

THE TREE OF HOMOEOPATHY

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Three articles by Dr. V. Krishnamurthy, Madras have appeared in the pages of this esteemed journal. However, some of the assertions made by the learned author seem to be dogmatic—rather ostentatious, and sometimes, if I am permitted to say so, to the point of ridicule of others; hence a critical review of these has become necessary. The author has profusely quoted from Hahnemann and Kent, especially the latter and this practice is consistently followed throughout his writings. "The author seems to have a particular preference for Kent"—Sankaran.

At the outset I may add that there can be no two opinions about the fact that Hahnemann was the founder of Homoeopathy and Kent was one of the greatest exponents. However, whatever they have said or written cannot be regarded as gospel and the last word in Homoeopathy. Homoeopathy is a science, and like all other sciences, it should develop and modify itself according to circumstances, new discoveries and developments. Change is the great law of nature and anything that does not change according to environments, known facts and circumstances is bound to stagnate and ultimately disappear. Homoeopathy is no exception. Even Hahnemann, throughout his long life, has been experimenting in order to improve it as best as he could. Yet, "I yield to none in my veneration for Master Hahnemann, our medical guru of gurus but I hesitate to equate Homoeopathy, Hahnemann's discovery with Hahnemannism"—Sarkar. In the same way one would hesitate to equate Homoeopathy with Kentism. Even Dr. Kanjilal has admitted that he does not agree with the Master at certain points in the 6th edition of the Organon. The contributions of stalwarts like Dudgeon, Burnett, Clarke, Cooper, Hughes and a host of others are second to none and without them Homoeopathy would be seriously crippled.

Secondly there is only one law in Homoeopathy and that is the law of similars. Without exception all say amen to it. All other operations like the theory of miasms, the totality of symptoms, selection of the drug, choice of potency, repetition of dose, etc. are rules (rather guidelines) for the practice of Homoeopathy. They depend upon the nature of disease, nature of the drug in question, the susceptibility and the recuperative power of the patient, and the last but not the least, "the sixth sense" of the prescriber. In fact it is aptly said that every homoeopath practises Homoeopathy of his own choice. There is a great divergence of opinion about the theory of miasms. In the matter of selection of remedy a number of methods are available and Dr. Mathur in his book *Principles of Prescribing* enumerates at least a score and a half. Kent's method is just one of them. In the matter of potency we have the 'high potency prescribers' (Kent, Boger etc.) and the low potency pres-

cribers (Ruddock, Voohoeve, Hughes, etc.); on the other end of the scale, Cooper used the drop doses of mother tincture in the same way as we use the highest potencies. Similarly in the matter of repetition Kent and Boger would rarely repeat whereas a host of others repeat frequently. Dr. Desai repeated even high potencies frequently. Hahnemann himself repeated infrequently in the beginning and later on he advised to repeat the LM potencies more frequently. In spite of all this diversity, there is unity in that all practitioners are getting excellent results. Therefore, it does not behove one to criticise others when they do not follow one's guidelines rigidly.

The first of the series is 'Diet and other Restrictions in Homoeopathy' (THE HAHNEMANNIAN GLEANINGS, March 1978). Before taking up the subject we will have to keep in view the point that environmental conditions in the time of Hahnemann and Kent were entirely different from those prevalent today. During that period the conditions for the most part were natural and one could get reasonably pure food, water and air. At present the atmosphere is polluted with industrial gases (most notorious being sulphur dioxide which in some individuals has to be antidoted with Acid sulphurous in potency) and radio active fallouts (which have to be sometimes antidoted with Phosphorus, Radium or X-ray in potency). Water is polluted with industrial wastes (according to latest reports even the holy water of the Ganges is unfit for drinking). In most of the urban areas drinking water is heavily chlorinated. As for the food, the less said the better. Sweetening agents including the carcinogenic cyclamates, flavouring agents, the colouring materials, the preservatives in the food, the use of artificial fertilizers, insecticides and pesticides in the fields—all these leave little chance for the supply of pure or wholesome food. According to recent reports, especially in the developed countries, D.D.T. has entered the body of almost all individuals, and then the cosmetics and in spite of all these "obstacles to cure" homoeopaths all over the world are getting excellent results. The above mentioned factors are far more potent and devastating and, at least on the face of it, bigger obstacles to cure than the articles of food mentioned in the foot-note (2) to para 260 of the *Organon* and hence the directions in the latter seem to be redundant.

Recently Dr. P. S. Kumta has carried out a short piece of research regarding the action of articles of food on the action of homoeopathic drugs. He summarises:

"(1) The group B which was not on dietetic restrictions showed better results than group A which was kept on strict dietary restrictions.

(2) Coffee, tea, spices, etc. had no adverse effect on the action of medicines.

(3) Withdrawal symptoms were observed in the patients, who were habituated to take coffee, tea, spices, etc., when they were kept on dietetic restrictions. These symptoms disappeared when the patients were put back on their usual normal diet."

Another curious point. The author has laid so much emphasis on so

many articles of diet but he is silent about smoking, an almost universal habit. Tobacco smoke is known to contain the alkaloid nicotine, a potent carcinogenic agent. Does the author want to convey that smoking does not but coffee does interfere with the action of homoeopathic potencies? Secondly his cryptic remarks that Dr. Sankaran as "physician of homoeopathic hospital, lecturer, editor, examiner, delegate etc. has not been able to prove his *bona fides* in attempting to discuss the problem on the scientific plane, shorn of all its traditional accretions" smell of jealousy. Both Hahnemann and Kent belong to the race of *Homo sapiens* and as such were prone to limitations, errors and omissions; yet they are shining like the most brilliant stars in Homoeopathy. So is the case with Dr. Sankaran. He is after all a human being and has his own limitations; yet his contribution to Homoeopathy is recognised both in our country and abroad. It does not behove our learned colleague to use these remarks sarcastically.

Coming to the subject matter, we are made to convince that (sometime) a person under the influence of *Rhus tox.* or *Calcarea* should not take bath, which might probably stop the action of the drug. First, may I request the author to give the statistical data indicating the percentage of cases in which the *bath* stopped the action of these drugs and that "it was not due to some other factor". We are treating thousands and thousands of cases daily with these drugs all over the world. Will the profession publish the necessary data for or against this proposition? Moreover by analogy, *table salt* should interfere in the *Natrum mur.* patient, *opium* in opium addicts, *onion* in *allium cepa*, *vinegar* in acetic acid and *coffee* in *coffea* patients; however the actual experience does not corroborate it. Secondly, are homoeopathic potencies so impotent as to be upset by a simple bath? Contrary to the hypothesis, we administer potentised drugs to patients suffering from septic and malignant diseases like typhoid, where the saliva contains much toxic matter and yet the remedy reacts. Our remedies *Chin ars.*, *Chin sulph.*, *Natrum mur.*, *Sulphur* etc. in potencies can arouse the reactive powers of the patient to such an extent that no malarial parasites are detected in the blood. Hahnemann advises, among others, one method of administering the remedies—olfaction, which proves that the homoeopathic potencies are potent enough to transmit their effect by olfaction. I fully agree with the editor that the patient is the best dietician, the diet should be regulated by the desires, aversions and environmental conditions of the patient rather by the characteristic modalities of the drug.

The author has further contended that in a case of Dr. Sankaran, potentised sulphur acted well in a patient taking pethidine injections because there was "no relationship (either inimical or antidotal)" with sulphur and that pethidine could not disturb the action of sulphur. This again offshoots the mark. For a drug (homoeopathic or otherwise) to act there should be some susceptibility of the patient to it. We give the *similimum* to the patient, it would act only when the patient is susceptible to its action; mere homoeo-

pathic relation is not enough. In my humble opinion in those cases in which the potentised drugs act "at times even in face of apparent obstacles to recovery" the patient is not susceptible to the influence of these obstacles. Moreover, if we assume that a substance, medicinal or otherwise would interfere with the action of a drug only when it has some homoeopathic relation, this would lead to the natural conclusion that the various articles of diet in the foot-note (2) to para 260 of the *Organon* (which are supposed to interfere with the action of homoeopathic drugs) have some relation to all the drugs of the materia medica and have therefore been forbidden wholesale, a hypothesis difficult to accept. Space forbids further discussion.

Next is 'Cancer And Its Cure In Homoeopathy' (THE HAHNEMANNIAN GLEANINGS, May, 1978). Here again the author has mainly quoted from Kent's article, 'Why Is Cancer Incurable'. The very title means that we admit that cancer is incurable and we should put up a signboard at the entrance of our clinic: No Cancer Patients, Please and make ourselves the laughing stock of the laity in general and the scientists in particular, and that too, in spite of the fact, that Kent himself has given remedies for cancer in his *Repertory*. First, the title itself is misleading. In Homoeopathy there are no incurable diseases but there are certain individuals (in all diseases) that are incurable. A simple diarrhoea, which is regarded as a curable disease, may be incurable in a particular patient. Conversely many cases of cancer (regarded as incurable disease) have been cured by masters like Burnett, Cooper and others. May I request the learned author to come out of his well and have a dip in the vast lake of homoeopathic literature that lies outside of it particularly Chapter XIII, Cancer—A Reproach to the Medical Profession in *Miracles of Healing* by Ellis Barker. He will be convinced that cancer, in curable patients, is also a curable disease. This is applicable to all malignant diseases. His advice that we should treat the patient before actual pathological symptoms of cancer have been established, i.e. precancerous stage is very sound in theory (as far as it is possible) but equally difficult in practice. It is applicable to all malignant diseases. The number of patients who would come to us for treatment in the precancerous stage would be insignificantly small. Generally the patient comes to the doctor when cancer is fully established and then (according to the author) we will be obliged to send back the patient with the remark. Sorry, no treatment in Homoeopathy.

Secondly, many a time a tolerably correct prescription can be based on the basis of pathological symptoms (a procedure not approved by Kentism). If we can give *Arnica* for injuries, *Symphytum* for bone fracture, *Thuja* for warts, *Berberis vulg.* for kidney stones, *Kali iod.* for tumours, *Calcarea fluor.* for bony growths, *Iris tenax* for appendicitis etc. with a little effort and research, we may find a drug that can combat cancer and one such drug, that is being intensively tried in foreign countries is *IsCADOR* (mistletoe or *Viscum album*). It was under this context that Drs. Mohan Singh and R. Chakravarty made the remarks quoted by our learned colleague and which

he refuses to understand. None are so blind as won't see. Hahnemann's contention that cancer is a psoric manifestation needs revision. Cancer is a combination of psora (in the precancerous stage), syphilis (destruction of tissues) and sycosis (cell proliferation). "Psora alone never causes structural changes"—Roberts.

"All miasms are present in erysipelas—carcinoma—epithelioma—lupus"—Speight.

"Some of the most complicated diseases, difficult to cure, represent the combination of all the three miasms, e.g. cancer, psoriasis, etc."—Dhawale.

Thus Dr. P. S. Kamthan is more correct than the author of this paper.

The third and last of the series is 'Practical Homoeopathy' (THE HAHNEMANNIAN GLEANINGS, July, 1978). It is an admitted fact that at least 90% of the Indian homoeopaths have acquired knowledge of Homoeopathy through a hard self-study. The author says that they have learnt Homoeopathy by "hearsay". Now the dictionary meaning of the word 'hearsay' is (i) common talk, report (*Chamber's Twentieth Century Dictionary*); (2) unverified, unofficial information gained or acquired from another (*The Random House Dictionary*). Thus the insinuation is totally uncalled for and highly insulting. The author has not given us his own medical qualification along with his name and one can surmise that he has also acquired knowledge of Homoeopathy through "hearsay". His observation that Indians think that spiritual subjects can be learnt from hearsay is totally unfounded and shows his ignorance. It is an insult to the entire nation. It is a common experience in our country the disciple has to sit at the feet of his master for years to acquire some spiritual knowledge. In some spiritual sects, the institution of a *guru* (teacher) is a must. Secondly the article conveys a wrong impression that, whereas, all other homoeopaths have their failures, the author has eulogized himself by saying that he has none, a situation impossible to believe and exist. Every practitioner, howsoever a great prescriber he may be, must have his failures.

The author makes two leading assertions:

(1) While keynotes, characteristics or rare, strange and peculiars are also ways to find the remedy, there is another but easy, quick, and surest way to arrive at the similimum, and it is to work out the cases from mentals.

(2) If mind symptom is not available, then the safest rule is to wait and watch till it develops, instead of spoiling and confusing the case by giving several remedies.

As for (1) it is correct so far as Kent's method of prescribing is concerned but there is an overwhelming majority of cases where mentals are not available for one reason or the other, especially in advanced pathology; in that case this "easy, quick and surest way" to arrive at the similimum becomes defunct. Depending upon the nature of the case in hand, we will have to find the similimum by using one of the more than two dozen ways, already referred to. The following lines of Boericke are worthy of special considera-

tion: "*Mental Symptoms*. If well marked, mental symptoms are of the highest grade and importance in homoeopathic prescribing.... Moreover, it is the recent changes brought about by disease which are significant and not the 'natural nature of the beast'.... Again a word of caution—do not 'fish' for mental symptoms—they must be very obvious to be reliable and then they take precedence over all other types."

Even if the mental symptoms are not available, one can successfully prescribe by Boenninghausen's method (location, sensation, modalities and concomitants), pathological prescribing, etc. In one stroke the author has dismissed the whole science of Biochemistry with its vast clinical records since Biochemistry, for the main part, is based on pathological prescribing.

Point (2) has to be taken with a grain of salt. We are advised to wait till the mind symptom develops—a stage which in many cases may not be available at all and the patient might go to the grave. One can never forget that science is for humanity and humanity is not for science, and one cannot allow any person, howsoever great he may be, to play with the lives of patients simply for the sake of his fads, especially when we have many other methods of prescribing. We cannot afford not only to wait for the mental symptoms to develop but also for some critical situation to be developed. In emergency when the similimum is not available, alternation or even a combination of drugs/or unhomoeopathic methods may have to be resorted to. Here is what Dr. Dhawale advises: "In the usual run of cases, efficient homoeopathic treatment scores over treatment directed towards invading organisms; but in rare instances of massive invasion resulting in a complete disorganisation of physiological mechanisms, a homoeopathic remedy alone would not be able to turn the scales. Such a situation is seen in meningococcal septicaemia which rapidly leads to widespread haemorrhages and shock resulting from suprarenal failure. A remedy like *Crotalus h.* does have this in its pathogenesis but a case *in extremis*, however, fails to rally round. An emergency of this type demands full concerted action utilizing all the means at our disposal, to tide over the crisis that threatens to extinguish the life force. Thus blood and/or plasma infusions, saline and glucose infusions, administration of nor-adrenaline and cortisone, proper anti-bacterial therapy—all these have to be combined with the administration of homoeopathic remedy". He adds, "This does not mean the failure of the law of similars but in fact demonstrates its judicious application and a comprehensive appreciation of the clinical situation at hand."

The following lines of Burnett are worthy of note: "The fact that we need any and every way of finding the right remedy; the simple simile, the simple symptomatic similimum and the farthest reach of all—the pathological similimum, and I maintain that we are still well within the lines of Homoeopathy that is expansive, progressive, science fostered and science fostering." (*Curability of Tumours*, p. 16).

To this Clarke adds: "This, I think is the proper standpoint for all

homoeopaths to take up. It excludes no section of homoeopathic body; and we want them all. We cannot all be Lippes or Herings or H.G. Allens or Kents in our mastery of symptomatic materia medica and repertories. But we all have talents of some sorts and it is for each of us to find out for himself his own curative equation and use the materia medica to the best of his ability without let or hindrance from those who can use it in other and perhaps, better ways".

Finally Dr. Kanjilal: "Thus we see it will not be wise to blindly follow any of the teachers, nor to turn the face totally against any of them. Rather it will be prudent to imbibe the *positive rational lessons from all the teachers and authors* (italics mine) consistent with the basic principle of Homoeopathy and utilize that knowledge for the treatment of the widest range of ailments not only in human beings, but also in the whole animal kingdom."

May I suggest our learned colleague to read carefully the editorial in *The British Homoeopathic Journal*, January 1978 issue. A few lines will not be out of place, "Samuel Hahnemann himself was, probably, and naturally and rightly enough, the only pure Hahnemannian who ever lived. The strength of his impulse is revealed in the diverse growths which have arisen out of it, so that Homoeopathy resembles a great tree with many branches. It is childish to try and prune such a growth to a single line of development, or to maintain that pure Hahnemannian Homoeopathy can or has existed since Hahnemann himself."

"It would be good if the bearer of Hahnemann's legacy could find the strength and courage, not only to remember the letters of the law, often now become dead letters, but to foster the further growth and blossoming of the living tree he planted".

I would close the discussion with an anecdote. An artist painted a beautiful picture which was very much admired by his friends. He wrote the line at the bottom: "Anybody finding fault at a point may mark the same with a black dot" and displayed it at a public place. Next day when he went to see the picture, it was one big black spot. He was very much disappointed. Then one of his friends advised him to paint another similar picture, display it in the same way with the following line at the bottom: "Anybody finding fault anywhere in the picture may kindly correct the same". Next day he found that the picture remained untouched. In these articles, the original contribution of the author is practically zero; he has unsuccessfully tried to put the clock back. He seems to have a typical platina constitution.

"When", says Hahnemann, "We have to do with an art whose end is the saving of human life, any neglect to make ourselves thoroughly masters of it becomes a crime".

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Editorial comments: The author rightly points out that knowledge, be it belonging to any discipline, is dynamic and changes with time. The vision of Hahnemann provided Homoeopathy a fundamental therapeutic law to practice and that of Hering gave it a law of cure. The wisdom of Boenninghausen, Kent, Boger, Allen, Lippe, Nash, Close, Roberts, Burnett and many other stalwarts in the field contributed to the science many beautiful concepts, methods and techniques. A sensitive homoeopathic physician logically combines all these fragments of knowledge that have evolved over different points of time and perceives the whole, so that he can take a balanced view of the science he practises and apply it in a judicious and integrated manner for obtaining the best results. Science honours personalities who contribute to its growth but does not identify with them.

The other point is regarding the diet and regimen. Now, prescribing a suitable diet and regimen to a patient while he is under homoeopathic treatment is as important as prescribing a remedy for him. The physician determines what diet his patient should take. The patient has no choice in the matter. Broadly the subject of prescribing a diet and regimen to the patient falls into two categories. Certain restrictions become common to all patients suffering from a particular disease since they contribute to the natural progression of the disease. Thus, a patient suffering from diabetes is advised not to indulge in sugar and carbohydrate-rich diet. A hypertensive is advised to refrain from taking salt. To the second category belong those patients who exhibit a peculiar predisposition to be affected by certain articles in diet under certain conditions which are the uncommon, peculiar and characteristic physi-

cal generals to the case that help in determining a homoeopathic remedy for them. Milk causing diarrhoea or meat causing constipation are some of the illustrations. No physician can hope to successfully manage the treatment of such cases when the cause is maintained. Moreover, a remedy becomes homoeopathic to the case only when it has in it the potentiality to develop such peculiar sensitivities in a healthy person. Logically one can argue that what contributes to the aggravation of natural disease, also can interfere with the action of the artificial drug disease when the remedy is prescribed by its homoeopathicity to the case in question. Hence such food articles are avoided during the course of treatment. A further corollary that emerges from this concept is to avoid the administration of a homoeopathic remedy, if the case can wait, (especially in chronic diseases) during the period when the disease shows a natural tendency for aggravation.

One may certainly choose to disagree with Hahnemann, as with the author, over the long list of taboos listed in para 2 of the footnote to §260 in the *Organon of Medicine*. After all, they were the observations of Hahnemann which were faithfully recorded by him for verification by posterity. One may, through the process of reason and by careful, scientific experimentation discard a few of them, all of them, or add some more!

BOOK REVIEW

Chirarog O Tahar Chikitsa (in Bengali) by Dr. Ram Ranjan Bhattacharya, 18 Nayalankar Road, Bhatpara, Dt. 24 Pargs. Price Rs. 6/- only.

The write-up of Dr. Bhattacharya delivered as lectures in the Scientific Session of Naihati Unit of H.M.A.I. in the year 1977 will prove to be a helpful guide to the students and the practitioners as well. The book deserves wide circulation.

R. D. M.
