

## HOMŒOPATHIC PHILOSOPHY FROM A DIAGNOSTIC VIEWPOINT

R. ELMER SCHACHTERLE, Pennsylvania

One might well ask the question: "Why bother with this outmoded and antiquated system of medicine called Homeopathy?" The answer, of course, lies in the fundamental philosophy upon which this system is based. In this day and age truth is courted by all scientific investigators. Our duty is to reveal the truths of our philosophy in a technical language common to others in the medical field. Objective evidence produced in the laboratory is a sound method to pursue and speaks a technical language readily understood.

The living philosophy of Samuel Hahnemann should not be looked upon as a dead or dying issue. Dynamics was his keynote thought. We must breathe life into it, not clutch his theory to our breasts so emotionally tight that we all but strangle it in an attempt to protect it. His theories need liberation, not protection; they cry for application, not for erudite discussions. We followers of the great Hahnemann are not yet fully aware of the value of our philosophy in its application as a diagnostic method; we have leaned much too heavily on its therapeutic application.

In the sixth edition of the *Organon*, page 159, paragraph 71, Dr. Hahnemann gives us three points necessary for achieving a cure.

1. The investigation of disease.
2. The investigation of the effects of medicine.
3. Their appropriate employment.

Hahnemann recognized that, in his time, point one was for most part an unattainable goal; his ridicule of "tolle causam" was realistic. He would not embrace such a thought today; neither should we.

The investigation of disease has moved rapidly, scientifically and skillfully to heights never before achieved. The investigators move from challenge to challenge with the realization that much more remains to be accomplished. For example, we now are entering the era of space medicine. This entails studies of cosmic rays, isolation, new foods, new methods of freezing, new methods of feeding, the effects of 10 Gs and the effects of zero gravity. The investigating team of scientists are developing prostheses which extend to outer space, thus creating a new specialty, bio-instrumentation. One of the obstacles to the development of bio-instrumentation in the man-in-space program is the lack of a common technical language between the medical and engineering professions. We homeopaths must recognize the fact that one of the obstacles to an extension of Homeopathy lies in the lack of a common technical language within the great medical profession.

Point two, the investigation of the effects of medicines. Millions of man-

hours, intelligent imagination and skillful effort have combined successfully to produce the more than gratifying advantages we humans now enjoy. This peak is one of a series of still higher peaks yet to be successfully scaled. One of them is the concept of drug energy described on page 101 of the *Organon*. I shall quote this passage:

"It is not in the corporeal atoms of the highly dynamized medicine, nor their physical or mathematical surfaces that the medicinal energy is to be found. More likely, there lies invisible in the moistened globule or in its solution, an unveiled, liberated, specific medicinal force contained in the medical substance which acts dynamically by contact with the living animal fiber upon the whole organism...."

Hahnemann speaks to us in terms of therapeutics; let me speak to you for a moment from a laboratory and diagnostic viewpoint. Many years ago, Dr. Henshaw introduced his flocculation test as a therapeutic aid in selecting the remedy by laboratory methods. He used the diseased blood serum (a portion of the animal fiber as it were); he used a series of remedies selected by study of the case history and repertorization. This test proved one thing to me, drug energy can be demonstrated in the laboratory. Later, Dr. Boericke developed three tests modifying this basic test principle. Such a test might be profitably converted to diagnose disease.

Point three, the appropriate employment of medicines. There is a method used to select the proper anti-biotic, an objective, time-consuming laboratory procedure. Homeopaths have benefited from the skillful labor of our predecessors, inheriting a system of repertories in book form and in card form. Development of the card repertory was most clever, its goal, of course, was to render more accurate the selection of the indicated remedy, a worthwhile therapeutic procedure.

Recent newspaper reports inform us that a new machine has been developed which can diagnose some thirty different illnesses. You and I recognize this as a modernized, transistorized and electronized version of a card repertory, something with which we have long been familiar has been converted from a therapeutic to a diagnostic medium; yet, somehow, we insiders have assumed the passive role of onlookers. We can now say we could do the same thing and do it better; the main point is that we have not done it.

It is time that we take a good look at ourselves, honestly to consider our assets and our liabilities. One of our most outstanding liabilities, in my candid opinion, is the idea that we are smarter than the other fellow because he does not understand the clinical application of the potentized remedy. This attitude allows each one of us to be a bigger and bigger fish in a constantly shrinking puddle that threatens to dry up altogether; but no matter how big a fish you and I become, we need water to survive. We err in over-emphasizing therapeutics and minimizing diagnosis. We can and must enlarge our application of Hahnemann's principles, using our special know-

ledge to add to our diagnostic capabilities. We need no longer fear the objective findings of the laboratory.

Our assets far outnumber our liabilities. Laboratory proof of the activity of drugs in the thirtieth decimal potency was demonstrated thirty years ago in the Hering Laboratory at Hahnemann Medical College by use of the flocculation test. As Hahnemann had postulated, there was an action between the animal fiber (blood serum) and the drug energy. Further and more recent proof was reported by Garth Boericke. A test was made by Varian Associates which indicates there is a difference in energy level between a simple dilution and a dynamized dilution. In the latter, the drug energy was dispersed throughout the entire medium also as postulated by Hahnemann. With such modern scientific proof, we have the beginnings of the formulation of a technical language that will aid us in explaining the basic truths of our philosophy.

Modern medicine has recently given us a new tool, the oral anti-diabetic drugs. It would appear that here may be a limited curative addition to the already excellent control of the diabetic patient in such drugs. Perhaps, potentized solutions of the drugs would be of diagnostic value. This could be readily accomplished and we could learn for ourselves if any value lies therein. Should some degree of success be forthcoming, other successful specific agents, such as nitrogen mustards could be similarly utilized.

I mentioned the laboratory test for the selection of the proper antibiotic; perhaps we could be even more successful and more rapid in selecting the drug of choice. If such were found to be the case, we could present to experimental medicine, using the blood serum instead of the whole patient, a means of testing the field of employment of new drugs.

In conclusion, I have pointed out that Hahnemann's three rules are most important today; that these rules cannot and should not be kept separate from one another. They can blend harmoniously in the laboratory tests which are now available to us. I wish to emphasize the importance of Hahnemann's postulate on drug energy, now a proven scientific fact. The challenge presented by this paper is simply this, breathe life into Hahnemannian philosophy, think more in terms of diagnosis and present to the medical world an applied philosophy that can lead to the successful scaling of the next peak.

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