

## THE NEED FOR A SCIENTIFIC ATTITUDE

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What should be done to save Homœopathy? It is in the interest of all Homœopaths to frankly consider the answer to this question.

We belong to the medical profession and specialize in Homœopathy. We have confidence in our methods; our patients have faith in us. As such, we derive a high degree of satisfaction and feel quite content. Our contentment is of such a degree that those critically minded would label it as complacency yet such a view would not be entirely uncharitable because if our methods are as completely fool-proof and perfect as we sincerely believe them to be, then it is a corollary that our results should be a 100 per cent success. That this is not so is apparent. Even a great Homœopath like Dr. Hering has mentioned that his success in practice was 50 per cent or so. Therefore it seems there is a need to examine and to assess whether we are what we think we are.

Our Homœopathy is a science as well as an art. The practice of the art being based on the science, the science forms the foundation.

*Chamber's 20th Century Dictionary* defines science as:

"Knowledge ascertained by observation and experiment, critically tested, systematized and brought under general principles."

Science, therefore, represents an eternal search for knowledge, the search being endless as knowledge is boundless. Every science is based on human observation and experience, and inference from the data of facts thus gathered. Science is devoid of fancies and hypotheses. Everything accepted must be capable of verification and confirmation. Science is opposed to dogma. The former progresses by questioning and is expansive while the latter disallows questioning and is therefore

restrictive. Every piece of knowledge gained, every discovery made in science merely displaces the question mark a little further down the line. It merely exposes to our limited perception a part of the truth, thus forming the basis for a further and bigger discovery to follow later in. Every question answered only serves to give rise to a new question—perhaps a bigger one, a more fundamental one. Such is science, ever incomplete, ever imperfect and ever progressive.

Dr. Hahnemann gave us a new system of medical treatment, with a new set of rules based on his own observations and experience. If we revere Hahnemann today it is because we find that his observations were accurate and are verifiable, so that his main postulates are none the worse for the lapse of 150 years. Even now, despite the tremendous advance of science that has taken place in the meanwhile, some of Hahnemann's discoveries remain yet to be explained in terms of science; as for example the pharmacology of potentized drugs, the physico-chemical nature of attenuations, etc. Every day the practitioner of the homœopathic art feels respect for this remarkable genius whose industry, sincerity, and precision were almost mythical. This being the attitude and feeling of the writer himself, nothing that is discussed in this article can be construed as indicating any lack of appreciation or admiration.

At the outset, it must be admitted that like all great discoverers and inventors, like all innovators and founders. Hahnemann merely showed the way, the direction in which we should travel. Though he was quite definite about certain things he was never dogmatic. His main thesis "Similia Similibus Curentur", meaning "Let likes be treated by likes", was more in the nature of a positive and definite suggestion to be tried than a rule to be obeyed. It was commendatory not mandatory. He did not say likes *should* be treated by likes. He neither expected nor desired blind servility from his followers. On the contrary he wanted his various postulates to be put to the test, and accepted and adopted, if found correct. Though he took many giant strides along this path, being a mortal he had to leave it to his followers to carry on the search. The science and the art always being progressive, there is

infinite scope for expansion along the lines indicated by Hahnemann, on the foundation and within the superstructure created by him. Only if we move forward along the path he has shown, shall we be worthy of being called his followers. In so attempting to advance the system, as per his teachings, it is necessary to stick to the spirit more than to the letter of his teaching. If circumstances require and repeated experiences prove that the methods can and should be modified in order to get better results, and such modifications can be done without transgressing the basic concepts of Homœopathy, then we should consider such a procedure. It must be noted that the methods of Homœopathy were undergoing a continuous process of evaluation even during Hahnemann's time. Hahnemann himself was constantly experimenting chipping and changing his teachings and methods on the basis of his further experiences. This is evident to anyone who will carefully peruse his writings as found in the various editions of the *Organon*. For instance at one stage Hahnemann proscribed high potencies. He wrote (1):

“ . . . I do not approve of your potentizing the medicines higher than to 12th and 22nd. There must be a limit to the thing; it cannot go on to infinity.”

Of course subsequent experience has shown to Hahnemann as it has shown to us also that the higher potencies are quite effective. Yet we find nothing wrong in Hahnemann having held such a view at that stage, especially as this view appears credible or logical even in this age of science. Dr. Linn Boyd in his masterly survey gives numerous instances of such modification and even calls them (2) “bewildering changes of opinion”. He further states that:

“ . . . . Naturally the beginning of everything is difficult, things must come into existence, mature and ripen. No science yet known to man sprang full grown from the head of its founder and consequently perfection cannot be expected. . . .”

Our admiration for James Watt and the Wright brothers is unbounded but that does not induce us to use the same original locomotive constructed by the former, or the rickety

airplane assembled by the latter. Such fetishism is not necessary to demonstrate our respect for them. Who can express this idea better than Dr. Compton Burnett who wrote in 1879, in the first editorial to the *Homœopathic World* (3):

"... For us Hahnemann is a blessed benefactor of our race, a star of the first magnitude in scientific medicine; we love and honour his name in deed, we will love and honour it in word, let it please or displease whomsoever.

"While *Similia Similibus Curentur* is thus our one cardinal doctrine, we do not consider that all medicine was a blank before Hahnemann thought it out and worked it out, or that all medical progress was interred with him; for us it is neither the in-all, not the be-all, not the end-all of practical medicine—it is the truth, but it is not all the truth.

We are not believers in authority; hence we do not accept Homœopathy on the *ipse dixit* of its founder, Hahnemann, and, *a fortiori*, we do not propose to ask anyone to accept it on ours, but on the evidence of scientific experiment: it is true, not because he said so, but because such experiment proves it to be true. . . .

"So also the Hahnemannian doctrine of drug dynamization: it is true not because the master taught it, but because experiment demonstrates it. . . ."

Even Dr. Clarke, and it is difficult to find a more inspired Homœopath, had this to say on this point (4):

"... It may be well to distinguish a little between Hahnemann and Homœopathy. It will be noticed that it is the enthusiasm of Homœopathy that is the gospel I am preaching and not the worship of its discoverer. In my admiration to Hahnemann and in my gratitude to him, I yield to no man; but Homœopathy is greater than Hahnemann: Hahnemann discovered and it existed in the nature of things before he or our world was born.

Hahnemann asked for the world's criticism and for ours; and there is only one criticism we can make. "Do it after me" he said "Only, do it right". It is by *doing* only that we can effectively criticize Hahnemann. The criticism that is to try his work is the criterion of our practice. Neither Hahnemann nor any other man is above that; that it is not in accepting his words as inspired utterances that we do him most honour; it is by putting them to the test of practice, and confirming, enlarging or disproving".

Far from ever attempting or even dreaming of enlarging the scope of Homœopathy, the average Homœopath is most content to crawl along the narrow paths or rules laid for him. Even here there are many who stick to the shadow, leaving out the spirit and substance of Hahnemann's teachings. Such an attitude is not only shortsighted and deplorable but positively detrimental to the progress of Homœopathy. And it can be said further that it is this attitude that has contributed to retrogression of the science.

Excessive stress has been placed on the words of Hahnemann without paying due consideration to the time and circumstances under which he taught. To quote Dr. Boyd again (5).

"... There has been but little endeavour to consider Hahnemann in the light of his own time. Until the conceptions prevailing in therapy, materia medica, pathology, and nosology in 1800 are grasped, one can not appreciate Hahnemann as he was but only Hahnemann as one thinks he was. . . . There is also the problem of whether one shall consider only his observations and principles founded on these observations, or his explanations and speculations which entrapped him in a net of phantasy."

Homœopaths are often strictly warned not to move an inch away from the letter of his teachings. Such an attitude has naturally discouraged all experimentation and therefore additional or alternative methods have been shut out so far. By such dogmatizing, some harm has been done and some of the

greatest Homœopaths like Dr. Kent have unwittingly contributed to the stasis.

To quote but one instance of how the development of new and additional if not alternative methods are always possible, one can mention the evolution of decimal potencies. Dr. Constantine Hering, one of the firmest followers of Hahnemann, brought forth this new scale of potencies, besides the centesimal scale of Hahnemann already in existence. Surely, this cannot be interpreted as evidence of any lack of confidence in the centesimal scale. Hering merely added a new scale which is serving its own purpose.

Dr. Mahendra Lal Sarkar, who is considered by many as the greatest Homœopath India has produced, questions even the universality of the Similia principle. He writes (6):

“ . . . It is not intended to maintain that Hahnemann did not commit any mistakes; that all that he taught was absolute truth; on the contrary I maintain now, as I have done ever since I saw the truth in his system, that he fell into grave error when he said that the law of similars was not merely the best but the only law of healing by drugs and that his minimum dose was the only appropriate dose. This perhaps he did in the enthusiasm of a discoverer for in proportion as he advanced in the new line, he saw the great difference between it and the old. . . .” And again: “. . . and we must not forget that no one has the monopoly of all truth.”

Whatever may be the merits of and justification for his doubt, it is by such an attitude of *scientific* questioning that any science can progress. Such *scientific* questioning does not detract in any way from the greatness of Dr. Hahnemann or Dr. Sarkar.

In the field of physics, Dr. Einstein questioned the validity of Newton's law and as a result he could discover a greater principle which directly gave birth to the panorama of atomic physics. Yet this discovery has not lowered in any way the prestige of Newton or of Einstein.

Looking at the contemporary state of Homœopathy, one is deeply distressed by the lack of any original thinking or original work. Very little work of a scientific nature is in evidence. Behind the clamour and din made, and the proofs and protests put forth by the numerous homœopaths, one looks in vain for a solid layer of scientific workers, or at least for a group of research minded and scientific homœopaths. Science is the backbone of art and art without science is like a *Calc. carb.* child, all fat and no bone. Progress in the art would be impossible without progress in the science and so no sincere homœopath would like such a situation to arise or continue, for the practice of Homœopathy would then degenerate to a form of quackery.

Of course we could console ourselves that we are not getting sufficient encouragement or support; in fact we are even facing a formidable opposition which includes ignorant, indifferent or prejudiced people. This is all too true, but instead of this serving as an incentive, it has merely provided us with an excuse for covering up our own ignorance, indifference, indolence and prejudice. In practice every good homœopath can be a research worker. Where are most of the indications of our drugs derived from if not from the experiments and careful observations of good homœopaths repeatedly verified by others? Has this generation any such scientific or accurate observations to its credit? Are we not merely prescribing and reporting our successes in a hackneyed fashion? Hardly any cases are reported which show some new aspect of the drug, potency, repetition etc. This is because the average homœopath rarely looks deeply enough into each case. Surely every case is not of the text-book type. There is always something new, something different, something to learn. To the careful and enquiring observer, every case provides a lesson. Yet we have not profited and we have failed to add to the store of knowledge.

No attempts have been made by homœopaths to assess critically the value of modern advances and to assimilate them into the homœopathic concepts. One looks in vain for a clear enunciation or even discussion of the place of endocrinology,

the role of vitamins, the nature of antibiotics, etc., *vis-a-vis* Homœopathy. Questioning if homœopaths have made use of all available modern knowledge, Dr. Douglas Ross writes (7):

"... Have homœopaths done so? Could we satisfy Hahnemann in this respect? I do not think so. For too long Homœopathy has existed as an esoteric cult faithfully and well-practised by a small group in every generation but making few converts and too little impression on the main body. Why? Because I think some of us have misunderstood Hahnemann. We remember his bitter railings against 'allopathy' and half-hearted Homœopathy, and decide we shall have no truck with the infidel, and so we dismiss modern medical knowledge and methods as of no account. We are the people and wisdom shall die with us."

"Haehl writes of Hahnemann: 'Whatever seems to him to be good, to be useful (as for example the theory of symptoms, semiology) he was glad to use. Would Hahnemann's mind, so receptive of all valuable progress, have rejected the modern progressive discoveries and methods? Would he not rather have used everything to procure new support for his theory especially today when the crass materialism of the past decades is changing to a biologically vitalistic conception? Of course he would.'"

Apart from the fact that no new methods have been considered or tried out, no experiment of any sort worth mentioning has been attempted. It must be admitted further with surprise that even the teachings of Hahnemann have not been put into practice. There are certain procedures taught in the 6th edition of the *Organon* which differ materially from his original teachings as contained in the previous editions of the book. Homœopaths in general have shown a great reluctance to try out these methods. As an excuse for this hesitancy it has even been suggested by some that these latest teachings are the outcome of a senile brain and therefore valueless. These statements are not only unsubstantiated and unfair, but also unfortunate because Hahnemann has always

appealed that all his ideas should be put to the test of practice. It would therefore be a pity if we, his followers, should condemn his teachings without testing, a fault which we find with our allopathic colleagues.

One possible reason why his latest teachings are not tested may be as follows: the 6th edition was unfortunately published long, long after Hahnemann. During 120 years that had elapsed, his 5th edition held the field, and it was natural that his great followers like Kent, Dunham etc., emphasized his teachings as contained in that edition. So when the latest edition came out in 1932, these new teachings apparently went against the weighty opinions of Kent and others and it was natural that no one attempted to try them out.

Our trend of thought being as stated above, we decided to conduct experiment to confirm or deny the value of certain procedures, particularly those found in the 6th edition.

#### REPETITION OF THE MEDICINE IN CHRONIC DISEASES

Hahnemann in his teachings up to and including the fourth edition of the *Organon* has strictly warned against the hasty repetition of the homœopathic dose. He says that the medicine should never be repeated until the effect of the previous dose is exhausted. In the 5th edition he emphasizes this but there is a hint of a change. He mentions that (8) "... this minutest yet powerful dose of the best selected medicine be repeated at suitable intervals." Later, in the preface to the third part of the 2nd edition of the *Chronic Disease*, he says (9): "... in chronic diseases I have found it best to allow a dose (to wit, a spoonful) of such a solution of the appropriate medicine to be taken no seldomer than every two days, but more generally every day."

This teaching is finally incorporated in the 6th edition and he writes (10): "The same carefully selected medicine may now be given daily for months..."

Since this teaching apparently represents a radical change and is diametrically opposed to his earlier opinions which held sway for over a hundred years, and since it went against the

writings of Kent and others who, no doubt, had been guided by the 5th edition, homœopaths in general have shown no readiness to test this method or to put it into practice.

Considering firstly that nothing should be condemned without test; secondly that Hahnemann had clearly emphasized that his new method was born of further experience and that it had proved to be superior; and thirdly that Kent and others had no inkling at all that such a new method had been propounded by Hahnemann, we decided to put it to the test. Further, even though the 6th edition had not been published, at least one homœopath in the shape of Dr. George Royal had envisaged such a practice. He wrote (11):

"I should like to emphasize one point which I think is hardly appreciated by the younger men. When I left college, I went out with the impression that the application of the remedy should be more frequent in acute than in chronic diseases; that the acute disease was like an enemy that must be overcome by many charges before he would take himself away. The chronic disease on the other hand was supposed to be like an enemy entrenched but asleep, where the attack need not be repeated to overcome him. My actual experience is to the contrary and I believe that the remedy needs more frequent repetition in the chronic than in the acute disease."

We, at the Government Homœopathic Hospital, decided to test this by repeating the doses in chronic diseases. Whereas our original practice had been to stop the medicine as soon as any effect became noticeable, whether as a result of the single dose or collective doses—the single effect being our aim, we now started very gradually and cautiously repeating the medicine even when some improvement was evident as a result of the previous dose. Having satisfied ourselves that such frequent repetition did not bring about any untoward results, we slowly reached the stage of repeating the doses daily. A number of cases were put under the new schedule of dosage, the potencies varying with each case, ranging from 6th to the *cm*. We were carefully watching out for any unpleasant rela-

tions and which had hitherto responded very well to the unit dose.

Among the many subacute and chronic cases treated in this manner were cases of chronic bronchitis, bronchial asthma, eczema, paralysis, pulmonary tuberculosis, nephritis, papillomata, psoriasis, carbuncles, etc. Only in the three cases referred to above, some aggravation was noticed that could be attributed to the repetition.

Of course only about a hundred cases have been put on this schedule of doses during the last year and so both the number of cases and the period of observation are too insufficient to come to any conclusion. But this much can be said that the original rule put forward by many homœopaths, that repetition of the medicine while the effect of the previous dose is still evident will invariably do harm and that such repetition would retard the progress, is perhaps not justified in all cases, as judged by our limited experience. If the rule holds good at all, then we must record that we have met with many exceptions.

Further careful experimentation by other independent observers will, no doubt, confirm or contradict our conclusions, and will, no doubt, reveal the fact whether repetition of the medicine while the patient is improving is actually harmful, harmless or beneficial.

#### CASES

A patient, Mr. P. N., aged 38 years, was admitted to the hospital on June 11th, 1957, with a history of œdema of the lower limbs, puffiness of the face and oliguria of five years' duration, with intermittent remissions and exacerbations. His case was taken thoroughly and all investigations done and a diagnosis of hypoproteinemia was arrived at.

The symptoms indicated the probable similimum as *China arsenicum*. Therefore the patient was put on *China arsenicum* 200 t.d.s., whereupon his urine output which originally averaged 6 to 8 oz. per day gradually and steadily rose to 78 oz. per day within a fortnight. The puffiness and œdema considerably lessened. However, despite the steady rise in the

urinary output and the proportionate improvement in the general condition, the medicine was continuously repeated and despite the repetition, the improvement continued. Whenever the response to the drug lessened the potency was merely changed, being usually raised, sometimes lowered, whereupon the response increased. The patient was kept under observation for six months and in all during this period he received doses of *China arsenicum* as mentioned below:

6th potency	...	...	87 doses
12th potency	...	...	14 doses
30th potency	...	...	65 doses
200th potency	...	...	14 doses
1,000th potency	...	...	25 doses

On December 13th, 1957, he was discharged as completely relieved.

Mrs. K. A., aged 30, was admitted on September 28th, 1957, for paraplegia of one year's duration. She had incontinence of urine and stool and flaccid paralysis of the lower limbs. She complained of heaviness of the body, stitching pains in all the joints, heaviness alternating with tingling and burning of the lower limbs, burning of the soles etc.

Her case worked out to *Causticum* and she was put on this drug. There was an immediate and remarkable improvement even with the first few doses but the administration of the drug was continued nevertheless. In all she stayed in the hospital for three months by which time she walked out, completely relieved. During this period she received *Causticum* as described below:

1m potency	...	...	27 doses
10m potency	...	...	28 doses
cm potency	...	...	15 doses

No ill effect of any sort was noticed at any time.

#### CHANGE OF POTENCY

While advocating the daily repetition of the doses in chronic diseases, Hahnemann has also laid down that the subsequent dose should always be raised in potency, however, slightly. He writes (12):

"....Secondly if it is highly potentized, dissolved in water and given in proper small dose that experience has taught as the most suitable in definite intervals for the quickest accomplishment of the cure but with the precaution that the degree of every dose deviate somewhat from the preceding and following...."

and again (13):

"It is impractical to repeat the same unchanged dose of medicine...."

In order to test the advantages and disadvantages of this method, experiments were conducted at the hospital by administering the medicines in the following manner.

The remedy for each patient and the potency of such remedy was selected in the usual manner and this dose of medicine was dissolved in about  $1\frac{1}{2}$  to 2 oz. of water contained in a 3 oz. vial. This liquid was divided into ten parts. The vial was succussed ten times by raising it above the head and bringing it down on the palm of the other hand or on a book. Nine parts of the liquid were administered in one dose. When the next dose became due, to the one part of the fluid remaining nine parts of water were added, the vial was succussed again ten times and nine parts of the fluid administered. The same procedure was repeated for every dose of medicine whether the dose was administered once, twice or thrice a day. Many chronic cases were put on this routine. The results were quite satisfactory and were as good as, if not slightly better than, the results from the repetition of the medicine in the same potency.

Here again it must be mentioned that only about sixty cases have been put on this schedule and the observation has been done only for a year. The period is, therefore, too short and the data too meagre to come to any judgment. But this much can be stated that the results of such repetition were not inferior to the effects of the single dose in high potency. Secondly, we did not come across any case of aggravation arising out of such procedure, though we had been led almost to expect such aggravation. Thirdly, all the patients were under our constant observation and in no case was any damage done.

Such repetition of succussed doses was done with various potencies ranging from the 6th to *cm*.

The following case is reported as a specimen:

#### CASE

A girl, aged 20, had been suffering from psoriasis of two years' duration and had the typical eruptions on the folds of the elbows, knees and behind the ears. She gave us many symptoms of *Causticum* including the characteristic symptom that the whole skin condition almost completely cleared up without any treatment in the rainy season. We prescribed *Causticum* in various potencies. The response to every dose was very satisfactory but the condition always relapsed. Ultimately we put her on *Causticum* given in water, diluted and succussed every day. The response to this method of dosage was much better than to the single doses and the whole condition cleared up after about six weeks of such repetition. She has now been free for the last three months.

Of course knowing the nature of the disorder, that it has long periods of remissions and exacerbations, we are most reluctant to conclude anything at this stage but this much can be stated that the response to the repeated doses of medicine given in water was superior to that of the single dose and also that such repeated dosing did not provoke any aggravation.

#### HAHNEMANN'S NEW POTENCIES

Hahnemann has provided us with one more new method. Probably his original centesimal scale looked to him to be of only limited scope. Therefore he envisaged a new potency wherein the dilution of the drug was made with fifty thousand parts of the diluent. This is called the 50 millesimal scale.

Mr. Dudley Everitt (14) has worked out theoretically the corresponding centesimal and the 50 millesimal scale potencies and has published his calculations. Regarding this new scale, apart from a paper of Dr. Charles Pahud of Lausanne (15) published in 1952, we find very little mention anywhere. So we are led to the melancholy conclusion that despite the passage of nearly 25 years since the publication of the new edition of

the *Organon*, few homœopaths have attempted to test this potency in their practice.

We, out of curiosity, decided to experiment with these potencies in our practice. Initially, there was some difficulty in procuring the medicine because Dr. Kunzli of St. Gallen who was formerly making them had stopped doing so. Though he was kind enough to convey to us all the detailed instructions for preparing it, we could not succeed in manufacturing them. Fortunately the medicine was manufactured by an Indian pharmacy and we got some stocks. We have used these in our practice and we have found excellent results. The difference between the effects of the centesimal and the new scale potencies has been very marked.

The following is an illustration:

Mrs. R. K. aged 69 years, turned up for consultation on January 22nd, 1958, with a pain in the right shoulder joint of one year's duration associated with severe restriction of movement. The pain is present even when the arm is motionless; it is aggravated by beginning motion and ameliorated by continued motion; the pain becomes unbearable after 3 or 4 hours of sleep. Besides she complained that she could not sleep while lying on the back or on the left side. She had a mild degree of hypertension and an X-ray of the affected joint revealed osteo-arthritic changes.

Her symptoms worked out to *Pulsatilla*. She was given one dose of *Pulsatilla XXX* (i.e. 30th potency of the 50 millesimal scale). Contrary to one's fears, the response was immediate and satisfactory. Within a week she reported a 40 per cent. improvement in her pain. Her further reports were as follows:

February 18th, 1958: feels very much better; pain much less, sleeps better; movement still restricted. *Sac. lac., b.d.*

March 18th, 1958: feels normal in every way; can raise the hand above the head; no pain; sleeps very well. Treatment stopped.

Till the day of reporting (25th July, 1958) she has remained well without a second dose of the medicine being needed.

One is most chary of making hypothetical comparisons but if past experience is any criterion, one must say that considering the age of the patient, the response to the dose of the new scale potency was far superior to the usual response one finds with the centesimal potencies. One feels also that many doses of the latter potencies might have been needed.

Within our short experience, the action of the XXX potency of the new scale seems to have been much more powerful than the *cm* of the centesimal, though Mr. Everitt has equated it only with the 80th centesimal potency. So it seems there is need for great caution in the use of the new potencies.

These various observations and case reports are presented not with a view to suggest any sudden or rash alteration in the existing traditional methods of treatment. They are only put forward with the idea that they may serve as a stimulus for further experimentation to open up a new era of unprejudiced research and advancement. If several independent scientific minded homœopaths carry out repeated experiments and such experiments lead to identical conclusions, then the adoption of new procedures should be seriously considered.

Enough has been written to confirm the teachings of Hahnemann, Kent and others and to give expression to our enormous respect for the great giants of Homœopathy. It will now be our duty to see how far we can further sharpen the instruments they have provided us with and how far we can extend the scope of Homœopathy along the lines indicated by them. This is an age of continuous scientific experimentation, discovery and advancement and if we continue to cling blindly and dearly to traditional methods, eschewing all progressive considerations, the near future might find us left quite behind. Therefore this appeal is made that we, the homœopaths, should develop a scientific attitude and become research minded.

What are the avenues, it might be asked, in which research can be carried out? It is unwise to put forward an answer to this question because an infinite number of ways suggest themselves to the keen, intelligent and imaginative individual. Our observations and experiences can embrace the symptomatology of all the drugs we have studied and used, their duration of

action, the various principles, rules, and concepts of Homœopathy, the nature of potencies, new circumstances, new interpretations etc.; all these provide possible subjects of exploration. One is almost afraid to tabulate them for fear that one might thereby limit the scope.

#### SUMMARY

The greatness of Hahnemann, the founder of Homœopathy, and the essential truth of the principles propounded by him are emphasized. But it is proposed that his discoveries should serve more as a starting point than as the end. The plea for a scientific outlook is put forth whereby the discoveries of Hahnemann may be re-examined, re-interpreted and if necessary re-adjusted in the light of newer knowledge and newer circumstances, to make Homœopathy more certain, speedy, effective and acceptable.

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