

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.

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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

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lot of confusion in the whole profession, that it has made me feel that I should sit down and jot my own ideas about the thing and find out whether I am also confused in the matter or not. The Organon in sections 13 and 67 (foot note) mentions that, excepting in surgical conditions, the treatment of diseases should be on similar lines and through the principle of dynamic life force in the sick person and a dynamic potential power in the remedial agent. Hahnemann himself has not clearly mentioned in this section of the Organon what he considers as purely surgical conditions so that, from the Organon itself as also from the later expositions of the Organon, one has to sift and find out the difference between surgical diseases and dynamic diseases, if at all this is possible. Because, as in all such cases you cannot have watertight compartments in matters medical, particularly with regard to therapeutics individual judgment would play a large factor in these cases.

Naturally this judgment would be influenced by the practitioners' knowledge of *Materia Medica*, knowledge of the science of therapeutics based on the law of *Similia*, his ability to apply it practically, as also by his knowledge of pathological conditions and his power of discrimination of the damage to the vital dynamics.

This brings us to the vexed question of pathology. The word "pathology" has been taken by the modern school of medicine, who call themselves the rational school, as the study of variations from health, of functions and structures of the organism. But, because of the materialistic outlook of modern medicine and the non-acceptance of the principle of vital force with relation to diseases, the principle has been to consider the changes in structure as primary conditions and changes in function, following the changes of structure as secondary ones. Attempts have been made to find out a 'causa morbens' and naturally excepting the traumatic conditions, and the so-called bacteriological conditions, where only the coincidental causal relationship has been established the cause remains as

elusive as ever a large group of cases such as degenerative diseases, metabolic disorders and the large range of psychological diseases. Real pathology, however, cannot do away with these and the homœopaths, as they see pathology, study the changes in structure and function in all spheres, be it mental, vital or physical, in diseases.

Thus we come to this that the homœopath studies pathology in more detail and takes into consideration every bit of these changes while he is planning out his line of treatment, keeping in mind that the so-called 'causa morbens' is nothing but an ultimate effect, the prime factor of all diseases being dynamic in nature.

As such, diseases that have started not in function but in structure would be, according to him a surgical condition not requiring dynamic medication. Further conditions which may have started in a dynamic morbidity but has gone to such an effect as to produce changes in function detrimental to life because of mechanical conditions due to structural changes, may also be taken by him as a surgical condition even with a preceding dynamic disease. There may be some cases, where dynamic medication can remove the disease but leaves ultimate effects which might have to be removed surgically because of mechanical conditions deleterious to harmonious functions of organs or for aesthatic reasons. Conditions may arise again where the crude effects of drugs or physical trauma or the ultimate effect of dynamic diseases may produce such an injurious effect to the vital force, that the time necessary for dynamic stimulus to eradicate the disease is not available. In such conditions also it might be necessary to take recourse to surgical interference.

In the abstract, these things may not be absolutely clear and I will try to explain with definite examples. Be it always known that individual judgment will always play the biggest factor in deciding the right time for interference in any particular diseased person.

Supposing we have a pure trauma which has injured a bone, the treatment will have to be necessarily mechanical, which means correction of the deformity and putting the corrected portions at rest. This would be conducive to the healing of the bone. It might be necessary for the dynamic portion of the effect of the trauma to the vital force producing the disharmony in the person, which is commonly described as shock, to be treated by a dynamic agent. In the absence of any dynamic miasm that the homœopath thinks of in diseases, this mechanical treatment (surgical) should be enough for the mechanical injury. A non-union because of faulty procedure in the mechanical portion of the treatment may be always corrected by reversion to correct procedure in the surgical treatment; but if the cause of non-union is dynamic, a dynamic remedial agent will be called for before the bone can heal. A miasmatic condition in a person, starting in disharmony of function may ultimately end in structural changes either of an inhibitory nature (destruction of tissues) or of a growing nature (neoplasms, granulous and other types of growth such as scarred tissues). The dynamic portion of the disease may be cured by homœopathic treatment and with this cure if the structural change has not passed beyond repair it might take a retrograde step and "status quo" may be established. But there are stages in disease processes as is seen by experience where a partial retrogression of the structural change is the only result possible. Such a condition might have to be interfered surgically if the ultimate effect of the disease process is causing mechanical disharmony in function or is injurious to the sense of aesthetics. The third group of cases that I am thinking of are such conditions where because the dynamic disease taking a particular line, as in an acute appendix which ruptures in the peritoneal cavity producing such a huge assault to the vital force as to paralyse it completely. In these cases it might be necessary to take recourse to both a dynamic remedial agent and mechanical drainage of the

pus in the peritoneal cavity to let the vital force recover from the assault. The fourth group of cases are where the crude effect of a dynamic disease or drug is so lowering to the vital force that no time is left for the dynamic remedial agent to revive it once more in its natural harmony. It is in this group of cases that Hahnemann had sanctioned palliative treatment even with remedial agents in a physical sphere. (Note—Section 63, Organon Dudgeon 5th Ed.).

Now that today the knowledge of phenomena of diseases have advanced so much more than what existed during the time of Hahnemann, it looks that to be a true Hahnemannian homœopath, one has to study pathology in all its aspects including homœopathic pathology. One has to take recourse to surgical, manipulative or other methods occasionally but remembering always that without the dynamic remedial agent all that can be expected is only a recovery due to natural elasticity of the vital force and not a cure by positive medication. It must also be remembered that in this effect one might establish drug dynamis which have to be cured again by dynamic remedial agents. It is the fear of this drug dynamis that has kept the honest homœopath away from these other methods of remedial agents. Sometimes it is his ignorance of the allied and auxilliary sciences that makes him renounce such methods. It is unpardonable if it is for the latter reason that he does not take the help of these measures.

I am certain that if a person practises homœopathy intelligently and honestly, wanting to learn the science and not only the art of homœopathy, gradually his judgment becomes developed and the scope of dynamic methods of treatment increases as the applicability of other methods diminishes. It would be definitely detrimental to homœopathy if we discourage the junior practitioner to take recourse to these things even though he is occasionally over-enthusiastic. The duty of the true homœopaths in these cases would always be to explain to the junior prac-

tioner the scopes of dynamic methods of treatment and other remedial agents, as also how to differentiate the dynamic diseases from truly surgical conditions.

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THE ALL-INDIA HOMŒOPATHIC CONGRESS, NEW DELHI RESOLUTIONS

Resolution No. 1.

Resolved that this Congress convened by the All-India Institute of Homœopathy places on record its sense of appreciation of the efforts of Shri Satish Chandra Samanta, M.P., Shri Mohanlal Saksena, Rehabilitation Minister and other members of Parliament who supported the Homœopathic Resolution leading to the formation of the Homœopathic Enquiry Committee. It also puts on record its sense of gratitude to the Government for the Report of the Committee and is thankful to the Chairman and Members of the Enquiry Committee. Whereas the recommendations are commendable it is pointed out with regret that certain sections and statements in the report are highly objectionable and are at variance with the views of this body of qualified homœopaths. It is inconceivable that people so well informed should have put on public record things which from scientific point of view are misleading, such as the view of the two Allopathic members as expressed in Section 47 that Homœopathy helps only those illnesses which are self-curing, runs counter to 150 years of scientific experiments and observations. Also it is wrong to say that Homœopathy has no prophylactic measures. This Congress asserts that Homœopathy has medicaments to be