

# THE HAHNEMANNIAN GLEANINGS

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## EDITORIAL

### THE RELATION OF HOMŒOPATHIC MATERIA MEDICA TO PHYSIOLOGY AND PATHOLOGY

The human organism is a triune whole based on mentalised living matter. It is complex in its constitution and diversified in its manifestations which are the resultants of the mutually interacting forces—chemico-physical, vital, mental and spiritual, working in and through the organism. "What innumerable unknown forces and their laws may there be in operation in the functions of the living organs of which we can form no conception and for ascertaining which we should require many more senses than we have, and these endowed with infinite delicacy"!—asserts Hahnemann. The human organism presents two aspects—inward and outward. The former is invisible or imperceptible whereas the latter is visible or perceptible to our senses. Though the invisible morbid alteration in the interior and the alteration in the health perceptible to our senses (totality of symptoms) together constitute to the eye of curative Omnipotence what we term disease, the totality of symptoms is the only side of the disease turned towards us, this alone is it that is perceptible to us and is

the chief thing that we can know respecting the disease and that we need to know to cure the disease. Thus the totality of symptoms signify much more to Hahnemann than what they appear to the orthodox school of medicine. The symptom-totality cognizable to our senses, thus constitutes the outwardly reflected picture or image of the internal essence of the disease. These symptoms are either expressed by the patient himself or observed by the outsiders as sensational, functional and structural changes of the human organism. In so far as our observations are accurate and complete, our mental associations of symptoms of diverse kinds and grades strictly logical, our mental representation of the disease picture is the closest approximation to the factual reality. Thus empirical truth is also a truth of certain order and this truth can claim as much reality as any other scientific truth if it is based on correct observation, proper experimentation and complete verification through deductive and inductive methods of logical reasoning. Hahnemann takes his stand on this point of view. He built up a science of *semiology* which would not admit of any speculative hypotheses, wrong inferences or assumptions of half-truths. Facts, to him, constitute the whole truth and not the theories which attempt to explain, interpret or correlate fact-sections which supply the bricks for constructing the different sciences of Physiology, Pathology, Anatomy etc. Thus symptoms are the language and the only language of diseases; and symptoms are the language and the only language of drug-actions on the human organism. So Hahnemann did not attempt to unravel the mysteries of drug-actions or unfold the physiological effects that each drug might be construed to have upon the human system. He saw only the symptoms and to him these were all that were necessary for a thorough study of the drug-pathogenesis.

Hahnemann's objection to the physiological approach to the study of drug-actions seemed to lie in the fact that the moment one attempted to establish the action of the

drug from its supposed physiological effects he was entering upon the labyrinth of mystery which it would be difficult to unravel and which would give rise to various conflicting ideas and theories. So Homœopathic Materia Medica consists of the collective statements of perceptible reactions of the healthy human body, recorded in the words of the persons acted upon by drugs and eschews all concepts, physiological and pathological and thus admits no misinterpretations with changing medical terminology, altered biological conceptions and newer scientific attitudes. In so far as Hahnemann's method remains on the plane of description of observations, it attains stability to the extent that the observations are correct. When the orthodox medicine attempts to "explain"—whenever these explanations are premature, each newly discovered fact will cause a shifting of emphasis and a consequent appearance of *progress that is more often change than advance*; whereas the essentially descriptive view-point tends to account for the relative stability of Hahnemann's Materia Medica and doctrine in general through more than a century and a half.

But there are many who, while affiliating with Hahnemann in his new work, accepting the law of cure and the theory of drug provings, nevertheless are inclined to the belief that a more thorough knowledge of the effects of the drugs upon the organism should be established than that which comes through the perceptible signs and symptoms caused by the drug. Further they want to explain the "modus operandi" of the drug actions upon the possibility or capability of producing certain prominent physiological effects or in other words pathological alterations in the tissues.

Let us further enquire why Hahnemann practically ignored these possible changes in tissues and depended entirely upon the symptoms which provers recorded. We may note that this physiological approach to the study of drug-actions leads and necessarily leads to the pathologising of remedies. The study of pathology and pathological anatomy shows how the study of connection of symptoms

in the patient may greatly facilitate the discovery of symptoms by showing their mental connection, dependence and succession just as the study of physiology enables us to grasp the phenomena of healthy persons. This study aims at integrating all the symptoms into harmonious whole. But it would have been completely successful were our present knowledge of remedial actions perfect. But as the matter stands, neither physiological concepts are co-extensive with the totality of living phenomena nor the pathological symptoms completely cover the totality of symptoms in diseased conditions of the human organism—though these methods (*e.g.*, physiological and pathological), no doubt, help us greatly to marshal the facts in an orderly manner and to retain them in memory. These methods of study attempt to grasp conceptual wholes which are never co-extensive with the perceptual wholes; and it is in the perceptual whole lies the germ of concrete whole including the conceptual whole and the individual traits which go to put a stamp of uniqueness on the individual concrete whole which is the closest approximation to the factual reality.

It is a fact that as yet there is not one single remedy in the whole of *Materia Medica* whose physiological action is completely understood and this being the case it becomes at once apparent that we cannot base our knowledge of drug-action upon that which we do not know or at least know very imperfectly. Then too, the study of the physiological effects of the drug to the entire disregard of individual symptoms necessarily leads to the pathologising of our *materia medica*. Thus, when one studies the action of a drug only from the effects which he finds or supposes that he finds it to produce upon the tissues and organs he naturally concludes that when we find those alterations of tissues present in a manner similar to that which was supposed to be accomplished by the drug under consideration, that such a drug is the remedy regardless of any individual symptoms. This leads to adoption of specific methods which being once established everything pertaining to the

pathogenesis which does not fall within the magic circle of this established specific drug-action is thrown away and cannot be considered of any more account; once a remedy becomes a specific and we have the gauge and the scissors wherewith to trim "Secundum artem".

It may be asserted without hesitation that whenever a remedy has been received as a specific in the sense which I have just mentioned, it has proved a curse both to the remedy and the physician as well. It is simply an impossibility for the action of any one remedy to be brought into any one recognised physiological or pathological process, at least in our day and with our imperfect knowledge of drug-action. The continued study of drug-action upon this basis may give us eventually so perfect a knowledge of drug pathogenesis and disease pathology, if I may use such a term, that we may be able to establish a system of therapeutics based upon physiological action of drugs. *That time has not yet come and it is very probably in the far distant future.*

Our present knowledge of the physiological action of drugs and our present knowledge of pathology is not and can never be a guide to the administration of remedies. Cavil as we may, it is an undoubted fact that is becoming more and more apparent every day that we cannot understand the action of a drug from any other standpoint than that of its individual symptomatology. We may theorise to our heart's content as to the conditions which give rise to the symptomatology; it is perhaps eminently proper that we should do so, but when it comes to the application of the drug itself we should not allow any theory that we may hold to stand against the indications that may be given by pure symptomatology. As the same rule holds good here as elsewhere in the study of various branches of medicine, that is—while extremes are sometimes useful in leading us to the consideration of effects, nevertheless they are seldom a safe guide in the study of either diseases or drug-actions.

It may be pointed out in this connection, that the so-called Hahnemannians of to-day who ignore physiology and pathology in their study are found to be making very frequently the most extravagant and ludicrous mistakes in their treatment of diseases, mistakes that might be avoided by a very simple knowledge of the other two important sciences which they leave entirely out of the question. On the other hand there may be a class of men who claim for themselves the title of homœopathic physicians, but who have no knowledge whatever of symptomatology and never studied their *Materia Medica* carefully, but go upon the assumption that they possess a perfect knowledge of the physiological effects of the drugs and of pathological effects in disease; and they are found to be prescribing certain drugs for certain conditions under any and all circumstances regardless of the symptomatology or indeed regardless of any scientific ideas whatsoever excepting only those relating to the pathological effects of the drug itself. It is very evident that such physicians are liable to err; and that there is not one who does not make mistakes at times in his supposed knowledge of the physiological effects of drugs. He therefore stands upon an uncertain ground and is neither scientific nor safe in his methods of practice.

It may be concluded therefore that the physiological effects of a drug must ever be, so far as known, the scientific basis of our knowledge of drug-action, and we should lend every energy to increase this knowledge and at the same time, we should realise how weak and lame we are in this direction before accepting as a fact that which almost every physician has established as unsatisfactory if he has given the matter any thought at all. This is why the theory expounded by Hahnemann in the early days of drug study holds equally good to-day—that symptomatology is the only safe language of drug-action, wherein we are never liable to err and upon which we can at all times depend. One who closely follows the symptomatology of

the drug and the patient with a mind not narrowed by prejudice nor overcome by slothful habits shall more nearly arrive at the individuality of the drug and the patient—than he can possibly do by any of the modern methods which so-called scientists have adopted.

Therefore we should not ignore the very important relation that exists between the Homœopathic Materia Medica and Physiology, but at the same we should not allow the relationship to become so great as to blind us to the true and only scientific method of drug-study—symptomatology, the science of semiology.

B. K. S.

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### “WHAT IS HOMOEOPATHY”?

BY DR. JOHN PATERSON, M.B., CH.B., D.P.H. (CAMB.)

I began my talk by telling you of my personal experiences in Nottingham as an apt illustration with which to open the subject of this evening, i.e., “What is Homœopathy?”

The physicians of the dominant school said “You are ill”, while the single physician—the heretic—enquired “How do you *feel*?”

Herein lies the first basic difference between the dominant and the homœopathic schools of medicine in their methods of recognising disease.

The members of the dominant school are taught to identify disease by what one might call the pathological diagnosis. They must find something abnormal in their examination of the patient or by the aid of one or more of the “gadgets” or laboratory tests now available to the modern physician.

A duodenal ulcer is only a duodenal ulcer when it has been demonstrated by an X-ray plate. If there is no