

PRINCIPLES OF HOMŒOPATHY IN RELATION TO CONCEPTIONS OF ALLERGY AND IMMUNITY*

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In the nineteenth century the dictum was "to know syphilis is to know medicine". I think I would be right in saying that in the twentieth century the dictum should be "to know allergy is to know medicine".

For my talk I use the word allergy in the broadest sense to indicate an abnormal reactivity to various factors from which morbid symptoms can arise (Voorhorst, 1962). I will thus try to steer clear of the "complicated jargon" of terms and the hair splitting divisions.

ALLERGY AND IMMUNITY

Allergy and immunity are indelibly related, as evidenced in Koch's experiments with Tuberculin. Very likely they rest on a common phenomenon in the system, varying in degree rather than on fundamentals, and, therefore, a fuller understanding of these may well be the key to understanding the mysteries connected with disease and health. Urbach and Gottlieb in reviewing experimental and other evidence have shown that "acquired immunity must be regarded as a special type of allergic hypersensitiveness" and "immunity against infectious agents is not a state of insensitiveness, but rather a state of hypersensitiveness to constituents and metabolic products of the bacteria". "The difference between anaphylactic and immune state is quantitative rather than qualitative" (Urbach, Topley and Wilson). To quote another authority, Vaughn, "Allergy (a form of disease) is not a pathological state but a pathological exaggeration of a normal physiological response. There is no essential difference between the allergic and immunological mechanism."

F. R. Long states that, "allergy is nothing more than a rapid mobilization of the same forces that operate in the normal animal". Bronfenbrenner concludes this inter-relationship by saying that, "the phenomenon of experimental anaphylaxis, of clinical hypersensitiveness, and of specific acquired resistance to infection (immunity) are all the result of a single underlying mechanism, and that the character of the entire observable reaction is determined by secondary factors". In the light of this what I will say about allergy is equally applicable to immunity and vice versa.

The theme which I wish to dwell on and place for your consideration

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today is the astounding similarity not only in the basic principles in Allergology and Homœopathy but even in the corollaries. I have, therefore, always considered Allergology as a fruitful meeting ground between homœopaths and allopaths.

"Allergy or unusual sensitivity is a cornerstone of Homœopathy. The homœopathic school since its beginning has recognized it in two forms; that existing in the apparently healthy person and that in the obviously ill. The atopic (hypersensitive) individual has been the laboratory animal (the prover) of the homœopathic investigator. Because such people react, often violently, to certain drugs, it has been possible to obtain, through them, symptoms and signs of a more or less pure pharmacodynamic nature (in the sense of the monophasic reaction of Kotschau i.e. Curve A, vide infra) as free of depressing, pharmacological or toxicological effects as can be obtained." In the sick person these idiosyncrasies are important to us as they express and represent a peculiarity of the patient and help in individualizing and prescribing for the case.

I enumerate below the basic principles of Homœopathy and will show how they are applicable in Allergology.

SIMILIA:

The first and foremost principle with us is the Similia principle from which indeed Homœopathy derives its name. In Allergology, apart from the suppressive treatment with sympathomimetic drugs like adrenaline or use of corticoids or the newly synthesized range of antihistaminics, the only curative principle so far known is the desensitizing of the individual by using the allergen itself. That means that that substance is used curatively which is capable of causing the same disease or symptom syndrome when given to a sensitive (or allergic) individual otherwise in good health.

Hahnemann anticipated by over a century the discoveries of bacteriology in the field of allergy and immunity for here indeed we have exactly like curing likes.

The next question arises that whether using the allergen for desensitizing is Homœotherapy or Isotherapy, i.e. on the basis of Homœopathy or Isopathy? Is it "similar" or is it "identical"? I refer you to the answer that Hahnemann gave with regard to the use of nosodes. He maintained that it is not identical but similar, having been modified or altered in the process of preparation. And no one can seriously doubt that the dead bacteria of vaccine therapy are considerably modified and the same applies to the use of attenuated organisms or even active organisms at times used in treatment. It may thus be considered a simile rather than the isopathic rule. Von Behring supports this view and speaks of "a similar virus". In any case the differences between Homœopathy and Isopathy are so small that what one may call isopathic, another will call, with equal right, homœopathic. Whatever it be, it may be noted with satisfaction that two of Hahnemann's

students are its innovators—Hering's publications of Isopathic remedies in 1830 and of Lux in 1833.

ANTIGENS:

Now let us consider what constitutes an allergen or antigen. Their importance in the field of similia (in Homœopathy and Allergology) is not only as causative factors of diseases but also as desensitizing agents in therapy. The classical conception that only proteins can act as antigens was partly shaken by the addition of haptens and more completely shattered when it was discovered that many chemicals and unrelated substances may behave similarly. In order to fit in these observations with the initial conception it is surmised that chemicals and metals may combine with proteins or alter them or get attached to them to become antigenic according to Landsteiner's mechanism. In other words, the normal proteins of an organism are not antigenic to it but when treated by some chemical capable of evoking alterations in them they become antigenic. Thus the introduction of a new group or radical may entirely alter the specific immunologic behaviour of the entire molecule. Landsteiner concluded that "specific serologic precipitin reactions can take place with other substances than proteins". To this may be added Walbum's experiments in antitoxin formation by means of metal salts showing evidence of "specific" immunization by "non-specific" substances. Voorhorst says that, "atopic allergens are not proteins but mostly polysaccharides with a relatively small polypeptide fraction". Again he states that, "The cell is a complex mosaic of proteins, lipids, and carbohydrates and it is conceivable that any of these may function as an antigen." Kolmer writes that, "practically any foreign substance will act as an antigen".

Since the phenomenon of allergy has been closely linked with histamine let us consider what substances release it. It appears, "From investigations on tissue homœogenates that histamine was present in the mitochondrian fraction, from which the substance can be liberated by all kinds of physical and chemical methods."

Moreover, there are numerous aspecific or nonspecific factors that can cause allergic asthma and vasomotor rhinitis in people so disposed and not just the specific allergen. For that matter in these individuals anything that will enhance parasympathetic function or depress sympathetic activity will act in this way. Quite unrelated factors may act as the exciting cause such as cold, heat, smoke, fog, smog, humidity, air pollution, sunlight, recumbency, physical strain, inhalation of medicaments and chemicals (ammonia, ipecac root, gum acacia, aspirin, diphantoin), pungent odours (onion, pepper), household things (sugar, cocoa, coffee, washing powder, potato peelings, peas, lentils, shaving soap), etc.

Then to come to the non-material antigens, Vaughn states that, "allergic manifestations may follow on the operation of psychogenic factors". All

workers in this field agree that it is impossible to think of asthma in somatic terms only. It is felt by some that psychic stress by exhausting the hypophysis adrenal system may be acting through it and that would also account for the very favourable palliative effect of corticosteroids. Moreover, a hyperreactive organ can be used unconsciously to express certain feelings of emotion and at times it may not be entirely unconscious but even used intentionally. "Asthma attacks have been known to occur in an older child when he finds the mother attending all the time to the younger one and in people before an examination or interview." (R. Subramaniam, Professor of Medicine, Madras) Bernstein cites the case of a patient who broke out in hives (normally considered an allergic disease) every time she recalled the evening a burglar robbed her bedroom; in another case a remorseful young wife itched on those parts of her body which her former lover decorated with flowers. He thinks that emotional effects may be transient or become chronic and they come about first by disturbing the sympathetic nervous system, then the blood vessels, muscles and finally the nutrition of the skin itself. An interesting case was reported in our newspapers of an Englishman who got cured of an old standing asthma after his wife's death. Was it an allergy to her dandruff, or to the cosmetics she used or emotional maladjustment?

We have thus proceeded a very long way from the earlier conception of the limitation of the reaction to pollens, feathers, animal and human dander (skin scales), house dust, bacteria, bacterial products, etc., and also secured a much broader view-point in respect to the practical application of the similia for as I have shown the antigen need not be the "idem". We can now agree with the great Russian experimenter Speransky who finds "that the antigenic function is not confined to the proteins although as a class they seem to be 'more antigenic' if such a phrase can be used. In this world any substance can behave as an antigen, the organism alone determines this."

We may thus say that antigens can be "those stimuli that may, under the operating of one or more factors, initiate altered function and briefly these stimuli may be; psychic, telluric, traumatic, thermal, barometric and chemical, under which we include the sub-heading of biological (including bacteria), organic, inorganic and to this class of chemical belong drugs". We as homœopathic practitioners are chiefly interested in the class of chemical and its subheadings for it is from this class that we use drugs—our antigens.

Considering that anything under the sun can act as an antigen and in the field of similia (to which both Allergology and Homœopathy belong) antigen and medicament being intro-convertible terms, would it be considered too bold a statement on my part to say that if a certain substance or stimulus is capable of producing a symptom syndrome, i.e. acting as an antigen, allergen, haptén, pathogen, irritant, excitant, incitant, stimulus, etc.,

then it can act as a desensitizing agent for a similar pathogenesis, the same symptom syndrome, in a suitable dose.

I was once asked after an address in Calcutta about the treatment of allergic diseases. My answer was all diseases are allergic for they occur in those prone to it, in those that are susceptible and as such the entire materia medica based on similia principle consists of the desensitizing agents, call them medicaments or antigens as you please. The drugs (antigens) that we use have had "provings" and are known to possess a pharmacodynamic, pharmacological and toxicologic potential which can duplicate symptomatically the pathogenesis exhibited by the patient. The entire basis of Homœopathy is hypersensitiveness.

Even if it be conceded that the causative substance itself is used in therapy (isopathic) the fact cannot be ignored that certain substances produce effect pictures which are identical with those produced by organized and unorganized producers of disease, e.g. symptoms of cholera produced by arsenic, dysentery by corrosive sublimate, asthma by ipecacuanha, tabes by ergot, pernicious anaemia by phenylhydrazine, Graves' disease by iodine, etc., and therefore the use of such substances in identical disease states would not be illogical.

I will close the consideration of this section in the words of Manwaring—"One could paraphrase the familiar *Similia Similibus Curentur* of Hahnemann by the postulate that in proper dose each and every symptom-producing drug acts as a heterophile symptom-specific vaccine (antigen) increasing personal resistance to each and every pathogenic factor of the same symptom complex". In talking of the non-specific treatment of allergy the allergist is also using what may be considered a heterophile vaccine or insulin, of humidified oxygen therapy, of gold injections and of histamine therapy in a dose of 1/100,000 (one hundred thousandth). Also piperazine compounds to deworm the patient which often aborts further asthma attacks, or use of acid hydrochloric in cases of achlorhydria to cure respiratory allergy and use of tissue therapy are all measures wherein an antigen other than the directly causal one is used (Symposium on Allergy, New Delhi, 1961).

THE SMALL DOSE:

Having rediscovered the Similia the allergologists came up against the same difficulty as confronted Hahnemann, and they have solved it in a somewhat similar way, i.e. by reducing the dose. After all, when we are using a medicament for a "like-sickness" it stands to reason that if it be administered in a gross physiological dose it would greatly worsen or aggravate the existing disease state, or in presentday terminology, the reaction will be too violent. The homœopath has long been aware that in pharmacodynamics, the degree of sensitivity and not the size of the dose determines the quality and extent of the reaction, all other conditioning factors being

excluded from account. For the allergists I may quote one of their international authorities, Storm van Leeuwen, who writes, "All methods of specific treatment of the allergic diseases are based upon the same principles, namely that the injection of very small amounts of allergens can prevent the breaking out of an attack which has been caused by this allergen." To the principle of small dose is added to that of the "idem".

Moreover, in disease the body sensitivity is in a heightened state distinct from that existing in health and therefore the dose has to be proportionately smaller and with this the allergists are in common agreement. Schulz experiments show that, "Diseased organs react more sensitively to the same stimulus than do normal ones." Innumerable other experiments and examples could be quoted here, but taking just one from the allergists I may mention the hyperreactivity of asthma patients to histamine. The normal person reacts with bronchospasm but to much higher concentration. Since there is an increased susceptibility of the sick patient to medicinal influences Hahnemann may have lessened the dose to lessen the aggravation when the primary symptoms of the drug and disease were alike. The allergists have also experienced in their patients too strong a reaction even with what could be considered extremely small doses.

Let us consider some experimental evidence which may throw some light or give guidance regarding the dose. These investigations are by those who were not connected with Homœopathy. Firstly, the Arndt-Schulz law, which can be the rule for the finding of doses just as simile is the finding rule for drugs. This basic biological law states: "Weak stimuli kindle living activity, moderate promote, strong depress and the strongest remove it. But it is entirely individual what displays itself as a weak, moderate, strong, or so-called strongest stimulus." I stress the "entirely individual" part of this rule. "Small" and "large" are absolutely relative conceptions varying not only with different substances but with the same substance in different conditions.

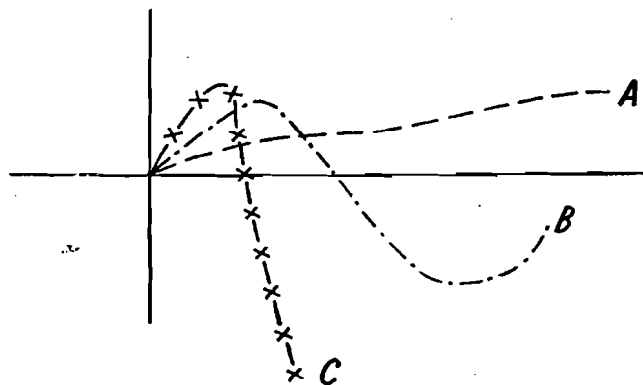
Danielopolu's law of predominance was formulated after prolonged investigation of the vegetative nervous system. His conclusions are that all substances and reflexes involving the vegetative nervous system are amphoteric. The law of predominance is concerned with the factors which determine the dominance of sympathetic or parasympathetic action. These reversible effects can occur with all types of stimuli and not merely from drugs.

Another consideration is that reversal of action in the sense of Arndt-Schulz law is by variation of dose, but the same may be obtained by varying the state of tissue while keeping the dose constant as emphasized in the Wilder Original Value Rule.

Then there is the investigation with regard to Phase Effects which reads: "These transient, often reversely directed effects, in spite of unaltered continuation of the stimulus, produced by various interferences, regardless of whether they are evoked by a poison, its washing out or otherwise are

termed phase effects." Phase effects have been observed with practically every substance on practically every function of the organism or the totality of the organism. "Every alteration in the calibre of a vessel by an agent, later on is followed by a distinct compensatory one in the opposite direction". Control of the calibre of the vessel is, of course, a phenomenon of the vegetative nervous system and we know how intimately this is connected with the states of allergy. In these experiments it has been observed that the improvement phases are produced with minute doses.

In phase effects we have Kotschau's Rule of Typical Effects shown in diagrammatic form below:—



- — — — Curve A—Result after a weak stimulus (Monophasic)
 Curve B—Result after a medium stimulus with reversible reaction (Diphasic)
 —X—X—X Curve C— Result after a strong stimulus with irreversible reaction.

"If the time element of the course of an effect is represented by an abscissa and the height of the biologic effect by the ordinate, a small dose will produce a weak monophasic effect or irritation, a medium dose a double phasic curve with a stronger stimulation at the beginning followed by a reversible depression, a strong dose causes a short intensive stimulation (at times absent) and then an irreversible injury or paralysis."

Kotschau's conclusions are, "Under suitable conditions the possibility exists of causing a not irreversible functional change to return to normal by means of small doses of those substances particularly those whose characteristic and chief effect in large doses would have aggravated the already changed functional state." Loewe's curves are identical with Kotschau's and support the A. S. law. Therefore, in respect of doses what is needed is a stimulating effect in terms of A. S. law and the A. curve of Kotschau, i.e. it must be sufficiently small (a sub-physiological dose called a sub-shock dose by allergists) so as not to cause further phase variation.

To summarize the experimental evidence in the field of dosage, "The simile presupposes that the intrinsic tendency of the organism to maintain its functional norm can be supplemented by stimuli, usually administered in the form of drugs, only small amounts of which are necessary because of hypersensitivity in disease and whose action in these small doses will be directed opposite to that of large amounts because of altered receptivity in disease." The Kotschau Rule of Typical effects, the Wilder initial value rule, Danielopolu's rule of predominance, Loewe's formulation of the dose problem, Arndt-Schulz law and similar investigations all support it.

There is one difference here between the homœopathists and allergists. Whereas in Homœopathy the dose is usually reduced (in the material sense) for subsequent repetition, in allergy it is progressively increased for subsequent injections. A similar suggestion has also been voiced by some homœopaths but not generally accepted. Even though my own baptism may be complete in the sense that I not only accept and use and have witnessed remarkable results from the use of conventional high potencies of the centesimal scale but even the more recently introduced 50 millesimal potencies, I like to remind you that the question of optimum potency still baffles our ranks. Even the early homœopaths trained by Hahnemann did not see eye to eye with him. I particularly refer to Kamfer who suggested the repetition of remedies in increasing amount. Amidst the varied views they held what is of some interest is the one of Rummel and for sometime of Stapf. He said that the dilution was immaterial, the selection of the correct remedy being all important. More than a hundred years later in 1948 one of my teachers in Philadelphia, Dr. Robert H. Farley, expressed the same view. He said that, "If you feel a patient needs the 200th potency give him 6th and vice versa and see the results." I have not been able to prove or disprove it in the last 17 years. The fact that Dr. McCrae achieves with 9c what others often do with a 10M clearly shows that the problem is far from solved.

Since anaphylactic antibodies have been shown to pass through the human placenta that fact should provoke serious rethinking on the part of allopaths in the use of massive doses of powerful drugs, for drug anaphylaxis is now well recognized and, of course, vaccines and sera have always been notorious in this direction. The damage done does not cease with the generation but has repercussions in a recessive manner according to the laws of inheritance in the generations to follow. I am reminded of the article "Privilege of Liberation through Homœopathy" by my preceptor, Dr. Pierre Schmidt, wherein he expounds the idea that a homœopath not only treats the patient before him but also the generations that preceded and handed him the constitution and susceptibilities that he has. To this may I venture to add in the same strain that a homœopath does more, for by treating humanity now he is treating in a truly prophylactic way the posterity that is to follow.

REPETITION (Interval between doses)

In Homœopathy the standard principle that governs the interval between doses is to let the individual determine it in the sense that no repetition is done as long as the curative reaction is there, i.e. as long as amelioration lasts. Hahnemann wrote that in chronic diseases the effects may persist for weeks. Of course, in practice this can be easily applied only in chronic diseases. For the homœopath the shorter interval and relatively larger dose for acute diseases and the long interval and small dose for the chronic, summarizes the rule of interval over which naturally individualization must take precedence. In allopathic circles interest in this field was revived only when the problem became all important in allergic diseases. In Allergology, however, the yardstick for this is a little more crude and more arbitrary. But whenever too strong a reaction (aggravation) occurs the interval is increased and/or next dose made smaller. Again to quote Vaughn: "If the symptoms become aggravated following an antigen administration (aggravation) the following dose should be much smaller and the interval between doses lengthened. If the patient feels better (no aggravation) retain the dose and lengthen the interval. If there is no aggravation or improvement, the patient remains the same, choose some other antigen (the one used is not the one indicated). Remember that the better results are usually obtained with small doses, even very small ones, than with large ones."

There is some matter of unusual interest to the homœopath in the Handbook of the Vaccine treatment of chronic rheumatic diseases by P. W. Crowe. He writes, "all dosage must be adapted to each patient and controlled by the degree and duration of reaction... early in the treatment there is often an aggravation. This is a desirable thing, denoting increased reaction and stimulation of defence... Allow these reactions to dissipate themselves before considering additional dosage... The smaller the dose the better the effects. Relapse is the deciding factor for the repetition of dose. There can be no arbitrary interval." Other authors have written in the same strain: "A single dose is sufficient as long as the reaction to it lasts." (P. Ferreyrolles.) Also Cole feels that the physician should let the patient alone if one dose shows improvement, and should not interfere with the vital reaction. He states that the homœopathic teaching "is again in accord with modern bacteriology". (S. Afr. Med. J., October 1939). To quote yet another: "It is hard to find a physiological analogy for the particular kind of response which our knowledge of the phenomena of immunity demands. The prolonged effects, lasting over months or years, which may follow the injection of a single dose of antigen would seem to have no parallel among the known response to an isolated stimulus." (Topley and Wilson.) Of course, they were unfamiliar with homœopathic principles.

INITIAL AGGRAVATION

Hahnemann writes in Medicine of Experience that, "It we have not only

selected the right remedy, but also hit upon the proper dose, the remedy causes, within a few hours after the first dose has been taken, a kind of slight aggravation which the patient imagines to be an increase of his disease," and in the Organon: "In chronic cases the aggravation may not be apparent for several days." This is like the delayed type (Koch type) allergy and is a common experience with allergists.

Two interesting quotations from Voorhorst. He says that, "It is, however, remarkable that these reactions are seen very frequently in patients who have good therapeutic responses to treatment." Also, "In healed contact eczema after oral administration of allergen (e.g. medicine) those skin areas especially which showed strongest eczematous reaction before are most severely affected again." Here the oral administration is also of significance. Other references to an initial aggravation (reaction) have been given above in considering the small dose and repetition.

THE SINGLE REMEDY

In Homœopathy a single remedy is used at a time because the experiments (provings) were made with single remedies. A single remedy, however, does not always mean a simple remedy as there are some complex compounds and some that could be termed as mixtures but they were in every case proved as a unit, as an entity, and are thus used as such. The same is the case in Allergology i.e. desensitizing by the causative antigen whether it be a single substance as a particular pollen or a bacterial extract as tuberculin, or a mixture as house dust, but in every case the causative factor as an entity.

Many right-thinking allopaths have also written similarly. To quote just two: "Nothing could create more and greater confusion and result in greater ineffectiveness in drug therapy than to employ more than a single remedy at a time. Those physicians who take such therapy seriously no longer commit this error. An intelligent confidence in a drug as a therapeutic agent of inestimable value is best shown by using it singly and studying its action; the spirit of therapeutic nihilism is betrayed by introducing such a drug into a mixture." (W. R. Houston in *The Art of Treatment*) And "A single medicament suffices and to employ more leads to confusion and frustration." (P. Ferreyrolles).

INDIVIDUALIZATION

Dr. Elizabeth Wright Hubbard has put it well by saying that each individual person is as unique as his finger prints. To a homœopath and an allergist individualization is an integral part of his thinking both as regards causation as well as treatment. Individuals do not react identically to an antigen or allergen. What acts as an allergen in one case of say bronchial asthma will not act in another case and also different people exhibit sensitivity to the identical irritant in different ways (urticaria, hay-

fever, asthma etc.). Then again an identical specific cause may result in inflammation local or general in some, an allergic response or an anaphylactic shock in others, or manifest Arthus' phenomenon of a violent local reaction even to necrosis or under different conditions similar local manifestations as in Shwartzman's phenomenon depending on factors operating in the host. May I take a few moment of yours and show you three interesting slide pictures of an unusual patient—A baby who developed gangrenous inflammation of the skin and high fever from massage by castor oil done once only.

Therefore, the study of allergy emphasizes that the fundamental issue concerns itself with the properties of the reacting organism, the host. The specific agent of disease (or allergen) only initiates a process while the subsequent development is governed by other conditions entirely contributed by the host, and over this the allergen has no influence and it does not determine the end result.

Besredka has prevented allergic reactions and even fatal shock by ether anaesthesia and Banzhat and Famulener demonstrated that the modus of such reactions depend in great part on the co-operation of the central nervous system. Therefore, the individual plays as important a part, if not more, in the final outcome which is not dependent on the allergen alone.

The realization that the causal agent does not possess fixed, consistent and independent immutable properties but merely supplies an impulse to initiate a process under certain conditions has brought about a healthy shift of emphasis from the parasite to the host, from the allergen to the hypersensitive individual.

In considering allergy and immunity whenever this controversy arises about the relative importance between the pathogen and the individual I am invariably reminded of that parable wherein a man with seeds in his hand walks across a road to the field beyond. Some seeds fall on the road and are picked up by the birds or crushed under the feet of passing men and animals. Some fall under the bushes, they take root and sprout but cannot stand the competition from the established foliage, which also denies it sunshine, so they too wither away. Those seeds that fall in the fertile field grow to full maturity. There could be no better example to emphasize with clarity the relative importance of the soil—the individual, and the seed—the dreaded bacterial demons that have supplanted the evil spirits of the medieval ages in the present era of bacteriology.

In this context of individualization I give below some quotations from literature of the other school:

"The result of shaking a stick at a dog depends less on that gesture than on the condition of the animal at the moment. What is true of the dog is true of the human being. The impact of a stimulus may be far less significant than the condition of the organism which receives the

stimulus. Certainly this is true of allergy. Hence, consideration of the constitution becomes of the greatest importance." (T. W. Todd—quoted by Vaughn.)

"Just as no two human beings are precisely alike, not even twins from the same ovum, so two disease states can never be identical, even though they are produced by almost indistinguishable agents.....When disease is regarded from this point of view, the slightest departure from the wholeness of health may produce a profound and lasting effect; for the significance of the injury may depend, not so much on its physical result, as on the interpretation that the patient gives it." (W. T. Longscope.) "The large number of failures in hyposensitization is because we try to treat the allergy and not the patient. After all, asthma is due to the interplay of a number of factors and so individualization is necessary. The triad of asthma aetiology is

Allergy

Psyche Δ Infection

(Symposium on Respiratory Allergy, New Delhi, 1961)

MODE OF ADMINISTRATION

We also differ from the allergists in the manner of administration of our drugs (antigens). By and large our standard method is to give medicine by the oral route whereas the allergists mostly use the parenteral route which according to Stuart Close is a violation of sound natural principles of medication. In this context it is, however, conceded by authorities in the allergic field that, "antigens fed by mouth may also incite antibodies" (Kolmer) and "Parenteral administration is not necessary for antigenic action" (D. Von Herff).

DRUG PROVINGS

The provings of drugs in Homœopathy have been done on healthy, sensitive (atopic, idiosyncratic or allergic) human beings. In allergy also all that is found by animal experimentation is not applicable to humans and experiments have been done on human volunteers, e.g. Zinsser says, "It is difficult if not impossible to produce drug hypersensitivity or idiosyncrasy in animals."

Professor Samuel A. Jones delivered a prophetic warning as long ago as 1872 in the American Homœopathic Observer which is now coming true at least in the field of allergy. He wrote, "Let us guard our homœopathic heritage most jealously. The provings on the healthy, the similimum as the remedy, the single remedy, the reduced dose, may be and will be filched from us one by one and christened with new names to hide the theft..." That indeed is happening today for many of the quotations from non-homœopathic writers that I have cited could have been taken from a book on homœopathic philosophy and teachings.

The allergists might still profit considerably by studying a book on homœopathic principles and imbibing some more of them and the homœopaths would find the study of Allergology rewarding at a booster of their morale in finding modern, "scientific", experimental evidence in support of what they had to be practising with an apology over the last century and a half.

I give below in schematic form a comparison of the principles and methodology in Homœopathy and Allergy.

Homœopathy

1. Similia principle.
2. Small dose.
3. Single remedy.
4. Individualization
5. Aggravation after administration of drug.
6. Repetition when action of one dose ceases (long interval between doses in chronic diseases)
7. Oral administration is usually followed.
8. Dose (in the material sense) gradually reduced, as a rule.
9. Recognition of hypersensitivity to certain substances or phenomenon in the apparently healthy and its increase in disease states.
10. Totality of symptoms.
11. Provings on healthy human volunteers.

Allergy

- Similia principle in the curative desensitizing procedures with proclivity to Isotherapy, as ordinarily understood.
- Small dose; but don't go that far.
- Single remedy usually.
- Individualization.
- Aggravation after administration of allergen.
- From conventional standards repetition at long intervals, but principles of repetition are loose.
- Parenteral administration is usually followed.
- Dose gradually increased.
- Recognition of hypersensitivity to certain substances or phenomenon in the apparently healthy and its increase in disease states.
- Totality of symptoms.
- Some experiments on healthy human volunteers, but not yet fully developed.

Definitions and Relevant data with regard to hypersensitive states:—

Allergy—the patient exhibiting an abnormal sensitivity to foreign proteins or to *altered tissue proteins* (Beaumont) or a natural inherited condition of hypersensitiveness. An inborn sensitiveness, *usually* to a foreign protein the patient is sensitised to certain substances usually a foreign protein i.e. his cells react violently towards it; to him it is a poison (Savill—clinical medicine). Another author defines Allergy as a chemical idiosyncrasy which expresses itself as an urgent attempt on the part of the cell to conserve its chemical identity. The tendency to allergy is inborn. Whereas Anaphylaxis is an acquired sensitivity.

Idiosyncrasy—is defined as an unusual physiological personal equation. "Allergy and Idiosyncrasy have little difference in significance and the latter means a response or reaction peculiar to the individual."

Antigen—The special constituent or product of the organism which incites antibody production is termed an antigen and is generally of protein nature though other substances such as carbohydrates and lipoids may enter into the composition of bacterial antigens. Antigens fed by mouth also incite antibodies. Parenteral administration is not necessary for antigen function.

Allergen—a substance that will excite allergic phenomenon.

Atopy—In certain persons as a result of genetic factors, hypersensitivity may occur towards a considerable variety of substances of antigenic nature, so that when the person is exposed to contact with the substance to which he is sensitive toxic effects result—e.g. coryza asthma, urticaria, gastro-intestinal disturbance, etc. This form of sensitiveness has been designated atopy, and is responsible for such conditions as hay fever, asthma, etc., Substances to which such sensitiveness can be attributed (atopens) are: plant pollens (as in hay fever), dandruff of animals (e.g. horse), proteins of various articles of food (e.g. shell fish), bacterium moulds, etc.

These few definitions I have collected just to make these terms familiar to you when they occur in the texts.

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