

## RESEARCH IN THE SCIENCE OF HOMŒOPATHY

### ITS SCOPE AND ITS PROBLEMS

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As already discussed in a previous article, the science of Homœopathy mainly concerns the therapeutic branch of the medical science, that is, that branch of the medical science which deals with the cure of actual diseased conditions.

#### ITS CONCEPTION OF A DISEASED CONDITION—

Homœopathy does not recognise a condition as 'diseased' so long as the vital force, that is, the force maintaining a normally balanced life, is undisturbed or if temporarily disturbed, retains the capacity to return to equilibrium without any aid soon after the exciting cause is removed. As such, those disturbance and indispositions due to external causes (mechanical, chemical, physiological, hygienic, etc.) do not fall within the domain of therapeutics and for that matter, within the domain Homœopathy as the science of therapeutics. This does not mean that the scientist belonging to the Homœopathic school of medicine has no claim on those fields. Rather they have equal-claims in these fields as workers in any other school of medicine, because they belong to the common ground of activity of the medical science in general.

On the other hand, various disorders, such as, ulcers (internal or external), eruptions, discharges, infections, tumours, etc. considered by the Allopathic school as due to external causes or as mechanical disorders and treated by surgical (mechanical), chemical, or other means, are attributed by Homœopathic science to disorders of the vital force and regarded as results of dis-balanced functioning of life ; and as such these really fall within the domain of true therapeutics and so within the scope of Homœopathy.

#### ITS ATTITUDE TOWARDS VARIOUS DISEASE FORMS AND THEIR NAMES—

Scientific nomenclature usually represents, as it ought to, a curt description of the main or signi-

ificant features, or common manifestations of any particular type of phenomenon.

Nomenclature of diseases depends upon:

- (i) **Pathological nature of the case of diseases** e.g.,
  - (a) Inflammatory—putting the suffix 'itis' after the name of the organ or tissue involved, e.g., nephritis, salpingitis, myositis, peritonitis, etc.
  - (b) Degenerative—putting the suffix 'osis' after the type of degeneration, e.g.—fibrosis (fibrous degeneration), sclerosis of the kidney, liver, nerve tissue, etc. adiposis (fatty or adipose degeneration, etc.)
  - (c) Neoplastic or new growth of tissues—putting the suffix 'oma', e.g.—fibroma, papilloma, adenoma, neuroma, melanoma etc.
  - (d) Excessive formation, growth, etc. of organs or tissues, e.g.—hyperplasia or hypertrophy of different organ or tissues.
  - (e) Diminished or deficient formation or growth, e.g.—hypotrophy, atrophy, hypoplasia, aplasia or atrasia.
  - (f) Functional, e.g.—neurosis, neuralgia, æsthenopia, tachycardia, etc.
- (ii) **One of the Main features (functional or organic) common to a large number of cases belonging to the same type**—e. g., pox (with eruptions of Pocks), typhoid (smoking of brain), pneumonia (inflammation of the parenchyma of lunge), hydrophobia (morbid fear of water), etc.
- (iii) **Some specific infection (also often implying a main symptoms)**—e.g., gonorrhœa, syphilis, malaria, filariasis, tetanus, septicaemia, erysipelas, typhoid, measles, and so on.

The nomenclature of diseased conditions and their diagnosis help us a great deal in understanding the significance of a case with respect to its gravity, depth, infectivity, etc., as well as in surmising the probable course and termination of the case (prognosis). Hence, it is of great importance for a physician whose responsibility is not only to cure the case of a disease but also

to supervise the complete management of the case, and make the relations of the patient aware of the infectivity, gravity and prognosis of the case.

But apart from these aspects, the names and forms of disease has no importance in the Homœopathic therapeutics. Whereas in Allopathy the therapeutics is based upon the generic features common to all cases of the same type, in Homœopathy the therapeutics is based upon the specific features of the individual cases of any type. In the latter, the uncommon, specific features of individual cases may point to widely different remedies for the same type of disease. Specifics for malaria, cholera, piles, hydrocele, epilepsy, or any other type of disease whatsoever is an absurdity in Homœopathy. On the the other hand, the same medicine may be applicable to widely different types of diaeases—from hydrocele or hernia to suicidal mania—only providing the individualising symptoms of the drug (as manifested in its proving on healthy individuals) correspond to the individualising, peculiar, uncommon symptoms of the patient. Thus, research work for finding out Homœopathic specific for any disease entity is as vain an attempt as running to catch the tail of the horizon.

**UNSETTLED PROBLEMS IN HOMŒOPATHIC THERAPEUTICS**—Homœopathic therapeutics, because of its basis on sound principles—real phenomena connected by an irrefutable law of Nature—, enjoys far greater scope of radical success in its work in comparison with the therapeutics of any other school of medicine. That may be one of the reasons for comparative complacency, or rather dull impetus for research work, amongst the workers in this school. In Allopathy, the situation is just the reverse. Its therapeutics is standing on unstable ground, viz., the ever-changing theories of diseases, and so the line of treatment changes frequently. Then again, as their remedies have no relation to the patient other than chance trials—one remedy gives place to another too rapidly. Thus, spectacular commotions in the field of therapeutics in the Allopathic school glares the vision of native laymen, who often complain that Homœopathy is beating the same ground for the last 150 years with hardly any new inventions, whereas

Allopathic medicine is progressing by leaps and bounds. But the reality is that, so far as therapeutics is concerned, Allopathy is running round its own will-o'-the-wisp with occasional dramatic flashing of its track of run alternating with duskiness. An instance will make the point clear. The appearance of Prontosil, a form of sulpha drug, flooded their field in the early thirties of this century; and in it they found a specific for various infectious diseases (septicæmia, pneumonia, gonorrhœa, etc.) regarding which they had been quite helpless upto that time. But soon various drawbacks of Prontosil became apparent; and for the last 25 years they have found out various modifications of sulpha drugs, each claiming to make good the drawbacks of others and all being specific for special types of infections. But, Alas! all on speculative grounds and blind statistical results. Thus, today there are more than a dozen forms of sulpha drugs in the market. But none of them adequately fulfil all their claims of efficacy and harmlessness in the cases concerned. Rather they are often useless, nay even injurious, producing allergic and other troubles, sometimes serious and permanent.

Then, again, towards the end of thirties of this century, when the primary enthusiasm about sulpha drugs had already started to wane, a new discovery started to forcibly attract the attention of Allopathic therapeutics. About 1928 some scientists—Alexandar Fleming etc.—in the bacteriological laboratory noticed the bactricidal property of certain fungi. From this discovery evolved Penicillin which was given extensive trial on large number of patients in different hospitals, especially during the last Great War; and thus Penicillin was found to cover the same field as sulpha drugs, but in a far more patient way with a rather wider scope. Soon there evolved various fungal drugs (so called antibiotics) in a similar way, e.g., Streptomycin (against tubercle bacillus and various other infections), Chloromycetin, Aureomycin and others (against bacillus typhosus, coli etc. and also various viruses). Their potency against bacteria and viruses concerned is beyond any dispute. But their effects on the host—the subject infected—are still remaining in the same darkness as ever; simply because of the fact that these drugs have never been proved on healthy individuals to

study the effects systematically—as this is never the method of investigation in Allopathic therapeutics. Thus we see, in spite of their marvellous capacity to suppress the infections, the patients remain ill or even die a miraculous death, or suffer from relapses resistant to the same treatment, or remain ever ill suffering from various chronic ailments refractory to all their treatment. Thus we see in spite of their frequent epoch-making inventions of drugs, the sufferings of humankind remain unabated. Only the forms of suffering change from simpler type to more complicated and obstinately chronic ones. It is an indisputable fact that incidence of virulent diseases like tuberculosis, cancer, etc., obstinate diseases like colitis, various forms of dyspepsia, neurasthenia and various forms of nervous, vascular, cardiac and blood diseases, are increasing rapidly in the present age. Various factors (such as—extremely deteriorated living conditions, increased struggle for existence, adulterated food, vitiated environment due to over-crowded and unhygienic living, frequent atomic explosions on world-scale playing no small role in this respect, all this and many others) may be responsible for such a condition. But who can swear that these methods of vigorous suppressive therapeutics is not one of the contributory causes of the devitalization of the basic health and disease-resisting capacity of the human society of the age?

But Homœopathy has simply no need of such heroic inventions. Again, take an instance, say, of typhoid fever. As an acute disease, it has a beginning, a period of suffering and a termination either in recovery or death within a specified period of time. Thus, an uncomplicated typhoid fever should finish its activity within 3 to 4 weeks. What happened to typhoid cases in the hands of Allopathic physicians before the invention of anti-biotics? Hardly any case recovered within the specified period and rather the more enthusiastic the treatment, the longer would have been the suffering of the poor patient, sometimes covering more than 90 days (3 months in place of 3 weeks) and then some more months for the getting back of the physical strength to be fit to move about. Whereas under the treatment of Homœopathic physicians of only ave-

rage merit and experience, a typhoid case—though not yielding dramatically like the present-day Allopathic treatment—never took more than 3 to 4 weeks, and on many occasions it yielded in even less than two weeks, and often so rapidly as the original diagnosis was put to question. Like any other Homœopath, this humble writer has quite a number of cases on his record, of typhoid cases diagnosed by Widal reaction, to be cured within 14 days.

Then again, under Allopathic treatment of any age, especially this heroic age of anti-biotics, a typhoid case after being symptom free, requires some weeks or sometimes even months to convalesce; whereas under Homœopathic treatment, seldom a case requires more than a week to be free to move about.

These assertions have been proved times without number since the birth of Homœopathy more than 150 years ago, and I challenge, can be proved today at this wonderful age of anti-biotics.

That is why Homœopathy has no need for running after the wild goose of a new specific every day for any disease whatsoever.

But does this mean that Homœopathic therapeutics has no unsolved problem? Does it mean that it has no short-comings and dark spots and uncertain grounds in its field? Such can never be in any science. Every science has its imperfections unless it reaches the infinite, which is an absurdity. So, on its march, Homœopathy, like every other science, meets with problems, and has got to solve them, and thus proceed on towards perfection and complete truth.

What are these problems in Homœopathy that require to be solved by strenuous and systematic research? There are considerable number of problems of multifarious types in Homœopathic theory and practice that require solution. I can mention only a few of them which appear to me of vital importance:

(1) **Problem of re-proving of classical drugs**—Most of our classical drugs were proved in the first half of the 19th century in countries like Germany, Austria, Czechoslovakia, America—all western countries of temperate or cold climate. No

serious or systematic proving or re-proving of the drugs have been conducted, so far as my knowledge goes, after the sixties of the last century (but for a few isolated proving of a scanty number of drugs, most of which, again, are far from complete proving with high potencies).

But we know that response of life to different stimuli depends upon various factors, most important of which is the climatic factor. The response to heat or cold (susceptibility or resistance against high or low temperature conditions) of people of cold climate of western countries is widely different from that of the people of hot climate or tropical countries. Hence, modalities of life in health or disease in one region of the world may not be exactly applicable to the people of climatically different region of the world. Thus we find in *Materia Medica*, containing provings by western people, plenty of chilly medicines but scanty number of really warm medicines.

Then, the physical conditions—muscular and nervous capacity to resist extreme conditions of environment, likings or dislikings with respect to food, drinks, dresses, etc.—are widely different in different regions of the world, depending upon their climatic condition, their dietetic and other habits of life, especially so in the west from the east. So, cravings and aversions and disagreement with respect to diet and other conditions of life in western countries may not be the same as those of the eastern people or even in the people of the different localities of the same region of the world.

Mental temperaments and attitudes, types and peculiarities of loves and hatreds, wills and aversions and the modes of their expression, ideas of right or wrong, virtue or vice, depend upon the social tradition and historical methods of living and various other complicated factors. Thus, they obviously differ not only amongst the different peoples but even the different classes of the same people. So, the data obtained from the proving of any drug on a particular class of people of a particular locality cannot represent all the possible mental phenomena produceable by the drug in all sorts of people all over the world.

It is an obvious fact that nature of disease manifestations are ever changing due to various factors. The most important

of these are the methods of suppression applied to them—as has ever been done by Allopathy—and most potently so in the last few decades—no necessity of going back to the long-gone ages. Any Homœopath having an experience of more than only 20 years can testify to this fact. In the thirties of this century our cases, both chronic and acute, were comparatively far simpler. The totality of symptoms of the cases of disease tallied with that of one or the other of the medicines of *Materia Medica* very nearly in most cases. But the picture has totally changed in the last two decades. Now-a-days, what to speak of chronic cases, even in acute cases we too often fall in great difficulty in finding a true simillimum for the totality of the symptoms of the patient. One or more basic or general features which are difficult to be ignored fall in the way of selection of the otherwise nearest simillimum (e.g. intensely hot temperament in a Kali Carb patient, absolute thirstlessness in a Natrum Mur patient, and so on). The result of such treatment is bound to be much less remarkable than we had 20 years ago. The main cause of this situation—in my opinion—is the advent of the synthetic drugs (against malaria, amoebiasis, etc.), the sulpha drugs, and especially the antibiotics—which, instead of curing diseases, suppress the various manifestations of diseases—thus totally changing the natural combination and complex of symptoms, that is, the totality of real symptoms of the disease, producing certain of its own symptoms which are mixed up with the vitiated and disturbed symptoms of the disease. Thus, a complete hodge-podge has been created affecting the whole human society. The only way out of this situation seems to be—

- (i) a thorough proving of these new drugs affecting the human society—to find suitable antidotes for them ;
- (ii) re-proving of the older drugs and proving of new drugs to find fresh symptoms for the present phase of society

From the above statements I do not at all mean that the symptoms already accumulated in the *Materia Medica* are all of no value or even a trace of less value today. Far from that. They are records of facts of Nature ; they are as true as ever



and they will remain so until the whole Nature radically changes. What I mean to say is that they are true in so far as they are concerned—they do not represent all the possible symptoms by the respective drugs. If they are again proved today in different classes of people in different countries, many more valuable and dependable symptoms will surely come out which may relieve us from the present perplexing situation.

(2) **Problems of Proving of Territorial Drugs**—As the physical and mental condition and lives of people differ in different localities depending on the climatic conditions and traditional mode of living etc., so also differ the *fauna* and *flora*. Not only that; the herbs of the same species are found to differ in many qualities according to their habitat (e.g. American and European Pulsatilla). It is notable that most of the Indian drugs so far proved are predominantly bilious and warm medicines, whereas most of the sub-tropical or temperate drugs are phlegmatic and chilly. These facts are known to everybody. But, apart from the isolated works of some venerable physicians like Promoda Prossanna Biswas, Sarat Chandra Ghosh and a few others, little has so far been done to make use of this knowledge in countries like India, which has otherwise the proud privilege of harbouring and nourishing Homœopathy for more than a century and none less gloriously than any other country. So long we had the excuse of foreign domination. Now that we are a free nation, we should lose no time in trying to fill up this harmful gap and deficiency in our Materia Medica and thus equip ourselves with more exact simillimum for our cases in India.

(3) **The Problems of Potency and Doses**—We often find a tendency to quote Hahnemann to prove or disprove any of the activities in Homœopathic field as if simply the quotation of an isolated saying of Hahnemann, or for the matter of that of any authority, can prove the validity or otherwise of any action or attitude. But we all know that in science dogmatism and hero worship have no place. What the scientists serve and worship is truth. But a truth is truth not owing to the fact that it was uttered by a great man or even a superman. A truth is true and great in so far as it cannot be shaken or invalidated

by its application in experiment and experience. The seer and founder of the truth remains venerable so long as his discovery remains true and incontrovertible. Thus, the venerability of the discoverer depends upon the integrity and venerability of the truth established by him. But the reverse is not possible: the venerability of the truth does not depend upon its founder but on repeated experimental evidence in all times and under similar conditions.

What are the basic truths in Homœopathy that will perpetually keep their discoverer and founder, Hahnemann, ever memorable and revered by the humankind? In other words, what are the basic facts of Organon that has so far stood and shall for ever stand the test of time? They are mainly three in number—(1) Similia Similibus Curantur (2) Single remedy for single disease condition and allowing it to act undisturbed until the condition is not qualitatively changed, and (3) The minimum possible dose is the best.

Regarding the first there cannot be any question, because that is Homœopathy itself—the basic natural law of therapeutics.

The second principle also allows of no controversy, because this is a natural corollary from the first principle. There can but be one simillimum, that is, superlatively the similar most, for one particular condition of the diseased life as a whole.

But the third principle was left by Hahnemann—as a true scientist should have done—as an open question to be solved by the practitioners of the principle on the merits of individual cases. There can never be a fixed minimum for all cases of disease of different intensity, susceptibility, idiosyncrasy and various other aspects of constitution and environment. Thus we see the application of this third principle depends upon the acute discretion of the physician.

But, nevertheless, in practice we very often find dogmatism taking the place of discretion. In the Homœopathic society we find on the one side physicians who have great registance in using potencies higher than the 30th and mostly stick to the mother tincture or near potencies and frown upon the prescribers of higher potencies, and on the other side physicians who

hardly ever use lower than the thousandth and slight the users of lower potencies. Then, regarding dose we find physicians who never use more than one dose of two globules of the size of poppy seed (number 10 or 20) and others who, as a general rule, use repeated ounce doses of solutions in water, or at least drop doses in sugar of milk or big globules. This dogmatism for or against any potency or dose—in my opinion—arises from mental lethargy and complacency, with indifferent results, in place of acute keenness to find better methods for better and quicker results. Sometimes we painfully see worse methods—and today the market is teeming with such examples. In their eagerness to get better results, but bypassing the troubles of discretion entailed in the third principle, some physicians vulgarise all the Homœopathic principles by simultaneous or alternate use of various drugs in crude doses, even by injections. This may be Homœopathy in name—because they are practised by those who wear the garb of Homœopathy—but really they are worse than Allopathy and so deserve no consideration in research work on Homœopathic science.

This discretion as to the most suitable minimum dose can only be developed and gradually improved by critical and unbiased observations and comparison of the results of the different potencies and doses on cases of similar type with respect to susceptibility, constitution, environment, etc. Obviously, the greater the number of cases thus observed, the more reliable and dependable would be the conclusions derived therefrom. But unfortunately—at least in our country—(I do not know the situation in other countries)—the number of beds in Homœopathic Hospitals today is too inconsiderable for such vast experiments. Such an experiment was conducted for a period of about 10 years from 1850 in the Leopoldstadt Hospital in Vienna under the charge of Dr. Wurmb and Kasper—both of unimpeachable renown of their age for their extraordinary scientific attainments and thorough knowledge of *Materia Medica*. After this—so far as my knowledge goes—no such experiment has been seriously conducted by any body. That is, in my opinion, the cause of perpetual controversy, dogmatism and various forms of irregularities on the question of potency and dose. I think

this is high time that the Homœopathic society of the world took up the matter with due seriousness to remedy this weak spot in Homœopathic science. Apart from big scale experiments in hospitals, the minimum that can be done is exchange of experience (including cases of success as well as failure) with different potencies and doses amongst the Homœopathic practitioners through journals, meetings and critical, unbiassed and collective discussions on them.

(4) **Problem of Prophylactic Medicine** :—We know (apart from hygiene—finding and fighting out the cause of disease), prophylactic medicine at this age (from the date of Jenner's vaccine against Pox) plays a great role in solving the problem of public health. In this field Allopathy is holding the monopoly position so long, only because the Homœopathist is allowed practically no scope to compete. Not that people and authorities concerned are not aware of the inadequancies, inconveniences even sometimes dangers, of Allopathic prophylactic medicines; but they cannot but depend upon the same for various reasons—viz., fashion, prejudices, etc.—but mainly on account of their unawareness of any better method—the Homœopathic method. But we know from our own individual experiences as well as from the records (though very small) in Homœopathic literature that Homœopathic medicine has far greater efficacy on this score and that in most harmless as well as dependable manner. With a view to establish this truth upon the people and authorities concerned we should, in my opinion, take the following steps:

- (i) At the very onset of any epidemic, we should very quickly find out and publish *genus epidemicus*. For this purpose, the following measures are to be taken immediately:—
  - (a) Rapid publication and exchange of the totality of symptoms of individual cases and their simillimum under the care of different physicians.
  - (b) This will lead to the rapid evolution of a grand totality of symptoms of the whole epidemic and a grand simillimum (*genus epidemicus*) for the same, which would be wholly efficacious for the whole

epidemic ; or often more than one simillimum for an epidemic of mixed type, each of which will be partially efficacious for the epidemic but will still be better than the Allopathic vaccinations or inoculations, at the same time avoiding the dangers and inconveniences involved in the latter.

- (ii) Keeping authentic records of administration of this *genus epidemicus* amongst the people under the care of individual physicians ;
- (iii) Making serious efforts for the publication, through all possible means, of the detailed statistical records of the results of such administration, thus enlightening and encouraging the public for making comparison of the two methods of prophylaxis.

(5) **Comparative assessments of the results of Homœopathic treatment of various types of disease vis-a-vis other methods** :—It is a common everyday experience of even lay people that cases of disease rejected by all methods of treatment are cured by Homœopathy and that often in the hands of the so-called village quacks. We, the Homœopaths know that theoretically there cannot be any case of disease having individualising symptoms that is not curable by Homœopathic treatment. But in practice we do fail in some cases, and these are cases where the vitality of the patient is functionally and structurally deranged beyond any prospect of repair. In these latter cases the individualising (characteristic, peculiar) symptoms are generally too scant, too shallow or too local (without affecting the whole patient), or contradictory, and hence not sufficiently dependable and so the true simillimum cannot be found out. As such, the prospect of a true cure is uncertain, though palliation may be possible in such cases. Thus, the peculiarity of the Homœopathic method lies in the fact that its therapeutics does not depend upon the pathological, common symptoms of the disease, and so, in it, the prospect of cure does not depend upon the pathological diagnosis ; its therapeutics and prognosis depend upon the individualising, characteristic symptoms of the patient suffering from any disease whatsoever. It can vie with any other method of treatment and show its

far greater and quicker efficacy and that in a simpler and more harmless way in any case of disease, only providing that the characteristic, individualising symptoms are there, which are essential for finding out the true simillimum.

So, it is a wrong attitude to make any division amongst cases based on pathological diagnosis, that such and such cases should fall within the domain of Homœopathy, and such and such under Allopathy or any other pathy. The general attitude is that cases that are not curable by Allopathy is kept apart for Homœopathy. But the fact is, Homœopathy can often show its miraculous effects even in those cases where the most upto date Allopathy boast most extraordinarily.

However, the trouble is that as the Homœopathist for his main task, viz., curing the sick, has not to depend upon the pathological diagnosis, he pays very little attention to this aspect of the case. But for the matter of comparison with Allopathy (the therapeutics of which is based on pathological diagnosis alone), we should make a thorough pathological investigation of our cases based on authentic data supplied by the pathologist or any other specialist required by the case—not only in the beginning but also at the end of treatment—to show thorough pathological cure. We can definitely and indisputably show the superior merit of the method of our treatment only if we keep our clinical records pathologically flawless and unassailable.

The above are the problems concerning the practical and applied aspect of Homœopathic science. But there are certain serious problems which quite legitimately bother any rational mind. The most troublesome of these problems is *the material basis of the minute dose of Homœopathic medicines*.

There cannot be any question about the existence of energy in the minute dose of medicine as it has capacity to produce material changes in the organism which has irrefutably been proved by experience and experiment; and it has also been established by the same method, that the minuter the quantity, the greater the energy. But science does not admit existence of any form of energy without a material basis, because such a thing is absurd in nature. Then, what is the exact nature of

the therapeutic energy of drugs? What is the nature of its material basis? What is the relation of that basis to its vehicle (spirit, sugar of milk, water, etc.)? It is not a chemical energy because it does not follow any of the chemical laws. It is not an energy like heat (which is the same as light) because it does not obey the laws of radiation, convection, conduction, etc. It is not allied to electrical or magnetic energy because it does not follow the laws of conduction etc. It does not obey even the electronic laws in so far as the latter is known today. It is some sort of energy liberated by the molecules or atoms of matter which increases the more the matter is attenuated by the simple method of trituration or succussion in some vehicle (without the help of any cyclotron or the like) and remains stable in the latter *ad infinitum* if not disturbed excess of heat or any such crude form of energy.

For the solution of these problems and understanding the essential nature of the therapeutic dynamic energy, we shall have to look towards the future of the progress of natural sciences, and all the while keep in close touch with those branches of science—especially the nuclear physics. Considerable light has been thrown on the path of research in this aspect of Homœopathy by Dr. Guy Beckley Stearns—whose writing have been published in a book—from—“*The Physical Basis of Homœopathy. And a New Synthesis*” by Roy and Company, Princess Street, Bombay-2. But, fortunately, practical therapeutics does not depend upon the solution of these problems; as for example, practical optics does not depend upon the understanding of the essential nature of light, but on certain natural laws established empirically by method by induction.

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