

Consequent Backwardness

Vitality is governed by its own rule. We can neither touch, control and dominate, nor assess, measure and determine it accurately ; no general rule has as yet been formulated ; no precise technique evolved and no instrument invented to suit our requirements. The response that we expect and receive from vitality is only automatic on provocation by our remedies. A cure is achieved only because vitality has the power and privilege to work it out. Thus, while the first chapter of our doctrine, i.e. Similia Similibus Curentur, has been illuminated and justified by repeated applications in the sick organism, the second but the most important one, Vitality, upon which the first depends, has never been explored, nor assessed and measured. It has remained a mystery like the mystery of life, and is perennial source of our backwardness.

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SCHOOLS OF THOUGHT

DR. ANDREW KELLNER, M.D.

MR. PRESIDENT, LADIES AND GENTLEMEN,

I would like it to be clearly understood that the primary postulate of my remarks during the coming few minutes is that by Homœopathy we understand, without exception or reservation, a system of therapeutics in which potentized substances are administered according to the law of similars. In fact, I do not propose to say anything about Homœopathy ; but I would like to comment on the various ways Homœopathy is practised.

My opening sentence may seem to be rather superfluous, as it is spoken between these four walls where pure Hahnemannian Homœopathy still holds sway ; but if we look at

Homœopathy from an international level, then we find that there are many systems which claim to be Homœopathic, and in one way or the other are linked with Homœopathy, but are of such nature that they prompt one to feel that perhaps the exhibition of a little judicial ignorance would be advisable in order to avoid confusion. What I mean is, when a High Court Judge asks a blatantly obvious question, such as : "What is a night club ?" for the sole purpose of defining clearly the meaning of a phrase, in a given instance. Besides this question of widely divergent practices, I think this clear delineation is universally warranted, as I intend to talk to you about matters which I can only describe as uncharted territories. I call them uncharted territories because there appears to be no codified law under the rule of which they have their right to exist. It appears to me that some of these practices and usages challenge the law which welds us together, the law of the similars and the micro-dose.

If you will bear with me for a short time, I would like to discuss with you some of the instances of divergence, the possible reason for their existence and their implications.

After a newcomer to Homœopathy is taught the law of the similars, has potentization explained to him, and is instructed in case taking, and repertorization, he is left to his own devices. From then on he is expected to work out his own salvation, and he realizes that indeed he has got to do so ; and what makes him realize this rather frightening fact in the first instance is the evaluating of symptoms. He has been given a fair amount of guidance about mental symptoms ranking higher than local symptoms, except perhaps in a very acute case with no general indications ; he is also told that a chilly remedy is a chilly remedy, and a hot one a hot one, except of course, a chilly *Sulphur* or *Pulsatilla* ; or that a loquacious remedy is for the person who is loquacious, except perhaps *Lachesis*, which can be very monosyllabic ; and so on.

And of course this is all amounting to no more than the need for acquiring skill and judgment in the interpretation of the law. The unfortunate thing is that this newcomer was not told he will have to do so.

To stick still to our newcomer, he finds usually during the period he is trying to learn what his leading indication should be, which as I said before, is a legitimate teething trouble, that, besides the fundamental laws and the knowledge and skill of how to employ them, there are a variety of manners in which the law and the skill are employed.

The first frankly divergent views he is likely to become aware of are, on the one hand the prescriber who views with contempt anything below 30, and on the other the one who views anything above 30 with suspicion ; in fact he is faced with the problem of potencies. It would not be so bad if the issue would be clear-cut, but I have known most devoted followers of Kent, who regularly gave *Phos. 6* in pulmonary T.B. and even Mother Tincture of *Ornithogalum* in cases of pylorospasm. In as far as I am concerned the picture was even further complicated by the fact that one of my teachers of Homœopathy, for whom I had the deepest respect, and for whose knowledge of Homœopathy I had a sincere admiration, constantly referred to the 200th potency as "evil" ; what is more, my own experience gave support to her dictum and I never use it. And yet, I know someone who had a much more intimate knowledge of Dr. Tyler's work than I, who constantly uses it and gets most creditable results.

The question of "how often ?" is obviously the point to be put in juxta-position to "how high ?" The practice of not to repeat while the patient is improving to my mind is the inevitable common sense outcome of the fundamental law ; but here we must ask ourselves the question "what is a dose ?" Is *Cm(1)* a dose ? Is *lm(2)* night and morning, though divided, still a dose ? and is 6 night and morning for a week a subdivided dose or bad Homœopathy ?

Within the scope of these two factors, namely potency and frequency, comes the question of Mother Tincture. If a prescriber gives *Cratægus* Mother Tincture, to a hypertensive because he exhibits *Cratægus* indications, 10 minims of this tincture t.d.s. for 6 weeks, is he a good Homœopath because he prescribed it on indications, an indifferent Homœopath because he gave it too long and too often, or no Homœopath

at all because he has given a material unpotentized substance ?

Here we must remember that if we look at a pharmacopœia of 30 years or so ago of the other school, we find that *Gelsemium* figures largely amongst the febrifuga, and *Colchicum* is practically a specific for gout.

Up to now I kept entirely to points closely following in the wake of the essential laws of Homœopathy, Now let me throw my net a little wider.

Many prescribers warn their patients about getting in contact with aromatic volatiles ; others disbelieve in the significance of aromas.

Here I must narrate to you some personal experience of mine, because I think it will demonstrate to you my own agony of mind about that well-remembered question of "What is truth ?"

I have two patients, sisters, following the theatrical profession ; as they come from a staunch Homœopathic family and tour the country a great deal, I accepted a practice which I dislike ; I gave them a list of two dozen Homœopathic remedies, for such common conditions as cold, a tummy upset, and so on. They carry them about in a little leather wallet. About two years ago they asked me to go and see them in a nearby provincial town where they were appearing in a play. Naturally after the performance I went to their dressingroom to pay my compliments, and in the large hamper where they had their theatrical properties, amidst the various odours, smells and aromas, reposed the familiar black leather wallet. This shook my faith in the possible relationship between emanations, inhalations and Homœopathy, because the results of these shall we say, domestic, prescribings by telephone were fairly creditably up to the average.

Two or three months after this shock, a patient whom I have been treating for a rather obstinate rheumatic condition, brought a neighbour of his to me ; he himself grew cucumbers on a commercial scale, his neighbour developed violent attacks of nocturnal asthma, so painful and distressing that the local doctor thought them to be attacks of cardiac ischæmia. One

early morning; this man found that by going to his neighbour's cucumber house his symptoms were much ameliorated. Four months of prescribing produced no impressive result, but on his fifth visit, on browsing in the repertory and various materia medica, I suddenly got the impression that it might be *Colocynth*, and on looking up my beloved Farrington, I found that *Colocynth* belongs to the same botanical family as cucumber; I prescribed *Colocynth* for him. I have not seen him since, but his neighbour, who still comes to see me, told me less than a fortnight ago that this man is free of all symptoms, and is often doing heavy physical work. So you see, now I am a new Hamlet; and my monologue starts with "To inhale or not to inhale . . ."

Now let us move from things inhaled to things ingested. There are prescribers who tell their patients not to take coffee, and they are even more dogmatic about substances incorporated into the allopathic pharmacopœia. On this point there seems to be a lack of consistency for, as far as I know it is not common practice to tell a patient receiving *Nat. mur.* in a high potency, not to take Natrum chloride in his diet. Yet most prescribers would frown on their patients taking Sodium bicarbonate, though the remedy they are administering at the time is remote from sodium or carbonate. As I have set out with the fixed idea of not championing one side or the other of a controversial point, I forfeit the right of tilting for potentization, uttering the battle cry, "Oh ye of little faith".

Just to mention one or two more of these discrepancies and divergencies, I will draw your attention to the prescriber who maintains that deep X-ray treatment will render a patient unsuitable for Homœopathic treatment anything up to two years; there are others who prescribe two days after a barium meal examination, expect, and obtain, good results. Then there is routine prescribing; you will hear somebody saying that *Arnica* is good for bruises, *Ruta* for housemaid's knee, or *Thuja* for the ill-effects of vaccination.

But there is no point in my going on in enumerating all this. I have told you nothing new, and you all practise some of these things yourselves, and disapprove of some of these

things, in the way of usages and practices. But I doubt that there are any two of you who are completely free of points of divergence.

It could be said that it is good and proper that a school of thought, resting entirely on the principle of individualization, should attract and produce individualists, but it could be also said that a good law holds good in all its aspects, therefore it cannot be added to or taken away from. Indeed, this is patently true of the two primary laws of Homœopathy, but not of Homœopathic practices, for they have no law.

There are a few who are a little impatient of the others' ideas, but by and large we go our own way, and let the other fellow go his. This, too, could be explained by the fact that we are individualists.

In this age of aggressive self-assertion, it is a comforting thought that there can be a group of people who, thought having divergent views, can live together in peace. But from a practical clinical angle it is difficult to see why one of these variations of views did not gain preponderance by dint of superior results.

If you take a cross-section of adherents of high potency, low potency, routine prescribing, or any other point you like to pick up, as a key note to a prescriber's act of faith, you will find the average results very much the same.

To my mind there can be only one explanation for this phenomenon, that all these varying practices are right in one way, and wrong in another, or if you like me to put it in another way, they would all fit into a logical coherent pattern, if we could but see that pattern.

The very existence of these tendencies shows that many members of the fraternity feel the need of a better method of application. Why else should anyone wander off from the most clear-cut and classical principle of the single remedy and the minimum frequency?

Just to give you an idea of what I mean when I talk about a pattern. Is it not possible that patients are of varying potency? and then what must happen is that the high potency patients are the cases of success in the hands of the high potency school, and the low potency patients their failures. Conversely,

the low potency school will be successful where high potency would have failed. After all, we admit that the disease condition exhibited influences the choice of potency, and even the frequency of administration. Now, if this hypothesis would be explored and it would be demonstrated that the choice of dilution and rhythm of administration is just as much an essential part of successful prescribing, as matching the symptoms is, these two groups would merge. I have chosen this instance because there is one practice which is vaguely pointing towards such a possibility, namely plus-ing. I think it is most unfortunate that we have not got a granary to which we could carry our clinical harvest, where it could be examined for common factors, constant re-occurrences and features of similarity. We must bear in mind that uncontrolled, purely individual efforts have re-shaped Homœopathy in many parts of the world, to such an extent that its own father would not only fail to recognize it, but would disown it, not because progress changed its aspects beyond recognition, but because secession robbed it of its fundamental principles.

Now let us see what happened to our newcomer after all this time. Having been instructed in the fundamental laws in the manner I described, he sets off to acquire skill and experience; and by now he is accepted as a reasonably experienced prescriber. He has also become an individualist himself. He was called to a typical case of typhoidal 'flu and prescribed at 9.30 a.m. *Baptisia* 10m (3, 2-hrly; 3, 4-hrly). Next morning the patient told him that his temperature was down by 2 p.m., that he had some lamb chops for his dinner, and he feels perfectly fit and would like to go back to the office.

And then our prescriber remembers also other cases, who exhibited equally good, identical indications for *Baptisia*, and yet it took 10 or 14 days for them to recover fully; and in his longing for Ariadne's thread he starts to speculate whether it was the potency, the dosage, the spacing out which should have been varied in the other cases, and at that point he became an individualist; or if you like, a lone researcher; and when a young man comes to him enquiring into Homœopathy, he will

teach him his own slightly modified version, not of Homœopathy, but of Homœopathic practices.

The chances are that this newcomer will encounter his first startling success under somewhat different circumstances, and he will become a lone researcher, trying to modify Homœopathic practices which were handed down to him in an already somewhat modified form. By this process the fine fissure becomes a crack, the crack becomes a crevasse, and as it widens and lengthens it completely separates the fundamental law from its practitioner.

I think many of you will agree with me that this process goes on at a varying pace everywhere; and I personally believe that it is due to the fact that there is no means of channelizing and utilizing this desire for better methods of application of the primary laws of Homœopathy.

DISCUSSION

Dr. TWENTYMAN supported Dr. Kellner's emphasis on the question of potencies. He found it difficult to accept the view that Homœopathy consisted simply in the choice of the simillimum and that the potency was not as important an element in Homœopathy as the choice of the remedy. He wondered where they would be if they were confined to the crude tinctures and the potencies did not exist, results would be a bare shadow of those actually achieved.

Obviously one had to take the problem of potentization absolutely seriously. *Natrum mur.* was inescapable as an instance.

On the question of the schools of Homœopathy, it seemed to him that one should face a little more honestly some of the points involved. One took it that Kent was a pure Hahnemannian, of course he was not, even a cursory familiarity with Kent's writings showed that he was a synthesis of Hahnemann and Swedenborg. In Kent himself there were several passages in which he said that people would not get the same results as he did if they had not delved as deeply into an understanding of the human being. Vannier's school showed many signs of being an attempted synthesis of Paracelsus and Hahnemann.

There were schools of Homœopathy which were distin-

guished from Hahnemann's own teaching by the use of several remedies simultaneously. Vannier's school was one, the whole Steiner school frequently used several remedies at the same time, but used potencies. It seemed to him that underlying these schools in Homœopathy there was not only what Dr. Kellner put before them as empirical experience, but that there was the type of mental attitude of the doctor concerned. Some types of doctors were more prone to follow one school of philosophy and another type of doctor would follow another school or be influenced by it. One of the greatneses, historically, of Hahnemann was that he had provoked such a divergence of schools and had under his big umbrella enabled so many divergent types of practice to prevail. In our day Freud provoked many schools of psychological thought into existence all of which were fruitful. It would be more honest if one recognized that these various schools had not only an empirical basis but were the expression of different fundamental attitudes to life and to values and to philosophy and to science, and there may be something as Dr. Kellner said for all of them.

In Homœopathy the patient and his symptoms are not separated as in ordinary medicine. The patient and his symptoms must be regarded as a unit and it would be quite right to insist that the doctor and his prescription should not be separated either, but should also be regarded as a unit, and the therapeutic equation might then be "doctor and prescription" on the one side and "patient and symptoms" on the other. He did not think the personal relationship of the doctor and patient which carried with it all the under-tones and over-tones of their actual philosophies could ever be eliminated. It was not only the question of the high and low potencies but these other intangibles which played an enormous part and should do so.

He would plead for the widest possible interpretation and use of the word "Homœopathy" and not narrowing it into one of the schools of interpretation.

One last point, and here his memory might be playing him tricks but the President would be able to correct him because he referred to certain papers which he believed the President read in the 1930's in which he made a most careful comparison

of the actual drug pictures as used in prescribing with the results of provings. He thought he found that something like 70 per cent. of the more valuable symptoms in a drug picture had not been produced in provings, but were based on empirical therapeutic experience. He was unable to get into the Library to look this up before the meeting but he believed that this was the case. If it was true it made it difficult to maintain an absolutely dogmatic stand on the dictum of *similia similibus*. He did not mean that there was not a truth in it, but to put it in the way they did, that the prescription was based on the symptoms which had been produced in healthy patients when this was not in fact true begged the whole question and inhibited any scientific enquiry. It seemed to indicate that the time was ripe for an impartial examination of those cases where one succeeded or failed in the cure of patients, trying to discover what were the factors really involved. He did not believe that the homœopathic movement would be furthered by shutting their eyes to the fact that at the moment they did not know, or understood very little of, the factors at work in the whole process of therapeutics.

Dr. SANKARAN said that as a student at the post-graduate school in the hospital he had learned many things. He would thank Dr. Kellner for his original and independent observations on subjects on which he had had long standing doubts. From today's paper he expected to learn a lot because the way that Homœopathy was being practised in different ways, had been troubling him as a serious student.

The principles of Homœopathy were laid down for all, but in practice it seemed to range from a complete acceptance of the principles to a complete neglect of the principles and he believed that in the international sphere there were different schools of Homœopathy among which only the name of Homœopathy was common. Even in the Hahnemannian school there were different methods of practice. For example, he had seen people giving two drugs to the same patient, one in a high potency and one in a low potency, one called the curative the other a palliative. Other different methods were also practised. One naturally asked such a person, "How is it that you give

two different drugs at the same time, a practice which is not permitted according to the principles of Homœopathy?" The answer given was that the principles of Homœopathy should be modified in order to give the maximum benefit to the patient; by not following the principles too strictly, better results were obtained. When one saw different people practising in different ways all claiming better results, one was puzzled and did not know which to accept. He hoped that Dr. Kellner would give his opinion on the subject.

Another interesting point had been the imposition of dietetic restrictions on homœopathic patients. In his country severe dietetic restrictions were being imposed and therefore there was a belief amongst patients that homœopathic treatment would entail hardship. He had had good experience in this matter. He had had a case of chronic skin disease of 20 years standing, to which he had given *Psorinum* with advice that Coffee must be strictly avoided. After two or three months the condition completely cleared up. When Dr. Sankaran congratulated the patient on his co-operation, he was informed that the patient instead of taking coffee six times a day had taken it only five times! That made him believe that probably potentized homœopathic medicines were not influenced by crude substances like coffee. When remedies did not act, one was tempted to put the blame on the coffee.

Some years ago he had read in the *Recorder* of a meeting in which some doctors had said that they had given the potentized drugs mixed up in the food, in the tea, in the coffee, in alcohol, and so on, and they all had had good results. He thought the influence of dietary factors had been over-stressed.

There were many such things in homœopathic text-books with which one's experience did not agree and he wished homœopaths would take the bold step of saying that such and such statement was not confirmed by their own experience. This might help the progress of Homœopathy a good deal.

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