudices and habits, and through the outstaying of wrong logic and super-intelligence will depend upon:—

(1) How thoroughly we appreciate and assimilate the basic tenets of the Organon, as expounded, clarified and simplified for ordinary people like us by the Master's able disciples like Bœnninghausen, Hering, Kent, Dunham etc. and apply them in our practice as scrupulously and dextrously as we can.

(2) And how much we can divert our energy and intelligence from attempting to tamper with the basic tenets of the Organon in the name of improving and modernizing them,

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science, preferring their own rule of thumb methods; on the other hand we find pre-clinical teachers who regard empiricism as little better than quackery. The scientist is concerned only with that aspect of truth which is capable of demonstration by experiment. With the knowledge which is gained by the use of the five senses, with which medicine is mainly concerned, he has no sympathy; nor can he appreciate the subtleties of deduction and judgment which are based on the information thus obtained. He is inclined to think that medicine which is not founded upon laboratory experiment is little better than a sort of magic, an occupation thoroughly unworthy of pursuit by a scientifically trained mind. . . . I suggest that these (young men especially) who by their academic talent have gained research posts, should remember the original work which has been and is being carried out amidst the distractions of practice; they should realize the mental stimulus which is acquired by contact with the outside world. On the other hand those whose lot is cast in intellectually humbler spheres should not too readily belittle the academic side of their training, of the influence of which upon their practice they are only partly conscious, and the value of which they are not always in a position to assess."

—*The British Homœopathic Journal, April '58.*

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thoroughly established as they are by limitless number of experiments and experiences in the last 150 years, to the task of real research work on various aspects of Homœopathy, which of course is urgently called for to-day. (My views regarding Problems of Research in Homœopathy can be pursued from my articles on this subject published in the *Hahnemannian Gleanings* of November '61, P. 495, Vol. 28).

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