A UNIFIED THEORETICAL APPROACH TO HOMOEOPATHY, IMMUNOLOGY AND RAJA YOGA AND ITS CONSEQUENCES

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INTRODUCTION

Over more than a century now, Homoeopathy has claimed miraculous cures even of those declared as incurables, and has helped establish Hahnemann's art of healing,[1] but the tenets of the system still remain in a nebulous state. The concept of vital force so basic to the homoeopathic system has been rendered untenable by latest researches in molecular biology.[2,3] The *expressions such as 'spirit like disease', 'spirit like medicine' and 'stronger* disease suppresses or drives away the weaker one', etc., do not find acceptance with the scientifically oriented. The believers, investigators and practitioners of the modern scientific medicine refuse to accept drug action at homoeopathic dilutions as 'cure' effected by medicine but tend to explain it *away as a mere coincidence with the 'remission' brought about by nature,* faith and suggestion. Therefore, Homoeopathy, though many a time more effective than the scientific Allopathy, is not generally regarded as a scientific system of medicine. How has all this come about? The following reasons can be given:

(1) Hahnemann wrote the Organon when chemists were still believing in 'vitalism'. (2) The system has throughout mainly developed empirically in isolation of the phenomenal advancements in other scienees. (3) Hahnemann[1] himself does not seem to encourage and attach much importance to basic research as is perhaps apparent from aphorism 28 and his footnote to aphorism *1.* (4) *The homoeopathic phenomena seem to occur at the sub-*cellular molecular level via the mediation of the central nervous system (CNS)—a process which even the most modern sciences like Genetics and Immunology have yet to recognise and elucidate although strong scientific pointers do exist concerning the mechanism of antibody formation (see below).

The Allopathy, despite fantastic research efforts and investments is far from being an ideal system of medicine and iatrogenic diseases are on the increase. Medicines, like fashion have been coming and going—a trend which still continues.

A total revision, howsoever bold though it might seem, in the scientific thought and approach is therefore, called for which this paper undertakes to

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initiate for providing a strong orthoscientific base to homoeopathic system of medicine. The herein proposed theoretical scheme, in addition to explaining the homoeopathic laws and principles, also perhaps provides the missing link in the chain of events leading to the antibody formation. This also suggests a new possibility and natural expectation for the 'paraphysiological' phenomena taking place via the mediation of CNS and where Homoeopathy and *Raja Yoga* should and would have a definite role.

The paper brings out some lacunae of the allopathic approach and also makes out a case for developing a system of Unified Therapeutics where Homoeopathy, Allopathy and Yoga are mutually complementary and helpful. Suggestions are given for improving acceptance of Homoeopathy by the scientifically minded. Personal experiences and observations are cited in support where necessary.

OLD CONCEPT OF 'VITAL FORCE'

Since times immemorial man is used to the concept of 'life' to differentiate the animate from the inanimate. Many scientists, even until 1920s, have therefore, believed that some 'vital force' outside the laws of chemistry and physics governs the synthesis and properties of the biological moleeules in the living cells and organisms. Nay, even until as late as 1940s some scientists thought that the complex structures of the enzymes and protein molecules when deciphered would eveutually reveal some features unique to the living system. It was expected that some new natural laws as important as the cell theory would have to be diseovered before the nature of 'vital force' could be understood. Hahnemann (1843) called[1] it the 'spiritual vital force' and 'immaterial vital principle'. Kent (1900)[4] prefers the term 'immaterial vital substance' or the 'simple substanee' akin to the 'fourth state of matter' (aphorism 9).

According to them the creation by morbid agents, and the cure by medicines, of the diseases take place only in 'spirit like' ways (aphorism 16).

These almost mystical ideas could and did never lead to any meaningful experiments and research. Progress was instead made by the chemists and physicists working with biological moleeules that is by the molecular biologists. Their researches have now convincingly shown and created the confident belief that the laws of chemistry and physics are and would be sufficient for understanding the synthesis, structure and properties of the enzymes and proteins and also for explaining the phenomena of heredity, metabolism, muscle contraetion, nerve eonduction, sensory perception, memory, reproduction, growth, aging differentiation, and photosynthesis, etc. The old concept of vital force has thus been set at rest[2,3] leaving the subject about the nature of the ultimate reality and 'life' aside.[5]

HOMOEOSTATIC STATE AS THE MODERN EQUIVALENT OF VITAL FORCE

Claude Bernard (1879) was the first to recognise that for full and healthy

life dynamic stability of the *milieu interieur* the internal environment in which body tissues and cells live, is essential. The hypothalamus, the pituitary, the endocrine system, and the autonomic nervous system, together with the absorptive and excretory organs are known to play a major role in regulating the various parameters like the temperature, pressure, pH and O_2 of blood, electrolyte and water balance, and various metabolisms, processes and functions in the normal and stress conditions and in maintaining the 'homoeostasis' in the body. This is accomplished by a delicate and balanced coordination of innumerable metabolic reactions taking place in a series of small and enzymatically catalyzed steps. The crucial point is the capacity to *adaptively* regulate the population size and activities of the strategic enzyme systems and the rates and directions of various metabolic reactions which they catalyze.

However, when *somehow* some fault, abnormality or unequilibrium *develops or is created in the induction synthesis and function of strategic* enzyme systems and/or in their coordination, and/or in the production and available concentrations of metabolites, hormones, co-enzymes and cofactors, giving rise to abnormal rates and directions, deviated routes of metabolic pathways and/or abormal concentrations of metabolites, the dynamic equilibrium of the whole system gets disturbed and a disease condition with clinical signs and symptoms emerges.

So, the 'homoeostatic state' is the modern scientific equivalent of the old 'vital force'. When the homoeostasis and the capacity to maintain it are full and patent, health exists; when impaired, disease ensues. The disease may be natural, artificially created or caused by morbid agents. Restoration of the homoeostatic state and capacity constitutes 'cure'. And the means and methods with basic principles, define and differentiate the therapeutic system.

DYNAMICS OF HOMOEOPATHIC DRUG PROVING

Let us now examine as to what will happen if a substance is introduced from outside into the *milieu interieur* when the homoeostatic state exists.

If the substance is a natural constituent or metabolite in tolerable amounts it will be smoothly metabolised. If its concentration exceeds the tolerable limits the corresponding enzyme system will be overloaded for some time and *the strain manifested as a temporary artificial disease to* be followed by normalcy. This artificial disease will have the same signs and symptoms as the natural disease in which the same strategic enzyme system is deficient or absent.

If the externally introduced substance is foreign and not a usual constituent the body will experience a chemical stress because it has no enzymes ready to deal with the substanec. The regulatory mechanism will be set into operation to synthesise the required set of enzymes *de novo* for appropriately metabolising and eliminating the substance. Until then an artificial disease will be manifested with signs and symptoms of the corresponding natural

disease. Normalcy will return when the requisite enzymes would be syuthesised and the foreign substance eliminated. Molecular biology of the enzyme induction is discussed in later sections of this paper.

It is thus clear from above that drug proving is an excellent technique for simulating natural disease and that the artificial disease created in the process is a passinng phase at the end of which the subject is left better equipped with additional strategic enzymes for a better regulation of homoeostasis in future. The drug proving, therefore, does not harm the subject. Hahnemann[1] arrived at these conclusions from observations.

MECHANISM OF HOMOEOPATHIC DRUG ACTION

A natural disease exists so long as the homoeostasis remains disturbed and the set of enzymes required to restore homoeostatic state remains deficient or absent. The administered drug would induce synthesis and activity of those enzymes which are required for its own metabolism and elimination. Now, if the drug induced set of enzymes is the same as required by the body to restore homoeostatic state the cure will ensue. This is perhaps how the homoeopathic medicines act.

DOCTRINE OF SIMILIA SIMILIBUS CURANTUR

From above it is clear that the natural disease will be cured by the drug only when the set of enzymes induced by the drug in the healthy state, is the same as required by the body in the disease state. That is the natural disease and the artificial disease ereated during drug proving, should manifest similar signs and symptoms. This is eonsistent and in agreement with the Hahnemann's law of similia similibus curantur (aphorisms 26, 27).

It is interesting to note that in the above scientific rationalisation it is not required and relevant to say that the natural disease is removed because the drug induced artifieial disease is stronger.

HOMOEOPATHIC AGGRAVATION

(1) If the quantity of the administered drug selected according to the law of similars is *just optimum* to induce the requisite set of enzymes and thereby get itself eliminated *quickly* the amelioration of symptoms and the cure will follow shortly thereafter.

(2) If the *similar* drug persists in significant amount either because the enzyme induction is slow or the quantity administered is more than the optimum, the drug will overload and aceentuate the need for the same set of enzymes as tbe natural disease. The aggravation of disease symptoms will result and it will last till the requisite enzymes get synthesized and the drug eliminated. This will be followed by amelioration of symptoms and cure.

(3) If the regulatory mechanism is incapable of eliciting induction of the requisite enzymes the drug induced aggravation will be long and not followed by amelioration of symptoms or cure.

Other types of aggravation as discussed by Hahnemann[1] and Kent[4] can also be explained on similar lines.

DRUG POTENTISATION

It is clear from the above discussions that the curative action of the drug is not through its direct involvement in a chemical reaction. The drug is used indirectly as a trigger to induce and activate the requisite system of enzymes. Any quantity more than the optimum amount of the drug only aggravates the symptoms. It is, however, known[6] that the kinetics of enzymes induction follow the law of mass action. That is the amount of enzyme induced is proportional to amount of the inducer at *low concentrations* and then a saturation plateau is seen when the amount of enzyme induced does not increase with that of the inducer. This probably is the toxic concentration. For foreign and poisonous substances like most of the homoeopathic drugs, this toxic level would be reached at very low concentrations. The minimum concentration for threshold of enzyme induction is expected to be still very very low—hardly a few molecules as is borne out by the actual experience with homoeopathic drugs.

The above exposition is consistent with the observation that some drugs like biochemic medicines are quite safe even at very low potencies whereas some others are toxic even at medium or high potencies. It all depends at which concentration the saturation plateau occurs.

CAUSE OF DRUG ACTION NOT IN SOLVENT MEDIUM

The enzymes mentioned herein are not those circulating in the plasma but are the subcellular tissue enzymes so difficult to assay histochemically *in situ*. Avogadro's law creates further difficulties both theoretical and experimental at dilutions higher than the 12th centesimal potencies. To test these hypotheses would thus be a very difficult and demanding experimental task. There is no method, chemical, radioisotopic, photometric or chromatographic sensitive enough to detect and measure homoeopathic drugs at such high dilutions.

It is therefore, not surprising to see some attempts[7] being made to search for a cause of drug action at high dilutions in the solvent medium—the alcohol. But certainly these are futile and misdirected efforts and their results are misleading. This is because the homoeopathic medicines are known to act even when absorbed and dried on sugar globules where no trace of the solvent remains. But these authors impliedly concede to the *ignorant general criticism* that homoeopathic treatment is no drug action—because there is no drug in the dose.

A plausible explanation for the drug action at ultra high dilutions through the mediation of the central nervous system and enzyme induction at molecular level is, however, presented in later sections.

INDIVIDUALISATION

It is now definitely known that the precise genetic information and hence the content and distribution of enzyme systems at the minute detail are unique to every individual. That is why any two persons—even the twins, though very similar are never identical not even in their response to disease and drugs. Therefore, even though the cause and common symptoms in any disease may be similar in many patients, the characteristic and peculiar symptoms would vary from individual to individual. This applies to both the natural disease and the artificial disease created during drug proving. Two persons suffering from the same common disease would, therefore, require two different homoeopathic medicines selected on the law of similars.

Similar explanation can be given for idiosyncrasies, and modalities in heat/cold, etc.

The statement that Homoeopathy treats the patient and not (only) the disease now gets underlined and clarified. This point is further emphasised in the next sections.

GENERAL SYMPTOMS MORE IMPORTANT THAN PARTICULARS

As mentioned above all metabolic reactions occur in a series of small steps and each requires a separate specific enzyme. But there are other enzymes which are specific to act not on specific substrates but on specific types of covalent bonds. The peptide bonds of different proteins are, for example, broken down by the same hydrolysing enzyme. These are the type of generalised enzymes, distributed widely in the body tissues, along with others involving generalised substrates like ADP, ATP, Glucose, etc.

The *general* symptoms are related to these generalised enzymes and belong to the whole patient. The *particular* symptoms relate to the local enzymes specific to the organ and site. Obviously, the general symptoms are and should be more weighty than the particular ones. In homoeopathic system of medicine the general symptoms get higher weightage and importance than the particulars. Its reason and scientific basis now become clear. Homoeopathic approach seems to be more rational than that of Allopathy because the former thus addresses the whole patient whereas the latter is more 'organ' oriented.

THE MIASMS

The biological basis of the three (or more) miasms, though not very clear seems to involve some major categories of the generalised enzymes of basic importance.

MODALITIES IN TIME

Periodic variations in the plasma concentration of various electrolytes, hormones, etc., in mitotic indices of cells in various tissues, in DNA synthetic rates and a host of other parameters and hence in the activities of their basic

enzymes is so well known and established that a distinct science of chronobiology is being recognised. Various rhythms like ultradian (3-5 hr), circadian (20-28 hr), infradian (one-few days) have been defined and observed. This rationalises the homoeopathie practice of giving due weightage to modalities in time, weather, season, etc.

SYMPTOMS LAST TO APPEAR IN DISEASE DISAPPEAR FIRST IN TREATMENT

All reactions, as mentioned above, occur in a series of small steps, products of one step forming the substrates of the next step and so on. The sites of various steps in metabolic pathway may or may not be located in distant organs and tissues. If for some reason, natural or artificial, accumulation of intermediate metabolites occurs disease symptoms will correspond to defects in various steps of the reaction and would stay because of the 'end product feedback inhibition' of the enzymes situated earlier in the series. During treatment, the last step of the reaction would be the first to be unlocked. Therefore, it is consistent with expectations and observations of the homoeopaths that the time sequence of the appearance of symptoms in such a setting would be reverse of their disappearance-sequence in treatment.

It is now clear that the symptom appearing last in the disease does as it *should get the highest weightage in homoeopathic prescribing because last* step in the blocked metabolic pathway needs to be unlocked first.

MOLECULAR BIOLOGY OF DRUG ACTION AT ULTRA HIGH DILUTION VIA CNS MEDIATION

Bits and pieces of distant and indirect information derived from successes and failures in related sciences [2,3,9-16] will be woven and synthesised here to construct a plausible hypothesis.

(1) *Regulation of protein synthesis*: It is now well established that the synthesis of the enzymes and proteins by a cell is genetically controlled and that the genetic code is largely universal. A living cell, however, can turn its genes on and off in response to intra and extra-cellular signals. The work on viruses, bacteria and bacterio-phages has shown that the enzyme RNA-polymerase attaches to the 'promotor' region of the 'operator' gene on one strand of the DNA molecule and 'transcribes' the genetic information, of the group of genes adjacent to and controlled by the operator, by synthesizing a 'messenger' RNA (mRNA) which forms the 'template' on which the 'ribosomes' synthesize the specific protein by assembling the amino acids in the defined sequence and thus 'translate' the genes' message into protein[2,3]. Under other conditions the 'repressor' gene is transcribed and translated into repressor protein molecules which bind to the operator region of the DNA, blocking access of RNA-polymerase to promoter region and hence synthesis of mRNA for the specific protein[9]. The operator may have one or more binding sites for the repressor-single site for all-or-none control and multiple sites for graded control of the amount of protein synthesized. The repressor

also turns off the repressor gene and thus regulates its own level in the cell[9].

The enzymes controlling one metabolic pathway are often coded by the genes located next to each other on the chromosome and are switched on or off together by an adjacent operator gene whose function is regulated by the repressor[2,3].

In essence, the repressor exercises a negative control. An inducer, somehow, *inactivates the active repressor;* for example, making of β-galactosidase and other two enzymes concerned with the breakdown of lactose in *E. Coli* is allowed only when lactose is present in the medium. In contrast, the presence of the amino acid, histidine converts an inactive repressor into an active one and abolishes making of enzymes necessary for its biosynthesis. Here histidine is the 'co-repressor'. It is now suspected[2] that lactose itself is not the true inducer of β-galactosidase synthesis. Instead, it is first transformed into a related compound which in turn attaches to the repressor.

(2) *The hypothesis for homoeopathic drug action*: The scheme of protein synthesis as outlined in the previous subsection is based on the research work done with viruses, bacteria and bacterio-phages and as such must have been suitably modified and improved upon in its operational details in primates, particularly the man in whom the need for maintaining 'chemical' homoeostasis of the *milieu interieur* is very great. Every cell (except a few like red blood cell) in the body has the same set of genes yet its shape and function varies with its location as its genes are selectively switched on and off. Operation of the genes and hence synthesis of the various enzymes is, as it should be, controlled from various levels of integration and regulation depending on its importance and need for survival and health. Defence against toxic, poisonous and foreign substances is crucial for the very existence, demanding greatest vigil at the very first portals of entry and maximum attention at the highest level of integration namely the central nervous system (CNS).

So, and this is most important, the induction or repression of enzymes by homoeopathic drugs may be effected via the mediation of the CNS according to the following mechanism. The receptor dendrites and the cells in the end organs detect and almost positively recognise the drug molecule and send encoded information to the CNS which in its turn synthesizes the ultimate inducer and co-repressor and releases the same to reach the target cells, via local diffusion, blood circulation or neuronal secretory transmission, where the requisite specific enzymes are induced or repressed. Positive recognition means identification or differential labelling.

The following facts can be cited in support of the above hypothesis:

(a) Unlike allopathic drugs, the homoeopathic medicines are too small in quantity to chemicaly interact with the infecting parasites. Their mode of action should be entirely different for eliminating infection.

(b) Finite time, some time in hours and days elapses between adminis-

tration of the homoeopathic drug and initiation of its action. Slow moving chemical signals are therefore, involved.

(c) Offensive odours, bitter substances and irritating fumes are detected and recognised by the sense organs of smell, taste and by the skin almost positively at very low quantities, so the body already has such a mechanism to operate. And the homoeopathic drugs even at very high potencies can be administered by sniffing, putting on tongue or by sprinkling/rubbing on the skin.

(d) Homoeopathic medicines, if correctly selected, act in minimal amounts even at the highest potencies. The enzyme induction or repression, therefore, seems to follow the all-or-none control indicating a single binding site for the repressor on the operator gene for these enzymes. This is quite consistent with expectations here.

Now it is clear and scientifically explained why repetitions should be avoided while drug is acting because these will distract induced enzymes from dealing with natural disease and might aggravate symptoms.

Similarly the low potencies exhaust their curative action early and sometimes lead to aggravations because the drug administered in excess of the optimum amount has got to be eliminated by the induced enzymes.

(e) Now it can be understood that antibiotics and other allopathic drugs induce iatrogenic diseases in humans and resistance in the corresponding parasites in the manner similar to the effects of homoeopathic drug proving.

(f) The mammalian brain contains a greater variety of cells than all other organs and tissues of the body combined. It is therefore, no wonder or surprise that some brain cells highly specialised in the synthesis of tailor made inducers or corepressors do exist. They have not yet been demonstrated experimentally, nor even the need for their search felt. This should not rule out their existence, however.

In our present state of knowledge it would be imprudent to make unqualified speculations for naming any particular cells of the CNS but it is interesting and relevant to mention that recently[11-14] some 'neurosecretory' cells have been discovered and found to have the following properties: (1) they have bidirectional secretory capacity into both blood and cerebrospinal fluid, which is required to explain the successful action of homoeopathic drugs, in treating the brain and mental disorders alongwith somatic diseases, without crossing the blood-brain-barrier, (2) they synthesize secretory products (peptides and monoamines) which are hormones in action. And the peptides may contain some structurally encoded information of the type relevant here, (3) they exhibit long sustained action potentials and slow conduction velocities required for releasing secretions from terminals and for controlling other endocrine tissue, (4) they have direct synaptoid contacts with endocrine and other tissues, (5) they also communicate with hypothalamus, ependyma and pituitary suggesting great ability for integration and

control of the type required here because hypothalamus is already connected to the above sense organs.

(g) The elucidation of the mechanism by which the antigens elicit antibody production continues to be one of the most important unsolved problems of immunochemistry. There seems to be a solution by hypothesising the mediation of CNS because the antigen, after all, is a 'foreign' substance elimination of which cannot but involve the CNS. This strengthens the hypothesis of this paper about participation of the CNS in homoeopathic drug action and in natural remission of diseases. (See next section).

(h) Homoeopathy gives high weightage to mental symptoms in selecting medicines which are known to correct disorders in behaviour, memory, affections and intellect. Recently [15-16] lot of attention has been focussed on the study of 'local circuit neurons' (LCN) with no or small axons and the 'local neuronal circuits' (LNC) which they form within the CNS. These are considered as the units and sub-units to mediate behaviour and other psychological paramcters. These LCNS communicate through biochemical signals and are considered not to be as well specified genetically as the long axon neurons, providing a pool of modifiable neurons and neural circuits required for learning through training and practice, including Yogic practices, and for explaining the homoeopathic drug action. (See next section).

CNS MEDIATION IN ANTIBODY FORMATION

In line with the hypothesis for CNS mediation in homoeopathic drug action the following mechanism may be postulated for the antibody formation: The macrophages detect and recognise the antigen as 'foreign' substance and the biochemical signal is sent to the CNS which in turn synthesizes the specific inducers or derepressors to stimulate the multiplication and transformation of the lymphoid cells into plasma cells which then synthesize the homologous antibody by the action of an appropriate inducer from CNS. The neurosecretory cells, the local circuit neurons (LCN) and the local neural circuits (LNC) in the CNS may all be postulated to participate in this process. Exact mechanics and details of this participation, however, are not known.

The following explanations for some difficult problems[10] can be cited in support of the above hypothesis:

(a) Bulk of the antigen is deposited in the phagocytic macrophages but the highest concentrations of antibody are found in the plasma cells. It happens through the mediation of CNS. None of the conventional hypotheses explains this observation.

(b) Antibody production continues after a single primary stimulation for periods of many months and years and sometimes even in the absence of the antigen. For the production of the antibody, derepressor is needed and not the antigen. The memory period in the CNS for producing derepressor is variable and so is the life of derepressor.

(c) Antibodies against a single antigen are mixtures of similar but not identical protein molecules. This heterogeneity may be due to the multiplicity of determinant groups on the antigen molecule and also due to the heterogeneity of the participating neurosecretory cells and the LCNS and LNCS, of CNS which are not as well specified genetically as the long axon neurons. This obviates the need for hypermutability postulate which is inconsistent with the continuous antibody formation for years. This also explains the differences in responsiveness of individuals in terms of genetic differences.

(d) The problem of Uni-, Pluri- and Omni-potentiality of the antibody forming cells disappears because nothing is ruled out and inconsistent.

(e) If the amount of soluble antigen exceeds a certain limit, antibody formation is suppressed. The initial rate of antibody production is so high that the 'end product feed back inhibition' due to high concentrations of the antibody within the cell occurs.

CNS MEDIATION IN RAJA YOGA

The eight steps (*yama, niyam, asana, pranayam, pratyahar, dharana, dhyan, samadhi*) of Patanjali's *Raja Yoga* are in essence, sustained inhibitory-excitatory training practices to control and regulate behaviour and attitudes (*yama, niyam*), body postures and endurance (*Asanas*), rhythms (*pranayam*), facility to withdraw (*pratyahar*) and concentrate (*dharana dhyan*), and the method and capacity to think and intuite (*samadhi*).

All this means controlling and regulating the mental and psychological process mediated by the LCNS and LNCS in the various parts of the CNS. Stability and relaxation are the two requisite essentials at every step and in every stage of the *Raja Yoga* so as to avoid 'spike' potentials and involvements of the long axon neurons which are genetically fixed and unmodifiable. Subthreshold electrotonic control is instead used.

'Attention' is all-through used as a 'probe' and 'instrument' to exclusively select different CNS areas one at a time. The various *chakras* are not situated in the vertebral column but refer to various areas in the CNS.

Psychosomatic interactions and regulations via the CNS-ANS-Neuroendocrine-endocrine system thus become natural expectations and possibilities pointing to a host of yet uninvestigated 'paraphysiological' phenomena in which CNS and its LCNS and LNCS play a siguificant role.[15,16]

Raja Yoga, like Homoeopathy, also addresses to the 'whole' man at all the four levels: social, corporeal, mental and spiritual. Its effects although are slow and subtle, because a modification and rearrangement of the LCNS processes and contacts in the LNCS is ultimately involved, the results are very striking. There is no other system as profound as *Raja Yoga* to prevent and cure disorders at all the four levels of human personality. It is an aid and supplementary to homoeopathic system of medicine which also affects the 'whole' person.

The Homoeopathy, the Immunology and the *Raja Yoga* are thus unified through the mediation of the CNS where they all meet.

PLEA FOR A SYSTEM OF UNIFIED THERAPEUTICS

In section 3 health is characterized by two factors: (a) presence of homocostasis and (b) patency of the capacity to maintain homoeostasis even under constraints. The allopathic steps to neutralise, block or remove the products and results of disease help restoring homoeostasis quickly though artificially and temporarily. Homoeopathy restores both the homoeostatic capacity and the homoeostasis, gently though slowly. *Raja Yoga* tones up and stimulates the neuromuscular system and tranquilizes the mind to control psychological components of the disease. In appropriate situations, judicious combination of Allopathy, Homoeopathy and *Raja Yoga* should prove efficient and beneficial.

Efficacy of this system of Unified Therapeutics is borne out by the convincing experiences of this author and further by the following arguments, viz.

(a) In the case of an infection, the allopathic medicines combat the parasite and homoeopathic drugs restore the homoeostatic capacity of the host. Concentration controls the psychological symptoms.

(b) In diseases like intractable headaches and pyrexia of unknown origin (PUO), when laboratory tests show no abnormality, Yoga and Homoeopathy can be used to prevent development of disease.

(c) In diseases like epilepsy and asthma which involve vital organs, allopathic medicines can be used as a cover to keep symptoms in check and Homoeopathy to effect a cure. *Pranayam* is helpful in asthma.

(d) In allergies and viral infections homocopathic medicines can be used to cure disease and allopathic drugs for controlling the symptoms.

(e) This author has successfully treated, through Unified Therapeutics, scientifically diagnosed diseases like exophthalmos, psoriasis, Indian childhood cirrhosis, arthritis, cervical spondylosis, asthma, epilepsy, chronic iritis, migraine, etc., which were considered difficult to cure with allopathic medicines. Advised surgery was avoided for cervical spondylosis, prolapse uterus and for benign solitary thyroid nodule. For these and preliminary studies the allopathic treatment continued as advised by the experts and the appropriate homoeopathic drugs plus *yogic* practices (i.e., asanas, pranayam, dhyan, etc.) was advised by this author, as a hobby.

In conclusion it can be said that the allopathic medicines are not contraindicated along with homoeopathic drugs and the two can be given concurrently with advantage. The reason is obvious because the modes and planes of their action are different. Controlled trials of homoeopathic medicines with full statistical analyses will improve their acceptance by the scientifically oriented people. And the system of United Therapeutics could be

adopted and popularised for the relief of suffering humanity with due caution and precaution of course.

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—Transactions of The XXXII International Homoeopathic Medical Congress, India 1977