

THE HAHNEMANNIAN GLEANINGS

with which is incorporated
THE INDIAN HOMŒOPATHIC REPORTER.

Vol. XVII

AUGUST, 1950

No. 8

EDITORIAL

CAUSAL MEDICINE AND HOMŒOPATHY

(2)

Having ascertained that clinical evidence cannot support the causal theory in medicine, let us now examine the experimental evidence furnished by the biological sciences in order to discover whether here the attributes of cause can be established.

Experimentation on animals undertaken in order to establish the causal properties of that which is supposed to be a cause in man, are based on the assumption that the results obtained in some species can be transferred to other species on the grounds of the Principle of the Uniformity of Nature. But actual experimental evidence shows that factors displaying causal properties in regard to some species do not necessarily produce the same effects in all species. For example, pathogenic bacteria produce lesions similar to those in man in some species only. This is illustrated by Koch's third postulate, which runs as follows: "The organism so isolated should reproduce the disease in other *susceptible animals*", and in which the word "Susceptible" indicates that only some species react in a way similar to man. Furthermore, the same lesions may be brought about by different causes. The experimental evidence, shows also that some factors thought to

be causal in man either fail to produce any effects in the experimental animal or produce quite dissimilar effects. For example, experimental cardiac infarct does not usually give rise to any clinical manifestations. Again, some pathogenic bacteria bring about effects that cannot be observed in man e.g. The lesions produced in experimental animals by the typhoid bacillus, or by the scarlatinal streptococcus, bear little obvious resemblance to the corresponding human disease. The lesions produced in the guinea-pig by the subcutaneous inoculation of cultures or filtrates of the diphtheria bacillus bear little resemblance to diphtheria as it appears in man.

Thus experimental evidence, therefore, does not support the hypothesis that certain factors are causative factors in man. Another point needs be mentioned here. The notion of experiment implies that the material studied is placed under given experimental conditions, and that therefore the results can be reproduced under "all circumstances" is to destroy the fundamental conception of experiment. All the theoretical biological sciences, however, make generalisations of this type in order that the results they obtain may be applicable to medicine, and thus they cut away the very basis of their experiments. To take a concrete example, the injection of bacteria or a filtrate of a culture into an experimental animal is markedly different from the way in which man is said to be infected. No one would claim, for example, that the reaction observed after the injection of milk will also be obtained after its consumption. Even if it had been demonstrated that there exists a causal relationship between a factor introduced artificially and the effect in all species including man, we should not be entitled to claim that the results shown in man under non-experimental i.e., natural circumstances have been produced by the "causative factor" used in the experiment, since the latter may have been the result of the way in which this factor was introduced into the organism, which as a rule differs from that arising

in medicine. Thus, to sum up: the biological experiments demonstrate that their results are valid only for their *particular material and circumstances*, and that therefore they cannot be transferred to medicine.

We, therefore, come to the conclusion that these factors that are considered causative in medicine do not in fact possess the essential properties of cause as stipulated in Mill's definition. Pathogenic bacterias are the cause of diseases. Why, then, do they not produce diseases in 'carriers'? They do not do so, answers modern medical theory, either because their virulence is diminished or because the resistance of the host tissues is increased. *Thus these bacteria are the cause of disease only under certain circumstances.* Again, when treating diphtheria with antitoxic serum it is supposed that the antitoxin causes the recovery of health by neutralising and destroying the diphtheria toxin. Some patients, however, die, but they die, says medical theory, not because the antitoxin ceased to be the cause of recovery, but because of injury of the cardiac muscle on which it has no influence. Thus an antitoxin also is the cause of recovery only under certain circumstances. Again it is asserted that gastric ulcer is the cause of a certain clinical syndrome. There are, however, cases not exhibiting any clinical manifestations although the ulcer is present. Thus *gastric ulcer is the cause of a clinical syndrome only under certain circumstances.* Surgical removal of a gastric ulcer removes the clinical syndrome only under certain circumstances. Thus structure, function and pathogenic bacteria may or may not be causally connected with clinical syndromes. The statement that something *may* happen in a certain way is a hypothesis for which no experimental evidence is needed, since anything may happen in a certain way.

Medical practice, and the theory based on it, assert therefore, that a factor is a cause only if a certain effect is present, and that when that effect is absent it is a potential cause ready to manifest itself at a moment's notice

should certain factors be removed that are keeping it at bay. Thus this practice and theory annihilate the obligatory relationship that is inherent in the notion of cause. According to this definition of the term something may produce something else, but it need not do so under every circumstance. Bacteria may produce disease but they need not necessarily do so. Antitoxin may produce recovery, but it need not necessarily do so.

A relationship between two factors in which from the presence of one of them the presence of the other may, but need not necessarily, be predicted is nothing other than probability. The term "cause" in this sense, therefore, represents the first factor in this non-obligatory relationship.

Thus medical practice, and the theory based on it, unconsciously acknowledge the principle of probability, but continue to act as if accepting the term "cause" in its previous meaning. Bacteria or toxins cause disease; therefore it is reasoned, the removal of bacteria or toxins by the administration of antitoxins will suppress diseases. This is causation, since in this obligatory relationship the conclusion follows automatically from the premises. If, on the other hand, we state that from the presence of bacteria, we can in a certain number of cases predict the appearance of a disease or that the administration of antitoxins is sometimes followed by recovery, we assert this on a statistical basis, investigating separately the relationship between bacteria and disease and between antitoxin and recovery. *This is probability. There is no premises, and therefore there is no automatic conclusion.* The very adoption of statistical principle in so-called modern scientific medicine, destroys the principle of cause upon which is based and supersedes this principle by the principle of probability, which is the foundation of statistics. It also destroys the principle of the Uniformity of Nature, because if laboratory conclusions are submitted to a clinical

test, this must mean that they are not necessarily valid for clinical material. It seems obvious that the orthodox scheme is therefore beginning to disintegrate and that the time is ripe for the acceptance of the Homœopathic point of view in matters medical. Since the principle of causation is a hypothesis which up to now has not been proved in practice, and which is theoretically unjustified, all the research devised for the purpose of finding "causes" must be inconclusive. It is like looking for something that simply does not exist. Little wonder, then, that despite the enormous amount of work done we have been unable to find the causes of diseases, and that medical theories succeed one another with such extra-ordinary rapidity. The claim of the orthodox system of medicine of being a rational scientific one because of its being based on principle of causality, falls through.

Here Homœopathy steps in. Hahnemann gave up the attempt to base his system of medicine on causal basis. To him association or sequence of phenomena was enough. He presented Homœopathy as a descriptive science, based on phenomenalism and not concerned principally with causal explanations. Here also we find Hahnemann's ideas are in accordance with the most advanced conceptions of physical science.

B.K.S.

What is a Homœopathic dilution and how Homœopathic medicine acts—By A. Berne, E.P.C.I. Director of the "Laboratoires L.H.M." (Translated from French by Dr. Rajkumar Mukherjee, M.A.) Pages 64, Price Rs. 1¼.

Publishers

HAHNEMANN PUBLISHING CO.

165, Bowbazar Street, Calcutta-12.