

following child birth is reduced to a minimum if the remedies are used during the prenatal and labour periods.

I am fortunate in owning Yingling's book, "The Accoucheur's Emergency Manual". This book can be obtained through Ehrhart & Karl second hand. The preface and introduction are masterpieces and this book is worth its weight in gold. I would advise any one doing obstetrics to obtain this book.

In conclusion, I would like to repeat the following from Yingling's book, page 12. "Homœopathy is the *only* means whereby abnormal labour may be made as natural as the conditions and circumstances will permit. It will relieve suffering and produce normal uterine contractions, and enable the parturient woman to cheerfully bear the ordeal as no other means is capable of doing. It is wonderful, magical indeed, to observe the rapid action of the simillimum in obstetrical practice. Let the physician be true to homœopathy and homœopathy will never fail him in an emergency."

—*The Homœopathic Recorder, July, 1949.*

HOMŒOPATHY & ITS PLACE IN MEDICAL SCIENCE

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To define homœopathy's place in Medicine would have been infinitely easier thirty years ago than it is to-day. Until a short while after the first World War, allopathic methods which aimed at cure, as distinct from mere palliation of symptoms, were exceedingly few; and the homœopathic physician then might have been justified in claiming that homœopathy *was* indeed self-sufficient, and that he was completely independent of all other methods. During

the past thirty years, however, allopathy has made tremendous strides; and the position has become complicated by the many new treatments which have been evolved. Some of these new discoveries, as, for example, insulin, the gold treatment for arthritis, "M. & B.," penicillin, etc., are names familiar to the layman, but there are many more, of which few outside the Profession have ever heard, which also have to be taken into account in assessing the position of homœopathy. Fortunately it is not necessary to consider each of these treatments separately; indeed to do so would be, not only tedious but unprofitable. For although allopathy is not a unified system of treatment like homœopathy, many of its methods fall naturally into groups and, indeed, form small systems of their own. All that is needful, therefore, is that the general characteristics of each group be noted so that the usefulness of each of its members may be judged and compared with that of homœopathy.

The first and most important classification to be made is the division of treatments into those which are purely palliative and those which aim at cure. Since homœopathy's strength lies in its power to cure it might seem reasonable to suppose that, in this present discussion, the claims of palliative methods could profitably be ignored. Reflection will show, however that such is not the case. There are, alas! many conditions where palliation is all that can be effected; and in some cases, while eventual complete recovery is to be looked for, the relief of symptoms may temporarily be of greater importance than the cure. Moreover, homœopathy, though it primarily is a system of cure, can be applied purely palliatively; and it is therefore necessary to our purpose that the groups forming this class of treatment be taken into account so that the importance of homœopathy in relation to them also may be estimated.

In the palliative field there are two groups of treatments, and of these the first to be considered is that host

of heterogeneous drugs and formulæ; the narcotics and sedatives, the tonics and stimulants, the purgatives, the costives, etc., etc., which are the direct descendants of the older allopathy, and which still, in spite of the newer discoveries, form probably ninety-five per cent. of all allopathic prescribing. The use of these drugs—particularly those of the sedative type—has increased tremendously of late years, as is evidenced by the frequent radio warnings of the loss of dangerous drugs.

In the body each kind of drug belonging to this group has its own particular sphere of action; each, therefore, has a different effect and consequently an entirely different use, to all the rest. Nevertheless all these drugs can for our purpose be grouped together because they have this one common characteristic that they all modify or suppress symptoms by physically or chemically poisoning the body cells. It is true, of course, that this poisoning is of a relatively temporary and transient nature, but, if the use of the drug is persevered in, cell damage can become long lasting or even permanent. It is mainly for this reason that homœopaths have, from the beginning, condemned that type of treatment and have always striven to dispense with it where humanly possible.

In many cases the patient, when he understands that temporary relief can only be obtained at the expense of delaying or interrupting the final permanent cure, is glad to co-operate and endure his symptoms awhile, but sometimes the suffering would be too severe to justify the withholding of some kind of palliation. This can usually be given homœopathically and it is only in the very few cases, where the nature of the symptoms makes accurate remedy selection difficult or impossible, that recourse must be had to allopathic drug relief. Such has always been the homœopath's practice and—with regard to this group—his sole practice in the past, but it has been realised only recently that there is one condition where, in spite of

homœopathic palliation being possible, the homœopathic physician will, in the best interests of his patient, deliberately withhold it in favour of allopathic medication. Such a contingency arises when an intercurrent and relatively transient ailment occurs while the patient is under homœopathic treatment for a deeper and more chronic complaint. There are, for example, many acute conditions which, though of relatively minor importance, may cause suffering sufficiently severe to require amelioration. Of this order are, for instance, bilious attacks, bad headaches, acute lumbago, accidental injuries, or perhaps severe toothache calling for relief until the dentist is able to deal with it. Normally such conditions can often be rapidly and easily cured or brought under control by means of homœopathic remedies. When, however, they occur in a patient already having constitutional treatment, it is most unwise to prescribe another homœopathic medicine, as this would almost certainly modify, or even completely antidote the curative reaction of the deeper acting remedy.

Allopathic drugs, however, act as it were, on a different plane, and they will be less likely to interfere with the action of the homœopathic potency. Where in one of these cases it is decided to give homœopathic help, the remedy should be of a very low potency, but most homœopathic doctors nowadays would not chance even that, but would prefer to tide the patient over with allopathic palliation. Those who keep a stock of homœopathic remedies, and who so often do excellent work in dealing with minor maladies in the home, should remember this, and should realise to the full the extremely delicately balanced nature of the homœopathic reaction. I speak feelingly and from experience, for it happens so often that a patient under treatment for some chronic condition confesses quite innocently that since my last visit he had had perhaps a touch of rheumatism for which he had taken a few doses of *rhus tox.*, or a trivial cough which had responded beautifully to *bryonia*. He does not realise that by so doing he has, at

the worst, delayed the cure of his chronic complaint, and, at the best, so confused the issue as to make the selection of his next remedy a very difficult problem.

The other member of the palliative class of treatments consists in a large number of remedies which the allopath himself groups together under the name of *Substitution Therapy*. A sub-division called *Hormone Therapy* forms by far the larger part of this group. It employs only preparations made from the natural internal secretions of glands—the other substitution remedies being inorganic chemical substances whose presence in the body is necessary to health. This type of therapy is applied to a group of illnesses known as *Deficiency States*, which name gives the clue to the *modus operandi* of the treatment. It consists in the supplying to the patient of some vital substance which his body is unable to manufacture or assimilate in the natural way. The best known examples of this group are insulin in diabetics, iron in simple anæmia and liver in pernicious anæmia.

It will be seen that this type of palliation is very different to the other class we have been considering. For here there is no question of any poisoning or damage to body cells. It might be argued that, since a deficiency in the body of any glandular secretion acts as a stimulus to the defaulting gland to waken up and restore the glandular balance supplying the missing substance from outside will, by destroying this stimulus, tend to make matters worse. This, no doubt, is theoretically true, but the answer is that the persistence of the deficiency, in spite of the natural stimulation, is a measure of the gland's inability to function, and that to withhold the vital substance on purely theoretical grounds would be both foolish and wrong. At the same time there is no doubt that, in the earliest stage, before the gland has suffered any gross change, the appropriate homœopathic stimulus can set things to right; but, once the deterioration has passed a certain point, all that the homœopathic doctor can hope for is that he may be

able either to hinder the progress of the disease, or, in favourable cases, to arrest its further development. This type of palliation then is one with which the homœopath is in entire agreement, though he contends that its use can be favourably modified by homœopathic treatment.

Before passing on to consider the curative methods of modern allopathy, it should be mentioned that there are a few isolated treatments which cannot be classified, because nothing whatever is known about the way in which they act. Some of these can be very effective,—as, for example, the use of gold salts in rheumatoid arthritis,—and the problem as to whether they should be employed or not must rest with each homœopathic doctor to decide for himself. Taking into account the toxic effects which sometimes occur, he will probably elect to use them only as a last resort when he has, over a reasonable period, failed to obtain a useful response from homœopathic treatment.

Coming then to the curative treatments of modern allopathy these fall into three distinct groups; namely: *Active immunisation*, *Passive immunisation* and *Chemotherapy*. Active immunisation is the class of treatment being nothing less than a particular application of homœopathy. Its widest use is in the employment of vaccines for the prevention of disease, as, for example, immunisation against diphtheria, but it is also employed curatively in such treatments as the desensitising of allergic subjects, etc. The homœopathic doctor applauds these allopathic tributes to the homœopathic principle, and has little to say against them except that he believes his own technique to be superior, and holds that, in their use, the allopath would get still better results if he could bring himself to benefit by the homœopath's experience in the matter of the size and repetition of the dose.

Passive immunisation is a very different matter. The substance used in this method is the serum from the blood of animals who have been injected with gradually increas-

ing numbers of the particular germ associated with the disease it is intended to treat. As a result of these injections the animal develops substances in its blood which are able to neutralise the poisonous products manufactured by the germs. Because of its poison-neutralising power the serum so obtained is called anti-toxic serum. This class of treatment is used in a number of acute infective diseases, notably diphtheria, scarlet fever and tetanus, and has been the means of saving countless lives under allopathic treatment. The homœopathic doctor, conscious of the power in his own remedies to deal effectively with such illnesses, has little need of passive immunisation, and would reserve its use only for rapidly fulminating or desperate cases. The symptom picture of tetanus, for example, gives the homœopath good grounds for believing that hypericum or strychnine in homœopathic potency would afford protection. Tetanus, however, develops with extreme rapidity and, the effectiveness of early administration of anti-tetanic serum being well established, no physician worthy of his calling would endanger life by substituting theoretical belief for certain knowledge. Here then is a case where allopathy can claim to score over homœopathy. The homœopathic doctor, however, is, even in this example, in a stronger position than his purely allopathic colleague; for, in the unlikely, but still quite possible event of serum being unavailable, he has to his hand an alternative treatment holding out a reasonable prospect of success.

The last group to be considered forms a well defined system of treatment known as *Chemotherapy* which the allopath is well justified in claiming as a triumph, if for no other reason than that it represents one of the very few cases where successful practice has been evolved by pure deductive reasoning. To the layman chemotherapy is of especial interest owing to the wide publicity afforded by the Press to the sulphonamides—still known to the public as "M. & B."—and penicillin. It is of great interest also to the homœopathic doctor in that it raises questions of theory

and practice which do not obtain in the cases of those other treatments we have been examining.

The main issue brought into fresh prominence by chemotherapy is the old question as to which is the more important ground of attack in treatment; the patient, or the germ. In homoeopathy, whether the disease is bacterial or otherwise, the whole aim and object of treatment is the stimulation of the patient's natural powers of defence and recovery. This was, in theory, the allopathic outlook also until Pasteur demonstrated the existence of bacteria and their association with certain diseases. This discovery resulted in diversion of the allopath's attention from the patient to this newly found causative factor. The germ became the all important object of study and, instead of being regarded as merely a *factor* in disease, it came to be accepted as the one and only cause. The triumphant success which followed Lister's introduction of carbolic acid as a surgical antiseptic encouraged this new trend of thought, and it soon became the sole aim of all therapeutic research workers to find a means of destroying the germ without killing the patient. The earliest recorded experiment along this line was that of a certain Dr. Macnamara who, hoping, no doubt, to emulate in medicine the triumph of Lister in surgery, hopefully dosed his patients with carbolic acid! Koch, whose name will be forever honoured on account of his work on cholera and tuberculosis, tried the experiment of injecting infected animals with chloride of mercury, but succeeded only in killing the hosts. It was not till a German doctor named Ehrlich started his long research that chemotherapy can be said to have been born. Yet despite the brilliant genius of this great scientist, his contribution to this particular research produced only one great practical result; the introduction in 1910 of *Salvarsan* for venereal disease.

In point of fact the only real success achieved by allopathy for seventy years after Pasteur's discovery was, by the development of vaccine and related therapies, along

the line of homœopathic principles. So consistently disappointing had been the search for specific chemical drugs that even the allopath began to believe, and to express the opinion that bacterial infections would never be conquered by these means. Then in 1935 the sulphonamides appeared, to be followed in 1940 by the introduction of penicillin and, later, streptomycin; Ehrlich's pioneer work had borne fruit and the era of chemotherapy had begun.

The position at the moment is that, in a limited but nevertheless fairly large group of serious diseases, there are available two equally effective but theoretically opposite modes of treatment—homœopathy and chemotherapy. The question therefore arises, is one method right and the other wrong, or can each be considered as complementary to the other? To this question it is by no means easy to give a clear categorical answer. The problem would have been infinitely simpler had the chemo-drugs worked in the manner in which their progenitors had imagined. For it had been supposed that chemotherapy would cure the patient by a complete massacre of all the germs present in the body of the patient. Had the sulphonamides, etc., acted in this manner the homœopathic doctor would have had no hesitation in condemning them outright, for it will be obvious that if the germs are killed by an outside agency the patient's defences, because they have not been called upon to fight the intruder, must be left at the same low level at which they were when he succumbed to the infection. It has been found, however, that chemotherapy simply stops them from multiplying. It does not kill the germs, at all, but acts in a totally different way. And so, although things are admittedly made much easier for the natural defences, these are not condemned to complete inactivity, but have to bestir themselves to deal with the primary invasion. Moreover it has been shown that, outside the body, the sulphonamides have little effect on bacteria until some blood serum has been introduced, and so it transpires that even in the work of preventing multi-

plication of the germs the bodily defences are required to play some part.

In spite of these considerations, however, the homoeopath's position, even on theoretical grounds alone, is still stronger than that of the allopath. For it is clear that, although with chemotherapy the body does take some share in its own defence, the fact that part of the burnt is borne by the drug means that the vital resistance of the patient is not awakened to nearly the same degree as it would be by a homoeopathic stimulus. And the truth of this is verified by experience, for after chemotherapy the patient, even apart from the toxic effects of the sulphonamides and to a lesser degree of penicillin, is far less well and must endure a longer convalescence than when he is treated homoeopathically. For these reasons, then the homoeopathic doctor is fully justified in regarding his type of treatment as the method of choice. At the same time he welcomes the advent of these newer methods and does not seek to belittle their effectiveness, though in his own practice he reserves his use of them for those fortunately few cases where he feels doubtful as to his ability to produce a satisfactory homoeopathic response. When he does require their aid he still feels he has the advantage over his non-homoeopathic colleague in that he is able, by means of his remedies, to eliminate more quickly the harmful after effects which ordinarily prolong the convalescence of the chemotherapeutically treated patient.

There is another weakness in chemotherapy, the importance of which, though not at present of high degree, is increasing and will eventually reach significant proportions. Soon after the introduction of the sulphonamides it was found that some of the germs, normally sensitive to the action of these drugs, were developing powers of resistance against them; and this same phenomenon has cropped up since in the cases of penicillin and streptomycin. What is happening is that some of the germs attacked by the drug are managing to survive and multiply, and those

that do so have, by reason of their exposure to the poison, learned how to defend themselves against it. It is, in fact, a case of the germ developing a kind of immunity against the drug, like a child who, having had measles, is unlikely to catch them a second time, but with this difference that, in the case of the germs the acquired immunity is handed down to their descendants so that a new breed of germs is created against which the particular drug originally used is impotent. Obviously the more these drugs are used, the more will this immunity amongst the bacteria increase. Now, if homœopathy were practised generally, the number of cases needing chemotherapy would be relatively infinitesimal, and the problem of germ resistance would not become a serious threat. But when, as at present, doctors everywhere are prescribing these new drugs daily, it will not be long before all the known chemotherapeutic remedies will have been put out of business. What will probably happen is that, as the present drugs become ineffective, new ones capable of dealing with the altered germs will take their place. These new drugs will in their turn become useless and so on, *ad infinitum*. Let us hope that before long general recognition of homœopathy will rescue allopathy from this somewhat ridiculous process of chasing its own tail.

Having now completed this necessarily brief review of the comparative merits of the two schools, how shall we define homœopathy's place in medicine? In Hahnemann's day, when the orthodox outlook was nothing better than a farrago of pseudo-science and age old superstitions, homœopathy alone, in the sphere of treatment, represented scientific reality. To-day, however, neither school has the right to claim a monopoly in knowledge, for each is guided by the principle that theory shall wait on fact. The homœopath, therefore, no longer regards the two outlooks as antagonistic but finds each to be the complement of the other. To him the persistence of two schools seems an unnecessary anachronism for he looks upon them as two

integral parts of one science. By so doing he in no wise derogates the importance of his own method, for he can still maintain—as, indeed, he does—that, of the two, homœopathy is the more widely applicable and by far and away the more effective system of treatment.

That homœopath's supremacy will eventually be recognised by the whole Profession there can be no doubt whatever. Already certain trends in that direction are becoming evident, for, in some fundamental conceptions, the allopath's outlook is converging towards ours. The line of thought, diverted by Pasteur's discovery of bacteria, is now curving back and will, if it continues on its present course, eventually merge into that of the homœopath and thus discover the unity of scientific thought which for so long has lain hid in a fog of mutual, reasonless prejudice.

There is one factor which is helping to hasten the union of the two schools, and that is the development of modern homœopathic research. For a hundred years and more experimental homœopathy concerned itself solely with the proving of drugs by testing them on healthy people. This was Hahnemann's original line of investigation, and it is still being carried on according to the strictly scientific technique laid down by him, though nowadays modern laboratory methods are enlisted to secure a more complete drug picture. Drug proving has resulted in a progressive accumulation of new remedies and a fuller knowledge of the older ones, and its value to clinical practice can never diminish so long as symptom similarity remains the basis of remedy selection. Within comparatively recent times, however, original lines of research have been opened up which have already resulted in discoveries of the greatest moment, not only to homœopathy, but to medical science in general. This branching out of homœopathic research started at the close of the first World War, thus—it is interesting to note—coinciding with the blossoming of allopathic discovery. From several original investigations two stand out on account of their immediate practical importance to

homœopathy and their theoretical significance for its future. These two are entirely different and independent investigations and were initiated in this Country by respectively, the late Dr. Bach of London and Dr. William Boyd of Glasgow.

—*Health through Homœopathy, May, 1949.*

PROSTATE TROUBLES

S. PHILIP CLEMENTS

Hypertrophy or enlargement of the prostate gland is a condition that is very common. It is surprising the large number of men who are around 60 years of age or over, who experience these symptoms, yet nothing can be done by the orthodox medical practitioner to cure the condition, and he can offer no treatment apart from the surgical removal of the gland. This gland, which in good health is about the size of a chestnut, is situated at the outlet of the bladder. Indeed the neck of the bladder and the first part of the urethra or outlet of the bladder passes through the gland. It is very plain therefore that the main symptoms will be associated with micturition, that is the passing of water.

The actual cause of the condition is unknown and it has been described as an inflammatory condition, process of degeneration, and an adenoma.

There is one fact which is peculiarly interesting and that is that whilst it is extremely common in Europe and North America the condition is almost unknown among the Mongolian and Negro races.

It is a very difficult matter to decide just when the disease commences. The symptoms are so very slight as to be almost unnoticeable in the early stages, but sooner or later the patient notices an increasing difficulty and fre-