

HOMŒOPATHIC IMPLICATIONS OF SOME EXPERIMENTAL WORK ON ACUTE DISSE- MINATED ENCEPHALOMYELITIS AND ITS RELATION TO MULTIPLE SCLEROSIS

DR. ALLEN C. NEISWANDER, M.D., CALIFORNIA

You have all heard the old story of acres of diamonds in which a man searched for years all over the world to find diamonds, only to come home and find them in his own back yard.

In some ways our research work is like this story. For many years we homœopaths have been searching to develop an active research program with the small funds available to us. We have tried to get provers and provings, case histories based on common criteria, and a scientific means of evaluating our work. It has been a real challenge and some good work has been done each year.

The experimental work to be reviewed has been done in large part right here in New York City at Columbia University, and The Rockefeller Institute of Medical Research. The beginnings of this work started some 28 years ago around 1930. Over two hundred separate experiments have accumulated. The results were considered important enough that two reports were given at the International Neurological Congress in Brussels in 1957.

All of this research work concerns acute disseminated encephalomyelitis and its close relation to multiple sclerosis.

Historically, when Pasteur developed his anti-rabies treatment, it was found to be successful in preventing rabies. However, in a number of cases there developed a peculiar muscle weakness, distortions of vision, and other evidence of central nervous system involvement. Autopsies showed CNS lesions with some demyelination. It has been found occasionally since that time that during convalescence from small pox, vaccinia, measles, rabies injections, some patients develop central nervous system symptoms. The brains and spinal cords of a

number who died from this were examined. The characteristic pathological findings at death were acute disseminated encephalomyelitis of which perineural demyelination was a striking feature.

Multiple sclerosis is a very rare disease in Japan. Two Japanese research workers checked the clinical and pathological records of 8 Japanese people who had died of proven multiple sclerosis. They found in each case the person had received rabies injections prior to the development of the multiple sclerosis.

The use of brain tissue to excite this disease pattern was further studied by many investigators. Each one adding a bit to the total picture.

Several investigators began experimenting with brain tissue on monkeys, guinea pigs, rats, and mice to see if they could produce this disease pattern in the laboratory. Their findings add up to an amazing picture.

Condensing years of work, it was found that an emulsion made up of normal brain tissue, paraffin oil and lanolin oil, plus killed tubercle bacilli, when injected into normal, healthy monkeys, could produce all the clinical signs and symptoms of acute disseminated encephalomyelitis in a high percentage of cases. The pathological and histological findings further confirmed the disease. It was impossible to distinguish this disease from multiple sclerosis from the slides and motion pictures I have seen of this artificially produced disease.

One investigator facetiously calls this disease-producing mixture "The Witches Brew," as it has been prepared in so many different ways, and as yet none of them can explain to their own satisfaction why it works.

Many experiments have been done on each of the materials used in the mixture to see what the effects would be on different laboratory animals and on disease production. They found they could use homologous or heterologous brain tissue. They took brain tissue from mice and used it on guinea pigs, rabbit tissue on monkeys, human brain tissue on mice and rats. Generally speaking, the brain tissue was found to be interchangeable or not as they chose. However, none of the ex-

periments with brain tissue alone or with the oil adjuvants were able to produce the acute encephalomyelitis disease as quickly or as surely as the "Witches Brew" first described.

Then another series of tests were made to see what other pathogens could be substituted for the killed tubercle bacilli. Typhoid bacilli, influenza vaccine, coccidioides imites, norcardia asteroides (related to actinomyces) and others were tried, and in some instances were successful. In general, it took more injections and a longer time interval to produce this laboratory disease pattern. The lesions were fewer on the animals when sacrificed, and recovery often occurred. The killed tubercle bacilli remained the most effective pathogen tried out in the emulsion.

An interesting sidelight should be mentioned i.e., when the constituents of the emulsion were given separately in different parts of the experimental animals only a few cases of acute encephalomyelitis developed. In other words, when the brain tissue was injected into one side of the monkey, and the killed tubercle bacilli were given on the other side at the same time, the results were relatively negative for the disease. For unknown reasons they had to be mixed.

Further studies were carried out substituting other tissues of the body in the emulsion mixture. The technic of incorporating different body tissues into this emulsion and the results have even broader applications. For instance, in 1955 they tried using peripheral nerve tissue, and produced peripheral neuritis. By using thyroid tissue in the emulsion they produced thyroid degeneration. Lens tissue from the eyes was tried and produced severe hyperergic reactions damaging the lens which they called ophthalmia phakogenetica. Several other experiments indicated that tissues tend to be organ specific.

This is producing diseases as specifically as Hahnemann did in his early experiments with Peruvian bark. As you know, it was not until later that the magic of the minimum dose was developed into a scientific law. At first Samuel Hahnemann could not understand why Peruvian bark produced all the signs and symptoms of malaria every time he took it. But he

continued experimenting, and finally formulated the natural law of similars.

These research workers would seem to be about in the same place as Samuel Hahnemann was when he started testing *Cinchona*. Apparently they have been unable to find why their mixture works, but they have plenty of proof that it does.

Since we homœopaths have had the benefit of seeing like disease patterns cured by like patterns in remedies for so many years, it should not be hard for us to see some homœopathic implications in this experimental work. One of the things which occurred to me was the amazing specificity of like tissues even in different animals.

I have long felt that Homœopathy was a highly specific and selective type of medication, and many of our failures came from not realizing its specificity in a given case. It may be one reason why Hahnemann insisted on thorough case histories, and laid great stress on case taking in his writings.

Another homœopathic implication is that the susceptibility of the experimental animals varied with their genetic background. Different strains were more susceptible than others. Some strains of mice having tumours or tuberculosis in their heredity tend to develop quicker and more severe degrees of acute disseminated encephalomyelitis.

The *Organon* often speaks about learning the heredity and the constitution of the patient. It is interesting to see that these research workers are recognizing them as factors to be considered in producing different laboratory-made diseases.

It would seem that there is an implication along the line of the chronic disease miasms in that the killed tuberculosis bacilli used in the experimental emulsion was the most effective pathogen of those tested, producing in monkeys the highest number of cases of acute disseminated encephalomyelitis in the shortest time. Whether it would follow that people with tubercular constitutions would be more prone to this disease is a highly speculative question needing much further study. But if Hahnemann was right in his theory of chronic diseases, then much that he wrote about is being re-proved in modern con-

trolled experiments with the same results that he found over 100 years ago.

When you consider the many long years, the large amounts of money spent, the human effort that has gone into this experimental work on acute disseminated encephalomyelitis, wouldn't it be gratifying to see it begin to bear fruit.

It might be a worthy research project if we could make or obtain this experimental emulsion, and have it potentized homœopathically. Then try it, test it on a large number of experimental animals to see if they would respond or show improvement. If so, how much.

It is rather sad from a homœopathic point of view to see these highly trained professional research workers devoting more time, more money, more effort trying to prove what makes their "Witches Brew" work, instead of spending the next three years testing its homœopathic healing powers according to the Law of Similars.

There are many angles to the experimental work reviewed which cannot be covered in a fifteen-minutes-long paper. I have tried to touch on those areas that seemed to have a definite bearing on Homœopathy.

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IS HOMŒOPATHY PROGRESSIVE ?

DR. B. K. SARKAR, M.B., D.M.S., CALCUTTA

A charge against Homœopathy is often made to the effect that it is not a progressive science like its rival, the so-called modern scientific medicine. But this can easily be argued out if we analyse the ideas involved in the conception of progress.

PROGRESS MAY BE OF TWO KINDS

(a) *Adaptive progress* with a secure basis in an unalterable fundamental principle and constant change only in the circumstances and machinery of its application to suit fresh ideas and fresh needs. Take the case of a steam engine—the locomotive first invented by Stephens and James Watt, is not the same as the modern stream-lined locomotive but the basic principle on which both the machineries are constructed is the same as that discovered by the former. There is progress but it is an advancement dependent on the basic principle. It may be that more generalised basic principles are discovered but they include the previous principles and comprise wider generalisation extending the sphere of their applications. Einstein's relativistic principles have not totally falsified those of Newton's but they are certainly wider generalisations which have rendered Newton's principles a particular application of them in a pragmatically restricted way.

Or (b) The progress may be radical with no long-secure basis but instead a constant root-questioning of the practical foundations and even the central principle of the subject concerned.

The so-called modern scientific medicine, as for instance has resolved itself into a constant series of radical progressions which are more often *changes* than progress. This series seems to follow always a typical course, viz., (a) first, a theory and a period of enthusiastic effort and battle to establish the theory and to put it to practice ; (b) next, a partial victory and achievement and a brief era of possession ; and (c) then disillusionment,

observance of defects in the theory and practice and the birth of a new principle and consequent practice.

Theories are now the less valuable in the progress of any science. But in biological science—and medicine is certainly a department of human biology—unfortunately it too frequently happens that in the search for cause, the completed cycle of events is not studied or is too complex to study completely and theories grow up like mushrooms and the mode of therapeutic practices changes as the fashions of the society. This generally passes for progress and advance but it is nothing but radical changes without having a secure fundamental basis.

Whereas the Homœopathic doctrines of a century and half ago, are as fresh, intelligible and of pragmatic value to a modern medical student as they were to men contemporary with their discovery and first publications. Of course the Homœopathic practice of today is not the same as was during Hahnemann's time with the discovery and use of high, higher and highest potencies of remedies, both old and new, the discovery of a multitude of nosodes and the discovery and use of bacterial products derived from the bacteriological knowledge of present days (cf. Patterson's *Bowel Nosodes*), the use of new electro-magnetic techniques (cf. Byod's *Emanometric tests*) in the selection and potency determination of Homœopathic remedies and greater emphasis on the ætiological factor of disease conditions, factors of suppression and on the use of antidotal remedies against various strong, suppressive and undesirable side-effects of modern medicine of the orthodox school. Still the basic principle of Homœopathy remains what was discovered by Hahnemann.

So it is held that Homœopathy admits of an adaptive progress and not that of radical variety.

Still it cannot be gainsaid that Homœopathy vegetates, Homœopathy stagnates and is just showing faint signs of awakening from its age-long slumber! Following the lead of Master Hahnemann, Bœnninghausen, Jahr, Hering and their contemporaries poured their life-blood to spread the dynamic spirit of this new healing art throughout the four corners of the world. Their zeal inspired the mind and spirit of those

who were open in mind, receptive to new and newer truths and agile enough to carry the torch of Homœopathy in the marathon race of human efforts to fight against death, disease and incapacities. The torch continued to burn brighter till it reached the hands of Kent and his giant colleagues. Kentian age in the American homœopathic history can be likened to the great Periclean age of the ancient Greece. After him came a period of stagnation and vegetation inspite of the individual efforts of Boger, Roberts and a few others of their ilk. The dynamic spirit of Homœopathy began to wane ; nothing of real importance was discovered in its field, drug-proving came practically to a standstill, progressive vision was clouded and Homœopathy seemed to lose ground in competition with her rival, the orthodox school of medicine which is popularly known as the Allopathic School.

Homœopathy took a wrong turn in the West. American Homœopathy is being slowly strangled out as separate Homœopathic institutions died out one by one due to more than one reason and Homœopathy came to be taught as an elective course in the still existing Homœopathic institutions cf. Hahnemann Medical College of Philadelphia and New York Medical School. When Homœopathy was thus crowded out is it not inevitable that it will fall on lean days, fail to attract new, good students and its field for teaching and practice will become contracted? Though we are disheartened to note the present and sad plight of Homœopathy in America we find a silver streak lining in the dark clouds in the attempts of the American foundation for Homœopathy and of Brazil and Mexico to give a fresh lease of life to the decadent spirit of Homœopathy. But to our mind their attempt is not bold enough in America as they still dream of starting and spreading only a post-graduate Homœopathic training course. Times without number we have discussed about the merits and demerits of having exclusively under-graduate or exclusively post-graduate course of Homœopathic training. Suffice it to say that both the under-graduate and post-graduate course of Homœopathic training are *sine qua non* of successful rejuvenation of Homœopathic training and practice.

In our country though right start was made by establishing under-graduate course of training in Homœopathy, and especially in Calcutta, the home of Homœopathy, it is going to defeat its own purpose as the whole attempt is half-hearted and envisaged, so far, no scheme for upgrading teaching institutions and standardisation of those institutions. Now it cannot be said that the Govt. of the country is altogether apathetic to the progress and development of Homœopathy. The Central Govt. have constituted a Homœopathic Advisory Committee, Homœopathic Research and Technical Sub-Committee, an office of the Homœopathic adviser and a permanent Homœopathic Pharmacopœia Committee and the greatest tragedy in the homœopathic history of our country is that an opportunity has arrived at last but we have been weighed in the balance and found wanting. The blame might be laid on the doors of the Government, the Homœopathic profession or the public at large but that is a poor consolation when a stark reality stares us in the face. We weep, we wail and we gnash our teeth for want of men and money! But these two elements are inter-dependent. Proper men never suffer from money; and adequate finances makes available, in most cases, for the purpose, required talents. The most difficult part of a thing is to make a start and begin the beginning. Once the ice is broken both the elements will not turn out to be a scare as is first thought of. But who is to bell the cats when neither cats nor bells are wanting?

So long we do not start properly equipped Homœopathic Hospitals with different departments for treating disease—conditions to which distinctive names can be applied with some justification (viz., Tuberculosis, Cancer, specific Infectious Diseases etc.), research works relating to various mooted points of Homœopathy, newer drug provings and properly equipped licentiate, graduate and post-graduate courses of Homœopathic training—we would fail to hold our own in every field of medicine and attract public attention and sympathy, however loudly we may sing Hallelujah to our Master Hahnemann in season

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LET'S BE HONEST

DR. RUSSELL K. MATTERN, M.D.

A homœopath is a physician who has added to his knowledge of general medicine a special knowledge of homœopathic therapy. Let's be honest—the plus makes a difference.

There are 1,700 alumnus of Hahnemann in the state of Pennsylvania. A small number of these are active members of the Pennsylvania State Homœopathic Society. A smaller number are practising homœopathy.

Let's be honest about it—the terrific advances made in scientific medicine have limited the need for homœopathic treatment. These spectacular advances have accomplished much. Yet, they leave much to be desired in the cure of diseases. There are still many conditions where homœopathy has proven to be the most effective therapy.

Let's be honest about it. These advances have been made by the regular school of medicine. They have done—and are doing much for the medical profession. And we should be members of our local county societies, the Pennsylvania State Society, and the A.M.A.—but, we ought to be active, contributing members. At this point I wish to add that my own personal relationship with the regular societies has been most gratifying, professionally and socially.

The various reports of the resurgencies of homœopathy are indeed interesting. Let's be honest about what they mean.

Germany reports that on practically every hospital staff there is a homœopathic physician.

France can boast about approximately four hundred in attendance at their homœopathic society meetings.

Russia is able to report that practically every medical physician has some knowledge of homœopathy—and *uses it*.

From South America, Argentina reports 153 graduates in the post graduate school each year, and Brazil has wide spread use of homœopathy.