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PALLIATIVE & CURATIVE THERAPEUTICS

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"The physician's high and only mission is to restore the sick to health, to cure, as it is termed."

A Homœopath knows the true significance of the term "Cure"—which means complete change of a state of disorder to that of order and not mere removal of certain troublesome or dangerous symptoms of a case of disease. This may not be a serious affair in a case of ordinary acute disease. But in certain cases, esp. of chronic disease, serving this mission of cure entails great difficulties some times unsupercomable difficulties ; e.g. in cases of following types : —

(*i*) Where the vital force is completely exhausted and gone beyond any prospect of reaction and reversion towards normality as occurs in last stages of any disease acute or chronic.

(*ii*) The symptoms—the wailings of the vital force, i.e. the only means by which disease manifests itself and demands attention towards it—being long neglected and unheeded—got mostly worn out and silent leaving only some vague or trite disturbances or structural changes affecting some organs or tissues. In such cases it is not possible to find out the totality of symptoms representing the whole case of disease ; and the physician gets only a partial view instead of a complete picture on which the curative prescription depends e.g. too

much advanced or neglected cases of Rheumatism, Gout, Diabetes, Tuberculosis, Asthma, Chronic nephritis, Tumours, etc., etc.

(iii) Distortion and perversion of the symptom-totality by various methods of suppression and other forms of interference.

In such cases the best and sincerest efforts on the part of the physician for cure may prove futile due to extreme exhaustion of the basis in the first instances and lack of dependable data in the last two instances. What will be the mission of the physician in such cases? In cases of this type the physician cannot but adopt the dictum of Hippocrates *"Try to help your patient, at least do them no harm"*. And in such cases we should try to avert the catastrophe by removing the dangerous symptoms, or to relieve the most troublesome and tormenting symptoms, so that the patient's life become tolerable, or he can meet the inevitable death with equanimity and peace. This removal or mitigation of certain symptoms, as we know, is termed *palliation*.

But this matter of palliation must not be taken lightly, because thereby we are likely to violate the second part of Hippocrates' dictum, we may cause irretrievable harm to the patient. We should scrupulously remember that palliation puts out or at least disturbs the dim lights on the path of cure i.e. the therapeutic indications of the case which might have illuded our 1st or 2nd observation, but might be apprehended by a 3rd deeper observation by ourselves or by a more intelligent, experienced and competent physician—thus enabling to find the curative simillimum. Thus we see, palliation may some times stand as a bar in the path of cure. And we have no right to deprive the patient of any opportunity or prospect of cure however feeble.

This caution is particularly important in view of the following facts:—

(1) Finding of a palliative drug is by far much easier than finding a curative drug. So it requires some effort on the part of a practitioner—esp. a busy practitioner to resist the temptation of this easier path.

(2) The pressure of the ailing patient and worried attend-

ants for obtaining immediate relief, often compounds the physician and he is constrained to try to remove the most distressing (which are, some times, therapeutically most important and characteristic) symptoms thus rendering the case more incurable.

(3) Palliatives are generally short acting giving more or less temporary relief; requiring more and more frequent repetition ultimately failing altogether, when we have to seek another palliative amongst the concordant drugs. In this way possibility of over-medication and a total hotch-potch of the case are quite likely.

So we should conscientiously try to avoid palliative treatment in cases where there is least prospect of curative therapeutics, or unless forced by a real emergency situation, where long-term curative prescription is often not feasible.

Palliation when unavoidably required may be done by any method of therapeutics. Here we should keep in mind that we are discussing the problem of **drug-therapeutics** for palliative or curative purpose. Other necessary accessory means—mechanical, physiological, hygienic etc., in the form of diet, bath, rest, position, exercise, environment etc., and even the question of replenishing the fluid or blood of the body by saline or blood transfussion—are measures which are to be kept in alert view, and properly arranged for, in any form of treatment palliative or curative, by a physician of any school what-so-ever. These measures are common to all schools of Medicine. The real difference is on the ground of therapeutics. And here again it is an almost universal opinion, esp. amongst those who have ever tried it in any way, or even witnessed its activities, that for the purpose of *cure* homœopathic therapeutics is decidedly the best—if not the only line. But what is the best method of therapeutics for palliative purpose? Some people, even some homœopaths of great eminence are of the opinion that it is sheer bigotry to insist on homœopathic therapeutics for the simple affair of palliation. But in our opinion this attitude is positively harmful not only to the science of Homœopathy, but far more so to patients themselves whose interest must be above all considerations. This opinion of ours is based on the following facts:—

A. NON-HOMŒOPATHIC PALLIATIVE THERAPEUTICS

(1) There is no dispute about the fact that non-homœopathic methods of therapeutics are easier to practise as they are more or less stereotyped, requiring much less exercise of intelligence, laborious observation, circumspection and deliberation. That is the most important reason why even some homœopaths become irresistibly tempted to take recourse to non-homœopathic therapeutics (some times in the garb of homœopathy), trying to console their conscience that they are doing this only for palliation, for real curative purpose they would follow strict homœopathic therapeutics.

(2) But these non-homœopathic palliations almost invariably disturbs the vital force—still more irrevocably, pushing the prospects of real cure still further.

(3) Physiological doses of these drugs while primarily antagonising the troublesome symptoms, secondarily helps in enhancing and prolonging the same symptoms-purgatives aggravating the constipation, antacids aggravating the acidity of gastric juice, soporifics aggravating the insomnia and so on,

(4) These palliatives take into consideration only one or two distressing symptoms, or organs or systems without any heed to other parts or the patient as a whole e.g. prolonged use of anti-malarial or anti-amaebic drugs—damaging the liver, kidney, nervous system etc.; the prolonged use of analgesics and sedatives depressing the nervous system—making the patient gradually more and more lethargic and dull—ultimately embicile; and so on.

B. HOMŒOPATHIC PALLIATIVE THERAPEUTICS

(1) If the remedy is correctly selected it acts far more instantaneously and the effects last longer than any other method. Any body acquainted with homœopathy has plenty of experience of miracle-like effects of well-selected homœopathic drugs—in relieving pains of long standing, baffling all other methods; or in stopping dangerous hæmorrhages from any of the outlets of body; or in all-baffling fits; or in relieving

shocks; or even in resuscitating an almost dead patient (e.g. of acute disease, shock syncope, collapse, etc.); and also in mitigating certain all-baffling obstinate distressing symptoms e.g. offensive discharge, pain etc. of malignant ulcers etc., etc.

(2) Simplest in administration and minimum dose (this by-the-way is a handicap also because it is less showy or pompous in practice).

(3) Practically no harm to the patient no secondary or side effects. General conditions of the patient as a rule remains unaffected—rather often gets improved (by removal of the most distressing or dangerous symptoms); and more over—

(4) Sometimes clears up the picture of the case by removing masses of spurious and confusing symptoms by various drugs, wrong regimes, and other means; thus enabling the physician to make the selection of a truly curative remedy. Some times even the palliative remedy may prove to be the real curative medicine giving permanent relief or cure to the patient.

But homœopathic therapeutics has only one difficulty and sometimes that difficulty becomes unsupercomable—that is finding out the similar drug, without which homœopathy is absolutely useless. This difficulty is many times multiplied in overdrugged incurable cases, where we get only some flimsy therapeutically unreliable symptoms. In such cases it requires, on the part of the physician an extra-ordinary degree of intelligence and perseverance in finding out at least a tolerably similar drug; and on the part of the patient an equal degree of painful patience. Of course, it goes without saying, that such cases are bad for any system of medicine and no homœopathic physician will assume the responsibility of such cases without thoroughly explaining the situation to the patient, and securing assurance of thorough co-operation from his side, which is a really tedious problem in this sort of cases. But fortunately not all incurable cases are of this type and there cannot be and should not be any question of shirking of responsibility on the part of the physician in the matter of whatever benefit can possibly be given to such patients.