

REPLY TO THE CRITICISM OF DR. JADAV CH. BAG ON THE ARTICLE "PROPHYLAXIS AGAINST SMALL-POX"

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I congratulate Dr. Bag for criticising the above mentioned article of mine published in March 1963 issue of this journal. It is through polemics that truth becomes more clear.

Let me first refer to the scientific basis of Homœo-prophylaxis. In case of any particular epidemic the preventive remedy is that particular drug which covers the maximum number of characteristic symptoms of maximum number of cases affected by the disease. This grand similitum which is similar most to the grand totality of symptoms of the particular epidemic—is known as the *genus epidemicus* of the same epidemic. Now, in order to find out the true *genus epidemicus* of any epidemic we must first gather the characteristic symptoms of a large number of cases actually affected by the disease, and then only can we find out the grand similitum covering all of them. Thus the *genus epidemicus* for any familiar epidemic with a particular name (e.g. Influenza, Measles, Chicken Pox, Cholera etc., etc.) may vary from one attack to another depending upon the variation in its characteristics. Herein lies the basic problem and difficulty of Homœoprophy-laxis, i.e. scientific prophylaxis. At the time of Hahnemann maximum number of cases of Asiatic Cholera was covered by Camphor, hence Camphor became the *genus epidemicus* as well as mass prophylactic against Cholera as it then existed. But to-day—as far as our experience goes—we get seldom any case of Cholera showing symptoms of Camphor, so to-day Camphor cannot be prophylactic against the modern epidemics of Cholera. While practising at Daulatpur (Khulna) in the pre-war years, I remember an epidemic of Cholera covered mainly with Colchi-cum. I have heard from Dr. Paramesh Bose of Hazinagar (24 Parganas)—son of the late renowned Homœopath Dr. Mahadev Bose—that they had got an epidemic—very virulent at that,

defying all treatment, even with ordinary Homœopathic remedies—covered only with Helleborus Niger. Similar is the case with other epidemics like Influenza, Measles etc.—the *genus epidemicus* of which vary according to various factors—but mainly perhaps on weather condition, as the *genus epidemicus* is often found to be one of the particular weather remedies like Dalcamara, Rhus Tox, Bryonia, etc. Thus we see that, there cannot be a fixed *genus of epidemicus* for any epidemic disease with a fixed name. Medicines like Malandrinum, Variolinum, Thuja etc. have become time-honoured prophylactic against Small-pox, probably because of the fact that the latter belonged to the co-called fixed miasms (Vide Organon Aphorism 100). But thanks to the ever-changing environmental condition of modern times—no contagious principles or miasm can remain fixed. So there cannot be a fixed *genus epidemicus* for any epidemic with a particular name, and we have got to find out the real *genus epidemicus* for each fresh invasion of an epidemic. That means, for finding out the true scientific prophylactic remedy against any epidemic the Homœopaths of the particular locality should co-operate and collaborate with each other very intimately, reporting to each other the totality of the symptom of the cases under respective hands with their effective similimum; and thus will evolve out the grand totality with grand similimum for the particular epidemic. This may be a tardy and laborious job, but for finding the true and scientific prophylactic there is, at present, no alternative at our hands.

After this preliminary discussion on the scientific basis of prophylaxis we may pass on to the questions raised by Dr. Bag.

(1) *Malandrinum as a prophylactic against Chicken Pox.*

(2) In science—negative findings have got no value, only positive findings have got some value, but that again not cent per cent value unless and until corroborated by maximum number of experiments or experiences.

Now, Dr. C. S. Kali might have in his experience no case of Chicken Pox after administration of Malandrinum. This proves or disproves nothing. On the other hand the positive experience of myself as well as of many others known to me,

that administration of Malandrinum could not prevent Chicken Pox, gives some evidence of the fact that Malandrinum may not be a prophylactic against Chicken Pox. But this also does not establish any cent per cent truth, as there may be various other factors involved in the cases of our experience, responsible for the failure of Malandrinum to prevent Chicken Pox, but these factors escaped our notice and attention. Nevertheless, unless and until these other factors are detected, we cannot depend upon Malandrinum as a prophylactic against Chicken Pox—on the face of our positive experience in a fairly large number of cases.

(ii) Then on theoretical ground, Malandrinum having in its symptomatology a fairly large number of symptoms of ordinary variola is far more likely to be a prophylactic against Small Pox—but having very little symptoms of Chicken Pox, is not likely to prevent the latter.

(2) *Virulence of manifestation for the prophylactic having been given in the incubation period.*

The underlying phenomena of Homœopathic aggravation, negative and positive phases of actions of Homœopathic remedies are not yet thoroughly worked out, nor at all clearly understood. In this case, I only gave my surmise as to one of the probable causes of the unusually serious features of the case.

(3) *The problem of anticipation of symptoms:*

There cannot be any controversy on the fact that a Homœopathic remedy can cut short the course of any disease, only provided that it is truly Homœopathic to the case in hand, that is, thoroughly covers the totality of symptoms. This fact has been corroborated by millions of experiences. But the rub in prophylaxis is how to anticipate as to what will be totality of symptoms of the victim before the actual disease starts, how could one surmise beforehand that a case might turn into confluent hæmorrhagic type. My mother's case took the full course due to various factors, most important of which surely was my failure to find the exact similimum, which is obvious from so many medicines I had to prescribe for the case.

(4) *The universal truth of Homœopathic theory and*

opposite statements of different doctors: Here Bag seems to confuse issues. There is no question about the universality of the truth of the basic Homœopathic theory—*similia similibus curentur* and the principles associated with it, e.g. single remedy, minimum dose etc. But there may be various difficulties due to multifarious factors in their practical application. Hence arise different experiences and opinions. It is by an exchange of experiences and mutual corrections of understanding and views, and continuous research to irradicate the difficulties in application of the basic truth that its practice becomes more sure, easy and uniform.

Here, on the question of application of the universal *law of symptom-similarity* in case of prophylaxis, as I have already mentioned, the main source of difficulty lies in the finding of the *genus epidemicus*, then there may be difficulty in ascertaining the potency, dose, repetition of the *genus epidemicus*. Thus may arise differences of experiences and opinions. It is by collective effort and mutual collaboration to find out the source error in the application of the basic truth—that these difference in experiences and opinion will be liquidated and the practice will become more uniform and sure and correct. So Dr. Bag need not be nervous at the difference of opinions in practical application of basic truth but should rather try to understand the causes of differences and participate in eradicating them.
