

# THE HAHNEMANNIAN GLEANINGS

*with which is incorporated*  
*THE INDIAN HOMŒOPATHIC REPORTER.*

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Vol. XVII

OCTOBER, 1950

No. 10

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## EDITORIAL

### IDEOLOGICAL CONFLICT BETWEEN HOMŒOPATHY AND THE MODERN SCIENTIFIC MEDICINE

After all is said and done it remains to be explained why of all "pathies" Homoeopathy was and is so much discountenanced by the so-called modern scientific school of medicine. The reason is obvious. No other "pathy" like Homœopathy had ever dared to challenge the very foundations of the old school of medicine. The high philosophy, the subtle logic, the extreme simplicity of medicines used and above all the apparent paradoxicality of the law of cure were and are still too much for the crude materialistic minded physicians of the dominant school to accept them in toto.

But there is a deeper reason which is psychological, originating from the very constitution of human mind. On one side we find *synthesis* as the mental tendency, an intuitive disposition of comprehending the existence as a polarised entity and of thinking with phenomenology as the method of research, analogising as the way of thinking. On the other side, diametrically opposed, we find *analysis* as the mental tendency, a rational attitude of mind with an abstractly notional disposition of thinking, the principle of causality as the method of research and induction as the

way of thinking. The phenomenologic method keeps strictly to the plane of phenomena, has the great advantage of comprehending complex phenomena such as those of life in their variety, and at the same time, thanks to its intuitive power, in the unity of their organic forms. Causal thought, however, pulls the complex tissue of life in its single threads, following them without ever being able to get hold of the texture as a whole. It is a further advantage of phenomenologic thinking in comparison with the causal that it is less subject to fallacious reasoning, the possibility of which grows with the manifoldness of the objects under observation and naturally becomes greatest with phenomena of life. In its descriptive way it apprehends form, which impresses its stamp upon all living things, and which can never be grasped by causal thought. The danger of causal thought, always active, lies in the arbitrariness with which it breaks into unity of life and rashly generalising draws its conclusions, always following only one direction. The causal way of thinking apprehends, abstractly, the multitude of details, but not the unity essential to all living matter. It strays from the phenomena of life to be lost in the endless chain of causes and effects and to come more and more to abstract formulas. Its ultimate aim is the analysis of quality into quantity. But life is a creative principle; it defies mathematics and therefore analysis. So the causal way of thinking strays farther and farther from life, less and less conforming to it; whereas the phenomenologic research proves to come nearer life.

Homœopathy represents the synthetic attitude of mind and the modern medicine represents the analytic mind which is popularly known as scientific mind. The principle of Homœopathy springs from phenomenologic visualising, intuitive, analogising thought. The principle of modern medicine is based on causal, conceptional and discursive thought. When for the third time in medical history (after Hippocrates and Paracelsus) Hahnemann formulated

clearly the similarity-rule including all deductions originating therefrom claiming its authoritative right in a way perceptible to all but to adversaries, the conflict broke out and because Hahnemann's claims were so strange to the scientific thought of his day, the resistance provoked was of a definitely emotional nature. So we now understand also the vehemence on both sides in this remarkable conflict about the principle of similarity and Homœopathy, lasting now for more than a century and a half with a passion never customary in general scientific controversies. The cause lies in the perfectly opposed organised types of mind-leading to descriptive nature of the Homœopathic Pharmacology (based on common spoken language) on the one side; and the abstract approach of orthodox pharmacology (based on conceptual and technical terminologies) on the other. It is the time-old controversy between philosophy and science. Hahnemann's Homœopathy presented medicine from a philosophical outlook as a descriptive science, based on phenomenalism and not concerned principally with causal explanations. The orthodox school presents medicine as a science based on causality and therefore subject to the endless search for causes and everchanging conceptions and terminologies. This basic difference in thought, which is underlying the conflict of both schools and which is more unconsciously felt than clearly understood, makes it so difficult for the orthodox school to find an approach to Homœopathy. Thus we find that Hahnemann's ideas are in accordance with the most advanced conceptions of physical sciences as advocated by Einstein, Plank etc., who have sought to do away with the notion of causality altogether in their elucidation of general theories and statement of scientific laws.

Another psychological factor has got to be taken into account. *Perception* without conception is blind and *conception* without perception is empty. Homœopathy studies disease symptoms and drug actions as facts i.e., in their concrete wholeness; studies them as unique allogical facts

transcending the logical conceptions involved in them which are studied through physiology, pathology and other allied auxiliary sciences; these scientific studies being abstract, conceptual studies, miss the continuum of experience which is the living reality. Sense-perceptions give us a complete though vague character of the fact as a whole; conceptions give us a clear though abstract character of the fact as fact sections; whereas *intuition* gives us an integral knowledge of conceptions merging back into perceptual flux and thereby illuminating the latter as a whole. Homœopathy wants us to develop this intuitive faculty in the field of medicine to keep us closer to factual reality. The conflict between modern medicine and Homœopathy resolves then into a conflict between the tendency of a rational logic and that of a irrational or rather supra-rational "bio-logic."

B. K. S.

REPLY TO DR. J. M. GANGULI'S QUERY ABOUT POTENCY.

I have received Dr. Ganguli's letter in which he has earnestly requested me to put my views how to solve the question about potency. For his satisfaction I hasten to publish the following lines which, I hope, will remove the misapprehension under which he is labouring.

The question of Potency is still a disputed point and it may be said to be the only point for which we generally conduct our disputing arguments. Perfect unanimity prevails as regards the law of similars. But great disagreement exists as regards the dose of the medicine selected after the law of similars. There are many practitioners who generally use the lower dilutions and do not go beyond the thirtieth; on the other hand, we find many practitioners whose souls delight in the use of very high potencies. The question of dose can only be solved by the piercing test of experiment, and every homœopath must come forward to make the experiment himself. No hard and fast rules can be given with regard to this important

question. It would be a veritable dogmatic assertion to say that an ordinary case of cholera and other acute diseases will yield to any potency of the selected remedy. The constitution and idiosyncrasy of the patient must not be lost sight of when we shall have to choose the potency. It is sometimes seen that in some patients an appalling aggravation ensues from the administration of lower potencies, while the higher ones complete brilliant cures. It is often marked that the sixth potency having failed to cure an afternoon fever, the thirtieth has succeeded in its stead. But there are also cases where we have seen the most severe fits of epilepsy to vanish, the most agonising burning fevers to abate, the most excruciating torturing pains to be followed by soothing calm and sleep, all without the slightest sign of aggravation, under the influence of a single drop of the lower potency. Hahnemann satisfies the demands of scientific rigour by laying down the following (*Organon* sec. 278) "To solve this problem and to determine for *every particular medicine*, what of it will suffice for homœopathic therapeutic purposes and yet be so minute that the gentlest and most rapid cure may be thereby effected—to solve this problem is, as may easily be conceived, not the work of theoretical speculation; not by fine-spun reasoning, not by specious sophistry can we expect to obtain the solution of the problem. Pure experiment, careful observation and accurate experience can alone determine this."

The above lines are pregnant with an unflinching stock of truth. Truth is always truth whether we believe or not.

The dosage which has puzzled the distinguished workers of our own school can only be settled by the bed-side test of clinical experience. Faithful experiment, scrutinising observation and profound experience are of paramount importance if we wish to elucidate the mystery of this difficult point. The dosage stands as a bugbear to many practitioners. I am very often importuned by students to suggest the potencies of our remedies, so that they can run the race of practice with some knowledge of the subject.

Every practitioner is his own master and can choose the potency he likes.

As Dr. Ganguli and several others have shown their eagerness to be conversant with my personal views pertaining to this important question, I may tell them that I have always been in the habit of using lower and medium potencies in my practice and I have always been successful in my treatment.

In this connection, I may also add that the late revered savant Dr. Mahendra Lal Sarkar, M.D., D.L., C.I.E. and Drs. D. N. Roy, B. N. Banerjee, Salzer and several others of Calcutta were accustomed to use lower and medium potency in their practice and they are all known to be very successful practitioners.

In European countries the names of Drs. John H. Clarke, Burford, Stönham, Fergiewoods, George Royal, T. F. Allen, G. P. Cobb, William Boerick, Norton and several others may be mentioned in this connection who were accustomed to use lower and medium potencies in their practice.

I hope these lines will satisfy Dr. Ganguli and others.

S. C. GHOSE.

### HOMŒOPATHY, SURGERY AND PATHOLOGY.\*

Of late there has been a lot of talk about the relation of homœopathy to the other allied and auxiliary branches of medicine. There has not been much contention with regard to the essential necessity of a homœopath having some knowledge of Anatomy, Physiology, Hygiene, Jurisprudence and Pharmacology. The bone of contention has been with regard to pathology and surgical interference. The views expressed by so many eminent homœopaths and the conservative approach to this point by regularly qualified Homœopaths and lay practitioners have created such a

\* An address before the students of the Pratap Herring Memorial Homœopathic Medical College.