

THE OSMOSIS OF HOMŒOPATHY

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What is osmosis? It is the penetration of a less concentrated substance by a more concentrated one. The law of osmotic pressure reads: "The osmotic pressure increases in direct proportion to the molecular concentration of substances in solution." How is this applicable to Homœopathy? The two substances concerned in the osmosis, let us call Homœopathy and for lack of a better term, "Organized Medicine. In physico-chemical experiment the two substances in solution would be separated by a permeable membrane. Let us first consider the nature of this membrane, which separates the two camps and yet permits of interchange between them. The constituents of this symbolic membrane are four:

(1) *Laziness*—due, not only to overpressure of work, but to the habitual lack of concise thinking on the part of the human vegetable.

(2) *Prejudice*—on both sides. Inherited from the early days of Homœopathy when there was persecution and when there was a purpose of protection to being a sect; and, unfortunately, persisting in some quarters even today as contemptuous back-biting, and the "holier than thou" attitude. The persistence of this sect prejudice has been partly due to the intense specialization on materia medica needed to do good work in our art, the specialist, as the saying goes, "knowing more and more about less and less."

(3) *Worship of "science"* versus contempt for "science." The difficulty here is not in *facts* of science. All doctors must accept these. The difficulty and the danger is in the *interpretation*. One of the most moot points, for instance, is the attitude toward bacteria. Are they a cause or a product, or merely a concomitant of disease? Can they be separated from what *we* call the intangible "miasm," whether acute or chronic which goes with them; and what is the relation, if any, of this "miasm" to a filterable virus? We tend, furthermore, to de-

pend solely on the action of our remedies, as we have inherited them, overlooking the necessity of testing them by all known laboratory means and of keeping ourselves up to the mark by the checks of modern science.

(4) Questions of *wordly advantage*.

So much for the membrane, which we must all coöperate to keep passable.

Any permeable membrane is permeable in two directions. The question is, which way will the osmosis take place. This depends on the relative richness of the substance on the two sides. In other words, on the actual comparative power of Homœopathy and of the organized medicine of today. If we are to interpenetrate, to diffuse into, even to saturate regular medicine, we must prove ourselves the richer (I will not be physiological enough to say, the denser !)

What can we do, not only to show that this is so to others, but to prove it to the sceptics in our own ranks and to that most honest and often subterranean part of ourselves? Primarily, of course, we can prove it empirically by our cures, but these, at best, are subject to that most tantalizing of facts, the impossibility of one person being both an experiment and its control. We should, however, take special care to support our cures, not only by laboratory data, and, when possible, by consultation for diagnosis corroboration with a non-homœopath,—but also by giving diet and hygiene and a mental boost to patients whose condition permits, at first, *without* the indicated remedy. Then follow with *Placebo* given in one's best manner, carefully noting the effect of each of these two procedures; then give the carefully studied out *similimum* and note whether the result is not a startling improvement. (If it is not, let us be very sure that it is *our* fault and not the fault of Homœopathy). As further sign that the remedy is acting and the improvement not fortuitous, we have Hering's three laws of cure: The action of the remedy from within outward, from above downward, and in the reverse order of the symptoms. A further control check can be made after our single dose has worked itself out (or rather, the reaction of the body to the dose has run its course). We can then

repeat (the symptoms agreeing) and see a new improvement and the continued action of Hering's laws. Last, but not least, we may consider any remedy aggravation, especially if the symptoms aggravated appear strongly under the remedy in the *materia medica*, as a further control.

We can, furthermore, keep all these data in succinct records and publish them.

But this is not enough. No amount of painstaking and even brilliant work, or re-presentation, or collation of classical material from homœopathic authors will suffice to put us on the map. We must do *original research*, consistent with the accepted vehicles of the modern scientific mind. We must bridge the gap between the laboratory man and our clinical therapist. We need a great foundation with laboratory, hospital and clinic, endowed, which can check records and conduct experiments on a basis of pure Homœopathy over series of thousands of patients and decades of years.

This foundation must correlate endocrinology and morphology with Homœopathy. It must work out the relation between remedy types and disease diagnosis. Its work should include definitely measurable psychological tests of different remedy types. (By remedy type, I mean a group of typical *Sulphur* patients, or *Phosphorus*, or *Lycopodium* patient(s)). Its laboratory work should include provings on animals with drugs in both low and high potencies, such as were done in the case of fruit-flies and guinea-pigs by the New York Foundation, and also especially experiments on the physiological effects of high potencies on sensitive human provers.

Before we can be on a secure scientific basis we must have more adequate physical and physio-chemical explanation of our hypotheses. The Utopian foundation should secure experts, one or more, in physics, physical-chemistry, chemistry, bacteriology and immunology, physiology, pharmacology, psychology and I would even add, meteorology, and give them a thorough course in Homœopathy, its philosophy, *materia medica*, and usage, in order that they might understand what they were working with. These men would then be the Round Table of the foundation research and could devote a quarter of a cen-

tury to solving the intricate problems in connection with Homœopathy and to inducting others, to fill their places.

If all of these things were done and our best thought turned to some of the puzzling questions, such as—what would be the effect of remedies given in *high* potencies according to the law of *contraries*? wherein does the homœopath who prescribes for diseases or for organs differ from the usual physician, except in his effort at individualizing unless, of course, he prescribes for organs and diseases on the basis of the totality of similar symptoms? If, to repeat, these things were accomplished, the unique sphere of Homœopathy would be demonstrated and *we* would permeate tranquilly and irresistibly, the entire realm of medicine.

In concluding, let me remind you of the five uniquenesses of Homœopathy:

- (1) Cutting short acute diseases.
- (2) Curing chronic diseases.
- (3) Removing hereditary taints (prophylaxis against chronic disease).
- (4) Individualizing each case, and
- (5) Utilizing energies on a plane not otherwise used in drug medicine.

"The future of higher Homœopathy," said Burnett, "*lies in behind the symptoms.*" The degree of our osmosis into organized medicine will, in the last analysis, depend on what each of us homœopaths perceives "behind the symptoms."

—*The Layman Speaks, Nov., '57*
