

ARE AUXILIARY MEASURES JUSTIFIED IN HOMOEOPATHY?

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The answer to the question always lies in the question itself. In this question if we are clear about the meaning of words 'auxiliary', 'measures', 'justified' and 'Homoeopathy', we shall not be very far from getting a clear-cut answer.

The word *auxiliary* means helpful. Obviously all that is helpful should be welcomed in any situation.

Again the word *measures* should be distinguished from *factors*.

We should be quite clear in our mind whether the word *justified* is in relation to the welfare of the patient or to the convenience of the homoeopath. Lastly, we should also be clear whether by the word *Homoeopathy* in this context, do we not mean *homoeopathic practice*?

On a little consideration, it will be upheld by all of us that health is not a matter of medicine alone. In fact, medicine, whether homoeopathic or non-homoeopathic, is concerned only with disease. For the purpose of health, consideration of many more and important factors is necessary than the mere application of medicines. Some of the factors, which easily come to mind are congenial climate, clean environment, diet, occupation, family and social harmony, daily regimen and exercise. While treating a patient, a proper guidance and adherence regarding these is very necessary for the restoration of health. Do we take a few or all of them as auxiliary measures or take them as only auxiliary factors? It will be seen that strict guidance about some of these factors goes a long way towards the correct treatment of a patient. The situation here is not so simple as it would appear to be. The science of Homoeopathy has very little to say about these factors independently, except some commonsense directions given by Hahnemann. Where do we go for a precise guidance about these factors or do we mean to say that the correct homoeopathic treatment on strictly Hahnemannian lines will restore the health of the patient irrespective of all these accessory factors? To be more specific, let us take the question of diet. According to modern medicine, certain diets are prohibited on the basis of the chemical classification of food and the physiological action on the body tissues. For instance, restriction of salt in high blood pressure, carbohydrates and starches in diabetes, of high protein in kidney disease. Similarly, iron-rich food and even vitamins are prescribed for anaemia, protein-rich diet for low blood pressure etc. Do we or should we take cognizance of these things in our practice in conformity with modern medicine? There is the *ayurvedic* doctrine which has stood the test of time. In *ayurvedic* treatment, correct diet regulation is part of the therapy. For instance, in upper respiratory

infections intake of fresh fruit (as distinguished from dry fruit) is prohibited. Similarly milk is supposed to produce phlegm and is also disallowed. Do we agree with it or do we brush it aside because we have not taken the trouble to study it and verify its truth? In this particular case, the correct diet is an essential auxiliary measure and not a mere accessory factor.

As far as Homoeopathy is concerned, the best we can do regarding diet is to arrive at the correct remedy and prohibit the intake of those items of food which are known to be aggravating factors in the proving of that remedy. For instance, fried food in *pulsatilla* patients; fish and meat in *Carbo veg.*, cold drinks in *Lycopodium*, etc. In fact, the position here is a little anomalous because the selection of the remedy is itself based on the known aggravations from these items of food, as reported by the patients.

It will be apparent by now, that sometimes it is difficult to distinguish measures from accessory factors. An important therapeutic measure in one system of medicine may be just accessory measure or even of little consequence in another system. Homoeopathy as stated earlier has no systematised knowledge of its own about these things and hence has to depend on other therapeutic systems for this purpose. A few examples have been quoted above. To add one more, the *ayurvedic* physicians may allow the use of honey to diabetic patients. What should homoeopaths do?

What then is our position? My views are that amongst homoeopaths, there are two broad categories: (1) The purists which include some of the successful non-qualified physicians but also include highly qualified ones. (2) So-called qualified ones whose knowledge in the pre-clinical subjects is overwhelmingly influenced by the teachings of the modern medicine.

According to modern medicine, there are a large number of incurable and surgical diseases, and modern physicians and surgeons have developed over the years a large paraphernalia of auxiliary measures which is the only hope which they can offer to the patients. These measures cover practically all the so-called incurable diseases and may range from steam inhalation in acute throat and bronchial conditions to wax bath, traction, shortwave diathermy, etc. in arthritic conditions, to radio and cobalt therapy in cancer. The so-called qualified homoeopathic physician is so much infused with the knowledge of such measures that he is quick to resort to them or permit them without much thought. On the other hand, the purists in Homoeopathy, who have witnessed or read about the miraculous cures of intractable cases by homoeopathic medicine alone, refuse to touch them by a long yard. For instance one of our most distinguished physicians Dr. Sarabhai Kapadia, is averse to the use of insulin even in high diabetic patients. The problem as posed at the outset stems from and centres round this conflicting situation. How to resolve this? What should be our attitude? The answer to these questions will be a little more clear if we discuss the connotations of the other two words namely 'justified' and 'Homoeopathy'.

It would be better if we take the word 'Homoeopathy' first. As hinted

earlier the correct word which we should use here is *homoeopathic practice* and not *Homoeopathy*. Much depends on the calibre and the skill of the homoeopath. A very skilful and competent homoeopath (where the skill and the competency are in evidence in the case in hand, of course) will perhaps not resort to the so-called auxiliary measures at all, because he will be sure about the capacity of the indicated remedy to steer the case clear. A less competent practitioner will naturally resort to the auxiliary measures. The whole thing, therefore depends upon the degree and skill of competence of the practising homoeopath and no amount of conclusions or dictate arrived at in discussion is going to help him. At the best, illustrations and recounting of cases cured miraculously with the help of the indicated remedies alone will encourage him to study the science deeper and improve upon his own knowledge and skill, i.e. if at all he has got the necessary time and inclination for it.

As regards the word 'justified', is it to be taken in relation to the interest of the patient, or to convenience and shortcoming of the physician? More often, it is the latter. In the absence of correct prescriptions, the homoeopathic physician is more likely to resort to the auxiliary measures, sometimes in the ultimate interest of the patient, but many times to the detriment of bringing about a complete homoeopathic cure. Resort to known allopathic auxiliary measures is taken more often. Such situations should definitely be avoided. Instead the case should be referred to practitioners of the other therapy. On the other hand, there are rigid and fanatic homoeopaths who avowedly shun the least and quite harmless auxiliary measures needlessly. The line between essential and non-essential measures has again to be drawn according to the knowledge of the homoeopathic physician. But we can illumine our judgments, if we keep abreast of the medical advancement of the day and also study the working of those homoeopathic practitioners who for instance are bound by law to institute allopathic measures along with homoeopathic medicines. As for instance in the U.K., some very interesting facts have come to light from the homoeopathic practice of today. It has been reported that in some cases, whereas the purely allopathic drugs did not help the ease in the real sense and the purely homoeopathic drugs also failed to give appreciable and prompt results, the judicious combination of the two in individual cases did tremendous good. For instance, the combination of insulin in smaller doses with proper homoeopathic remedy in high diabetics may avert long complications. This has been termed as synergetic action. Another example is where the known allopathic drugs cannot be done away with immediately, such as those on steroids. In such cases the steroids have to be kept up for sometime in diminishing doses along with indicated homoeopathic remedy, till the patient is considered safe enough to come over exclusively to homoeopathic treatment.

The last and not the least important factor is the patient and his situation, resources and requirements. Even if the ideal of homoeopathic treatment is

a radical cure, the patient may not be fully appreciative of it nor may have the necessary patience, if the treatment is to be a prolonged one. Again in terminal disease, palliative homoeopathic treatment along with all available auxiliary measures would be in order. Of one thing, however, one can be sure. *Measures which have the effect of suppressing the disease as for instance the use of ointments in majority of skin affections would be quite contrary to the objective of homoeopathic treatment*, and the patient has of necessity to make the choice of one from the two. It should also be remembered that even Homoeopathy allows the use of non-homoeopathic measures in case where life is endangered. Some of the instances of auxiliary measures bordering on auxiliary treatment are recounted here. Obviously, no hard and fast rule can be laid down in such cases because a final decision has to be taken according to the intelligence of the physician, the requirements and stage of the disease of the patient and some other factors such as law of the land.

(1) The use of paracetamol (allopathic) to keep down the fever temporarily where the patient is at a long distance or the fever rises up, and the doctor is neither accessible nor able to find out an indicated remedy.

(2) Use of vitamins and iron tonics in cases of undernutrition and iron deficiency in anaemia where the patient is not allergic to iron or vitamins.

(3) Use of insulin and other anti-diabetic drugs in cases of high diabetics.

(4) Use of anti-hypertensive drugs in known cases of high hypertension.

(5) Use of cardiac drugs in case of known heart disease.

(6) Dialysis in case of renal failure.

To sum up, I can lay down the following as my personal views:

(1) Any physician including a homoeopathic physician has to make himself equipped with all possible medical knowledge and utilise it for the good of the patient. He should not and need not confine himself to the use of mere medicines.

(2) Each case will require different handling depending upon the intelligence of the physician, situation and requirements of the patient, etc.

(3) Homoeopathy is not a complete science as far as known non-medicinal measures are concerned. Besides allopathic measures, it would be good if the homoeopathic physician has a working knowledge of the *ayurvedic* principles which are more akin to Homoeopathy in the sense that *Ayurveda* too has a holistic approach to health and disease.

(4) Acquaintance with other non-medicinal therapies like *yoga*, acupressure, chiropractic would be helpful to the physician in instituting auxiliary measures for the good of the patient. In my considered opinion magnetotherapy is quite contrary to the homoeopathic principles and should be left strictly alone.

(5) Any other auxiliary measure which is likely to go contrary to the principles of *similia*, such as suppressing, etc. should be strictly avoided.