

## SOME THOUGHTS ON HOMŒOPATHY

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### PRELIMINARY REMARKS

Christian Friedrich Samuel Hahnemann, the founder of Homœopathy, was born in 1755 and died in 1843. So far as India is concerned, the earliest recorded case of homœopathic treatment appears to be the treatment of Raja Ranjit Singh of Lahore in 1839 by John Martin Honigberger who practiced in Calcutta for some years upto 1860. Homœopathy has since then spread all over India through the succeeding decades and at the present day, millions of Indian citizens are being treated under this system of medicine. Bengal has always been a pioneer in the field of homœopathic education and at present there are several educational institutions offering ample facilities for homœopathic education and also a State Faculty of Homœopathy for controlling the education and registration of homœopathic practitioners.

I shall not enter here into the theory and philosophy on which homœopathy is based. It is now well known that it is based on very sound logical foundation. *The law of similars* is a discovery as fundamental as the law of gravitation. *The efficacy of minute doses* may be regarded as the consequence of a generalisation of the Arndt-Schultz law of physiology which states that large doses have an effect on the living tissues opposite to that of small doses. It was proved by professor Richet, the famous physiologist, in 1905, that Formol acts in the infinitesimal dose of one millionth part of a milligram to 222 gallons of fluid, in the process of lactic fermentation. Gabriel Bertrand, Professor of Chemical Biology of the Faculty of Sciences of Paris and at the Institute of Pasteur, showed that a dilution of one milligram of manganese in 2220 gallons of culture medium stimulated the growth of the fungus *Aspergillus Niger*. The dilution is equivalent to the homœopathic potency. W. Burridge, late Professor of Physiology and princi-

pal, King George's Medical College, Lucknow, and Dean of the Faculty of Medicine, has worked out the limits at which certain substances are found to be active. He has shown, for instance, that peptone and choline are active in a concentration of  $10^{-15}$ , which means the dilution of a quart of the substance in a lake 50 miles long, 10 miles wide and 3000 feet deep.

Apart from theoretical considerations the clinical evidence which has accumulated during the last century and a half has proved the efficacy of homœopathic treatment beyond the shadow of any doubt. It has now carried conviction to very large number of eminent allopaths also in all parts of the world. The system has obtained recognition in Great Britain by an Act of Parliament. A large number of up-to-date educational institutions and well-equipped hospitals have sprung up in the different countries of the world. For instance, London has a big homœopathic hospital. Stuttgart has an excellent homœopathic hospital with more than two hundred beds. Philadelphia has a homœopathic hospital twenty-two storeys high with eight hundred beds. In Calcutta we have several good hospitals attached to the Homœopathic Colleges.

#### OPINION OF THE INDIAN MEDICAL ASSOCIATION

The Indian Medical Association is reported to have expressed the view that there should be only one system of medicine in India viz., the allopathic system. The idea cannot be too strongly condemned. Such a presumptuous opinion could be justified only if (1) allopathy could guarantee the cure of all kinds of ailments in the human body, (2) it would guarantee medical aid to each and every citizen of India and (3) if the expenses of allopathic medical treatment could be proportionate to the spending capacity of the patient. The first condition can never be fulfilled by any system of medicine. The second and the third conditions cannot be fulfilled in any foreseeable future. Under the circumstances, it would be highly unwise, unpractical and almost inhuman to insist on an absurd suggestion like the above, which, if implemented, would deprive millions of our citizens of any kind of medical aid.

SOME OBVIOUS DEFECTS OF ALLOPATHY:  
THE VITAL FORCE

Apart from the question of financial practicability, there is no reason to suppose that the allopathic system has reached such a state of perfection as to justify the exclusion of other alternative systems which are also based on sound philosophy, logical clinical tests and careful experimentation.

I shall just mention a few points which are so obvious and familiar to us. No one would deny that medical science has made enormous strides towards progress during the last half-century. Knowledge of anatomy and physiology has advanced almost to perfection. Surgery, which means careful cutting-off of diseased parts, has also reached a very high degree of efficiency but, in the field of medicine, however, the achievements have been more spectacular than real. There are many reasons behind this disappointing phenomenon. One of the reasons appears to me that the medical men are trying to explain all kinds of derangements in the physiological machinery of man in terms of physics and chemistry. We must realise the fact that the human body is not a physico-chemical compound. Mind is as important a component as the stomach and the liver. And is obviously beyond the reach of physical and chemical laws. Again, there are actually within the human body, normal or diseased, physiological process which cannot be explained by physics and chemistry. For instance, in attempting to answer the question, 'why does the stomach not digest itself?' it is stated "one or more of these factors may play a part, but the latest evidence, of Northrop, indicating that the digestive enzymes do not enter the living cells, because they cannot pass the cell membrane until the cell are dead, takes us a step further?" But how and why do the enzymes distinguish between living and dead cells? What is there in the living cells which is responsible for the selective action of the enzymes? We do not know.

While speaking of lecithins, it is stated, 'they are found in all animal and vegetable cells, are intimately associated with *life processes* and probably have an important function in the membrane of cells.' What are the life processes referred to above? We do not know.

Regarding intestinal absorption it is stated, "A number of phenomena concerned in absorption can however only be explained as being due to the vital activity of the cells themselves. Thus it is found that 0.4 per cent sodium chloride is more rapidly absorbed than water, while isotonic solutions of sodium or magnesium sulphate are unabsorbed. There is also, as we have seen considerable selectivity in regard to the different carbohydrates, while most difficult to understand is the fact that, if some of the animal's own serum is placed on the gut, it is absorbed. Such facts can only be explained as a vital action of the cells of the mucous membrane, upon which must also depend nervous and drug action." Now, what is the vital action mentioned above?

Again, "For example, glucose is more easily absorbed than lactose or xylose, although the latter has a smaller molecule. This is in direct conflict with physical laws and can only be explained as a result of vital action on the part of the cells."

The quotations are from Mc Dowall's *Physiology and Biochemistry* (Centenary Edition). It is apparent from the above passages that physiologists have to recognise vital action or vital force or vital process existing within the human body, though they are unable to define it or comprehend its true nature. The modern physiologists are trying to dive deeper in it to the mystery of the above mentioned vital force. Such an attempt must outstep the limits of modern physics and chemistry and is likely to be fruitful in many ways. It will not only solve the mystery of life but it may also revolutionise the basic concepts relating to diseases and drugs. One cannot but suspect that the vital action referred to above may be akin to, if not identical with the Vital Force, which is one of the cornerstones of Hahnemann's medical philosophy. In any case it is extremely unlikely that modern physics and chemistry will ever be able to produce or discover an L-substance (life substance) analogous to the P-substance (pain substance).

#### INJURIOUS AFTER EFFECT

Aliopathy has not yet been able to discover anything like a permanent law of cure, that is to say, a permanent law defin-

ing the interrelation between diseases and drugs. The result is a haphazard catch-and-kill process, which leads to the invention and manufacture of various kinds of drugs at frequent intervals, like new models of motor cars. The therapeutic value of these drugs are rarely properly appreciated and in most cases, there remains a chance of very injurious side-effects or after-effects, sometimes immediate and sometimes a little remote. For instance, injurious effects of chloromycetin on the spinal chord, the reservoir of red blood corpuscles, is well-known. Streptomycin is supposed to have a bad effect on the optic nerves. As a matter of fact, the medical literature is full of reports of such injurious after-effects. Even the various kinds of germicides and insecticides have been proved to be injurious in many ways to the plants and their products and also to animals consuming them.

#### TEST ON ANIMALS

It is very often wrongly assumed that the physiology of animals is similar to that of man and tests on animals are sometimes regarded as equivalent to those on men. But not only the physiology of animals differs widely from that of man, the physiology of man and woman of different ages, from childhood to old age, may vary considerably. "Hedgehogs feed on cantharides; rabbits browse on belladonna; morphia makes dogs drowsy and vomit but excites cats; aconite kills sheep, but has no effect on horses and goats; hyoscyamus is fatal to men and rabbits, while cattle, sheep and goats are immune; antimony kills men and most animals but is harmless to dogs and elephants; rats are immune to diphtheria, cats to tubercle—whereas guinea-pigs and monkeys are highly susceptible." (Sir John Weir) "Experiment in man is the one wholly unexceptionable method available for the solutions of the problems of human health and disease" (Wilfred Tratter).

#### THE ANTI-BIOTICS

Various adverse comments on the use of the anti-biotics have appeared in authoritative medical journals. They produce not only immunity from certain classes of diseases, but also

harmful after-effects. As regards killing of germs to eradicate disease, Dr. Rene J. Dubos of the Rockefeller Institute, one of the foremost scientists in the field of antibiotics, says that Medicine may have gone too far in blaming germs as cause of diseases. There is strong evidence, he told the scientists of the National Institute of Health that bacteria and viruses became dangerous only when the set up is fixed for them. Otherwise even the most virulent of them are harmless. Every person, Dr. Dubos said, carries in the body throughout life a host of supposedly deadly microbes which live in blood and tissues as harmless guests until something happens to start them on a rampage.

Although the presence of the right micro-organism is necessary for the particular disease, Dr. Dubos insists, the real cause is the "something" or combination of "somethings", of which the present day physician is usually quite ignorant. He told the National Institute of Physicians in a lecture given in honour of Dr. Rolla H. Dyer the retired Director, there is even danger *that doctors who eliminate one form of supposedly malignant micro-organism with some of the extremely potent new drugs are just making room in the body for the increase of some worse kind.*

Recent experiments have shown, Dr. Dubos said, that it is practically impossible to infect volunteers picked at random with some supposedly highly infectious diseases, because experimenters do not know how to upset the internal environment so as to produce the right conditions.

During the last war, he explained, an epidemic disease causing great concern to military authorities was bacillary dysentery. In some areas nearly all soldiers were victims. But when investigators tried to reproduce the malady in the United States with human volunteers the effect was a complete failure. However, when doses of the bacillus, obtained directly from sick soldiers were fed to the volunteers, not a single case of bacillary dysentery was produced. The best that could be obtained, and only a few, was a mild syndrome of food poisoning.

Efforts to transmit common cold, to which everybody seems susceptible, to volunteers have been equally unsuccessful. The

cause of this malady which sweeps through communities is almost certainly a virus. It is contained in nose and throat washings of cold victims. But it is almost impossible to transmit these at will. Volunteers simply cannot be made to develop sniffles, except in a few cases. Most striking, Dr. Dubos said, have been the recent English experiments. Volunteers were kept in complete isolation for two weeks to make sure they were not on the verge of colds at the start of the trials. Then they were placed in conditions supposed to be favourable to colds—placed in drafts, subjected to quick changes of temperature, made to wear wet sacks and sleep in wet clothes. Still inoculation with the supposed virus produced only occasional colds. The real precipitating factor which must be very common in every body's environment remains unknown.

The same thing was demonstrated very strikingly more than a century ago when a cholera epidemic broke out in Hamburg. This was at the dawn of the germ theory of disease advanced by Pasteur and Koch. It still had many bitter opponents among the foremost physicians of the day. They held that the micro-organisms the two great biologists have discovered were not the causes of disease but only secondary invaders of diseased tissues. Koch had just demonstrated the germ of cholera and it was found in the blood of all the Hamburg victims. One of his principal opponents ridiculed the idea; he obtained tumblerfuls of the live virus from the Hamburg dead and he and his students drank them. None developed any symptoms of cholera. There was something unknown in the temporary environment of Hamburg which made it possible for the germs to cause disease. This "something" did not exist in the environment of the bold scoffer's medical school. A similar experiment was performed, with much the same results, with the tubercle bacillus, which Koch also had just demonstrated.

Long before anybody knew anything about germs, Dr. Dubos told the National Institute doctors, many physicians were very successful in treating patients—and some of them acquired large fortunes. They had no sulfa drugs, no anti-biotics, no immune serums. They were not faith healers or fakers but extremely honest reputable men. The secret of their success, Dr. Dubos

said, probably lay in a highly developed and perhaps instinctive skill in treating the patient as a whole rather than looking, as does the modern doctor, for one cause of a condition and treating only that.

The germ theory of disease, he insisted, now is probably in its twilight despite its magnificent successes during the last century and despite the fact that new germs and new germkillers doubtless will be discovered. It will remain only as a part of a new medicine which will try to find scientific bases for the "art" of the old doctors.

Every living cell, Dr. Dubos said, is the result of all sorts of evolutionary forces which have put it into equilibrium with outside forces and with forces within itself. Disturbance of any factor in the equilibrium will result in disease.

The next age of medicine, he held, will concentrate more on equilibria than on germs—Thomas R. Henry. (Reproduced from an article in the *Journal of the American Institute of Homœopathy*).

#### TREATMENT OF A PATIENT

In a report of the Medical Curriculum Committee of the British Medical Association on the *Training of a Doctor*, issued in 1948 occur the following:

"The Committee believes the cause of the failure to produce good doctors—is to be found in the very conception of medicine—on which the curriculum has been based."

"It proposed a drastic overhaul—which involves a different approach. That approach is based on the conception of disease as a disturbance in the structure and function of the organism—and regards simply as a descriptive convenience the concept of disease as clinical entities."

"The student should learn to regard disease as the expression of a structural change or a functional disturbance in an individual patient."

"One of the most serious defects—is the failure to regard the patient as a whole."



"He will learn that every patient has his own distinct personality."

"Moreover, most text books encourage the habit of 'labeling' disease instead of teaching the students to think first of the patient as an individual where normal health is in some way disturbed."

"We should return to first principles and so remodel the training of our students that they will base their future practice on the understanding of each patient as a whole."

It is an astonishing revelation that the above remarks are almost the paraphrased version of what Hahnemann said about one hundred and thirty years ago. (cf. *Organon*). So Hahnemann was at least a century and a half ahead of his time!

#### A PRACTICAL ASPECT

Apart from the theoretical considerations, there is always a practical side of medical treatment. We should try to recommend or prescribe for any individual patient in such a manner, as may be feasible for the patient to accept. If a rickshaw puller suffers from gout, it is no use of telling him that he should go on a holiday in the South of France. The efficacy or value of a medicine certainly has nothing to do its price, but it is certainly very important for the patient, who is usually not a millionaire. The allopathic system has actually developed into such a huge scientific paraphernalia that it is out of reach for the common man. In most cases, the paraphernalia of pathological examinations of various kinds, X-Ray photographs, etc., are so expensive that the treatment becomes more painful than the disease itself and in innumerable cases the patients have to forego altogether the luxury of the so-called modern treatment. Under the circumstances, there is absolutely no reason for preventing the patient from taking an alternative course of treatment, which is cheap and efficient.

#### DIVERGENT VIEWS

We often meet with divergent views even among the allopaths of the highest rank regarding the theory and application of the various forms and methods of allopathic treatment. For

instance, we all know that the most common treatment of cancer is done by Radium therapy and X-ray therapy. I shall quote a few remarks by the eminent cancer specialist Dr. E. H. Smalpage, M.B., Ch.M. (Syd.), F.R.C.S. (England). He says "The patient—victim of cancer—who undergoes deep X-ray therapy has varying degree of nausea, vomiting, physical and mental prostration and a sensation as if the body is on fire!" "Undoubtedly deep X-rays will remove the source of cancer cause from the local site of the cancer growth by producing hydrolysis in the blood circulation and thus precluding carbonate hydrolysis and caustic formation at the cancer site, but it is open to grave doubt whether such heroic measures can possibly attain any other finale than destruction of the body, which must result from continuous production of caustic mineral salt in the blood and tissue fluids.

From this viewpoint, any adherence to Radium and X-ray radiation for cancer is not only illogical but expensive in human life and money.

Why use expensive radium when inexpensive caustic produces directly the same effect as the radium can only produce indirectly?

Ten thousand pounds worth of radium will only produce the same effect as a therapy for cancer as six penny worth of caustic soda."

It is not possible for me to say anything either for or against these observations, but the fact is that even the most popular methods of allopathic treatment are subject to criticism by allopaths themselves. We do not know yet much about the results of Cobalt 60 treatment.

I do not think that there is any one so obtuse as to decry the wonderful progress made by allopathic medicine in various directions, but I have made a few random observations just to point out that the system has not yet attained that amount of perfection which would justify us to discard other systems. As has been pointed out above there are very serious drawbacks not only in the practical inventions, but also in the fundamental theoretical background of allopathic medicine. But, of course, science progresses like that. Our success in a labora-

tory may be preceded by hundreds and thousands of failures. We should accept our limitations with humility. Newton said that he was only gathering pebbles at the sea-shore of knowledge. It behoves none of us to imagine that we have drunk off the sea of knowledge.

#### HOMŒOPATHIC EDUCATION

It goes without saying that we should have efficient homœopathic college for imparting regularly and systematically the various aspects of homœopathic medicine, both from the theoretical and practical points of view. We should also have well-equipped hospitals attached to these colleges, both for the purpose of practical training of the homœopathic physicians, and for rendering cheap and efficient medical help to the patients.

I would like that there should be two courses in each college, one *degree* course extending over five years, including one year's practical training at the end of the final examination, and a *diploma* course extending over three years, including six months' practical training. I may suggest, by the way, that similar course should also be established in allopathic colleges also. For the poorer people, who form the over whelming majority in our country, it is not possible to enjoy the privilege and luxury of highly qualified doctors. This is the reason why the M.B.s after spending five to seven years of life and ten to fifteen thousand rupees for their college education alone, leaving aside additional expenses of specialised studies in and out of India cannot be expected to go to rural areas or to the poorer quarters of cities and towns. In my opinion it has been a blunder to abolish the medical schools like the Campbell Medical School and the Medical School at Burdwan. In the case of complicated and difficult diseases which are beyond the range of the diploma holders, they have to be referred to specialists and more qualified doctors. This is actually done at the present moment even by the degree holders.

This kind of gradation in the medical courses, both allopathic and homœopathic, appears to be very necessary. Otherwise we shall not be able to solve the problem of acute dearth of medical men in villages and poorer quarters and the simul-

tancous overcrowding of highly qualified doctors, who are unable to eke out even a living subsistence in the cities.

The homœopathic colleges should be independent and self-sufficient. They should not be regarded as mere appendages to allopathic institutions, simply on the ground that there are a few basic subjects like Anatomy and Physiology, which are common to both.

#### AN ILLOGICAL VIEWPOINT

It has been suggested in some quarters that homœopathy may be introduced in the allopathic medical colleges as a post-graduate course. Though this step would imply formal recognition of homœopathy, the suggestion will have the effect of restricting and ultimately discontinuing the study of homœopathy in this country. It is said that some western countries have adopted the same principle. But it is highly unreasonable that we should ape other countries in all matters irrespective of the actual merits and demerits of the case and the conditions prevailing in our country.

Apart from the fact that the provision of a special post-graduate course in homœopathy in place of an independent self-sufficient course will inevitably discourage the study of homœopathy and thus gradually abolish it altogether, there is another very serious objection to the provision of homœopathy as merely a post-graduate course. A post-graduate course in any subject means an extension of a corresponding undergraduate course. But there is nothing in common between allopathy and homœopathy except the basic subjects like Anatomy, Physiology, etc. The theoretical and philosophical foundation of homœopathy is fundamentally different and it is almost impossible for any person to be an allopath and homœopath at the same time without being traitor to both. In rare cases, an allopath may completely convert himself into a homœopath, but he cannot be both simultaneously. A man cannot have sincere convictions about two fundamentally different and in some respects diametrically opposite tenets. Half faith is worse than no faith. A man who has been trained systematically for years in a particular scientific school of thought cannot give up and unlearn

his deep rooted convictions and it is also not desirable from the ethical and practical points of view. A serious conflict of principles and practice is inevitable and the possibility of mixing up the two systems in a haphazard manner cannot be altogether ruled out.

It would also mean an extraordinary taxation on the time and energy of a student, who wants to be a homœopath, to undergo full M.B. course and then unlearn a good deal of that he has so assiduously learnt, in order to undergo a further course of three years or so in homœopathy. The net result of the provision of a merely postgraduate course will be that very few M.B.s will consider it worth while, or find it practicable, to take up this doubly expensive course and the number of homœopaths will be reduced to a handful, if not to zero.

At present we have no provision for imparting allopathic medical education to a sufficiently large number of students. Only a small fraction of the candidates for admission to medical colleges can be admitted and the number of M.B.'s is far too short of our requirements. So to expect voluntary diversion of some of these few medical students to homœopathy after completing the M.B. course and thus to provide for homœopathic treatment of the people, is really tantamount to bidding good-bye to homœopathy. So the idea of tagging homœopathy to the allopathic colleges as a mere appendage will not appeal to any well-wisher of homœopathy.

#### CONCLUDING REMARKS

I am told that the system of homœopathy has received formal recognition in ten states of India and it is likely that it would be fully recognised in Bengal also. The sooner it is done the better. Otherwise the Bengal physicians will suffer from a legal disadvantage from which the physicians of other states will be free and may therefore oust the Bengal physicians in a competitive field.

It is therefore hoped that early recognition of homœopathy will be accorded by an Act passed by the Legislature.

It is also essential that the Government and the public

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10m was repeated, and the patient, further improved, with the recurrence of old symptoms. On 8-2-61, and again on 17-4-61, *Sep 50m* was given. Symptoms came with reverse order, with abscesses which soon healed. There was much improvement in the patient. The gastric trouble passed away, with gain in weight, and enjoyment of normal health.

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should come forward to see that sufficient funds are available for the purpose of upgrading the existing colleges and hospitals and of establishing new institutions for the purpose of manufacture of and experiments with drugs derived from mineral, botanical, animal and other sources.

There is quite a large number of substances in every category which are the sources from which drugs are derived in all the systems of medicine, allopathic, homœopathic as well as ayurvedic. So it would be extremely useful if the source-substances are placed at the disposal of all the systems. For instance, a botanical garden for medicinal plants may be utilised for the benefit of all the recognised systems.

—*The Homœopathic Bulletin, July-Oct. '60.*

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