

HOMŒOPATHIC FUNDAMENTALS

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In homœopathic thinking we must never lose sight of certain basic principles upon which our approach to the problems of handling sick persons successfully depend. Much, if not all, of the failure of our branch of the profession to advance and prosper during the last seventy-five years can be laid to the evident fact that our men knowingly or unknowingly departed from these very basic concepts. In nothing is the genius of Hahnemann so clearly shown as in his very clear deductive reasoning as to what these fundamental ideas are, and in his clear vision which made it possible for him to clearly outline them one hundred and fifty years ago.

Sound, general, fundamental ideas do not change with the passage of time. The discovery of new facts does not upset them. As collateral evidence we can cite three well-known examples from other sciences. Newton's Law of gravitation, which is much older than Homœopathy, still is the basis for much of the science of physics. Chemistry's law of combination in definite proportions made possible the development of the science of chemistry. The fact that the chemist does not know what this force is that causes molecules and atoms to unite in fixed proportions, does not detract from the value of this law. Euclid's much older empirical axioms of geometry (which because they happen to be true, still form the basis for the study and understanding of geometry) are basic today.

It is a foregone conclusion in logic that, when we start even the most reasonable argument from a false premise, the whole structure will fall soon as it becomes apparent that there is falsity in any of the premises.

Each of these concepts, Newton's Law, chemistry's law of combination in definite proportions, and Euclid's axioms can only be checked by empirical methods as there has existed no earlier basic knowledge by which deduction can replace the method of empirical trial and error. It is equally true that the

Law of Similars in therapeutics is a broad general law or rule, that is based upon empirical observation of therapeutic relationships that, so far as we know, has never been shown not to apply either consciously or unconsciously to curative therapeutics, in spite of many ingenious interpretations as to how cures come about. Experience has shown that similar diseases in nature, such as cow-pox and small-pox, tend to eliminate one or the other. A more recent example of this similarity may be that of Rift Valley Fever and Yellow Fever which have been shown to be antagonistic in that one will, or may, give immunity to the other.

Among the basic concepts, as we see it, that must never be lost sight of in homœopathic thinking are:

1—That health, disease and "drug action" (misnamed) belong in the field of vital, biologic phenomena.

Health is a vital physiological reaction to *all* of the factors in an organism's environment.

Disease is a vital but abnormal (disturbed) reaction to some or all of the factors in an organism's environment.

"Drug action" is in truth, a vital, disturbed, abnormal reaction, similar in many respects to disease reactions, of a living organism to the introduction of a new factor, the drug, into the environment.

2—That disease in its beginnings and in its entirety is primarily a total organismic disturbance and never primarily a local or organ or cellular or system disturbance. Trauma, if it is a disease, may be an exception. This makes it necessary for us *always* to consider the *total reaction* of the *patient* in planning his therapeutic care. It follows that, if the primary disease is *total*, the pathology we find later can only be the result of the disease and never the disease itself. (Modern pathologists support this concept).

3—That all vital organisms tend to restore themselves to normal when disturbed. This has led to the term by others of "Vis Medicatrix Naturae." As this natural force or tendency is always operating or tending to operate, it is possible that the development of pathology represents the best that the natural healing or adaptive forces of nature can accomplish

under the conditions present in the external and internal environment of the living organism.

Therapeutics (whether surgical, psychic, mechanical or drug) aims to assist this restorative process. Often, however, the therapist forgets that his tools are double-edged swords and that therapeutic measures unwisely chosen may increase the difficulties in the path of nature's effort to restore healthful harmony to the organism. This has led to the unearthing of an old Greek term *iatrogenic disease*. Experience seems to support the thesis that unwise therapeutic efforts often hopelessly complicate the natural disease, interfere with or block nature's attempt to restore an equilibrium and, in fact, often make the patient incurable.

4—Given a new drug, how can man best determine its curative effects? Here the term curative is used purposely to differentiate from suppressive or palliative effects. By suppression we mean the restoration of partial health due to changes in the external and internal environment brought about by drugs that do not make it possible or necessary for the living organism to develop an immunity to the original damaging agent. The usual suppression of malaria by anti-malarial agents; the use of steroid therapy in many conditions may be cited as examples. The greatest and most helpful knowledge of curative action is best uncovered by testing the drug upon healthy or reasonably healthy human beings and recording factually and in common language any and all reactions. In using human beings this way we naturally begin with small doses, as we must not be responsible for bringing about any irreversible reactions in our test subjects. This method has only been widely employed by the homœopathic profession, although sporadic use of it has been made by others. The paucity of our efforts in making original provings during the last seventy-five years, the writer feels, is the greatest reason for the failure to keep our institutions under homœopathic control. This fault is only our own. No one or no organization forced to abandon sound efforts to test new drugs.

Wholistic or total approach to therapeutics (the homœo-

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<i>Graphites</i>	<i>Merc. cor.</i>	GROUP 11
<i>Nitric acid</i>	<i>Merc. dulc.</i>	<i>Chenopodium</i>
	<i>Merc. sol.</i>	<i>Cina</i>
GROUP 8	<i>Nux vomica</i>	<i>Natrum sulph.</i>
<i>Carbo veg.</i>	<i>Opium</i>	<i>Naphthalum</i>
<i>Chelidonium</i>	<i>Stannum</i>	<i>Pæonia</i>
<i>Colocynthis</i>	<i>Sulphur</i>	<i>Tabacum</i>
<i>Hydrastis</i>	<i>Triosteum perfoliatum</i>	<i>Teliurium</i>
<i>Ipecacuanha</i>		<i>Thuya</i>
<i>Kali sulph.</i>		
<i>Magnesium carb.</i>	GROUP 10	
<i>Magnesium sulph.</i>	<i>Comocladia</i>	

—*Jourl. of the Am. Inst. of Homœopathy, Oct., '60.*

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pathic totality of the case) comes into conflict with a popular and well-established tendency of our modern times. How can the specialist, who might lose his valued standing before his specialty board should he become too interested in the whole patient, adjust his necessarily restricted point of view to the concept of disease as a total personal affair? He cannot; and this has led to some ridiculous situations in which the residents in a specialty hesitate to act in an emergency because they fear it would compromise their standing with their specialty boards.

—*Jourl. of the Am. Inst. of Homœopathy, May-June, '60.*