

## ON PREVENTIVE MEDICINE AND HOMŒOPATHY

(Excerpts from the Symposium held on 8.2.65 by the  
Society of Homœopathic Physicians, Madras)

*I. Paper presented by DR. S. P. KOPPIKAR, B.H.M.S. (Cal.)*

As advised by Hahnemann, in his Organon—a “prophylactic” for any epidemic is found out by a careful examination of the first few cases. Their total picture, when compared to Materia Medica, gives one or two or even three medicines Homœopathic to the disease. These prove to be both curative and preventive.

Most of the specific infectious diseases are so clear-cut in their symptomatology that typical similar remedies can be found in our Materia Medica. For example, Cholera and Camphor, Cuprum or Veratrum; Small-pox and Thuja, Antim. tart and Variolinum; Chicken-pox and Merc. Sol and Rhus Tox; Scarlatina and Bellad; Influenza and Gelsemium or Eupatorium; Whooping cough and Drosera, Carbo Veg.

Some diseases are too vague or too vast in their symptomatology so that it is difficult to fit one or even two remedies. One way of tackling this problem is to use a nosode of the same disease (if available) in a high potency (not below 200th).

One point I wish to stress here, when some one asks me if there is any specific preventive for a disease, I think of only that preventive which must satisfy three conditions. You may remember Koch formulating 3 conditions for his “Bacterial Origin of Diseases” Theory. He said, for a germ to be assumed to be the cause of any particular disease, it must

- (1) cause the symptoms in every case
- (2) be present and demonstrable in every case
- (3) be possible to culture it outside the body and this culture also should produce the same disease symptoms.

Similarly the Homœopathic prophylactic must

- (1) be a typically Homœopathically indicated remedy, i.e., it

must be capable of producing artificially the same set of symptoms.

- (2) both prevent and cut short the disease and most important of all
- (3) be able to remove bad effects (Psora) produced by the disease, even after a long time.

I came to the conclusion that Merc. Sol must be a specific for Chicken-pox only after it cured patients wonderfully (even when *not* indicated properly) mainly on the basis of the trouble having started after a bad attack of Chicken-pox.

Lastly I must confess, it is not yet settled whether there is any specific for Measles—I have tried Pulsatilla, Belladonna, Morbillinum—*no guarantee of success.*

#### DISCUSSION

*Dr. V. Sundara Varadhan*: Dr. Ruddock, M.D., states that 'A dose of Pulsatilla every morning and a dose of Aconite every evening for a week or ten days serve as a Prophylactic for Measles. Dr. Allen, M.D., advises Morbillinum, and Dr. Schmidt M.D. also favour the same in 1m. Potency 1 dose for Prophylaxis. Pulsatilla is generally considered to be a grand remedy both for prophylactic and curative aspects. More statistics may reveal the clear picture in this regard.

#### II. Paper presented by DR. K. SREENIVASAN

These days more attention is being given by Modern Medicine to the possibilities of fighting disease in the field of prophylaxis or prevention. But the question is: Are they getting anywhere with their preventive methods and are they getting the desired results with their serums and vaccines? Does their claim that sulfa drugs have prophylactic effects on certain conditions have any scientific background?

Dr. E. Gracia Trevino, M.D., stated in a paper read before I.H.A., Bureau of Homœopathic Philosophy on June 12, 1947 in the following words: "We have just passed, in our city, through a mild epidemic of cerebrospinal meningitis. Fifty-two cases in all. Yet our health authorities forcibly established the compulsory measure, of not permitting a single soul to pass beyond the city

limits without taking, in the presence of a health officer, nurses and the menacing escort of a half dozen soldiers with their rifles in hands, a dose of 4 (four) sulphadiazine tablets, and with the promise that each and everyone would take 8 more tablets, four for each dose, during the two successive days. Millions of tablets given away for this most unscientific experiment, thousands of dollars spent; a score of intoxications and even some deaths, produced. And all this, regardless of the fact that the Federal Health Department has published a book (*Control de las Enfermedades Transmisibles*) in which, on page 50, they state that "there is no known artificial immunity against cerebrospinal meningitis".

Dr. E. Gracia Trevino, M.D., has also reported that Dr. Paul Chavanon of Paris, France, who has devoted most of his time to the study of all types of prophylactic measures against diphtheria, and the author of the book on Diphtheria published in 1932, has proven by actual statistics, that the number of cases of this terrific malady shows a tremendous increase in France since the compulsive use of the toxoid for the prevention of the disease: from 12,096 cases in 1925 to 23,743 cases in 1930; and in Greece, from 750 cases in 1929 to 1840 in 1934. And after a careful investigation, Dr. Chavanon arrives at the following conclusions:

1. The anatoxin does not immunize completely against diphtheria, because hospitals and private clinics are increasingly filled with diphtheria cases of vaccinated, which are as serious and fatal as in the non-vaccinated.

2. The number of diphtheria cases is increasing since the Institute of Pasteur's more or less open publicity spreads the anatoxin, because the anatoxin seems to sensitise to the syndrome instead of desensitizing.

3. It kills, produces idiocy, deafness, paralysis, and so forth, in a number of children each year. These cases would be carefully hidden—it seems to me—by people speculating ignominiously on the silent distress on the parents, and on the fact that physicians believe to have performed their duty when the accidents have been reported, then forgetting them, ignoring that their reports are for ever buried.

Further, Dr. Chavanon has proven that one dose of

Diphtherinum 4M produces a negative Schick test for  $1\frac{1}{2}$  yrs; that 2 doses of the same will lengthen the negative reaction upto  $2\frac{1}{2}$  yrs; 3 doses to  $3\frac{1}{2}$  yrs. And that one dose of the 8M potency will cause a negative Schick for  $4\frac{1}{2}$  years.

Dr. Margaret Tyler's "Pointers to the Common Remedies of Typhoid Conditions" page 28—it is mentioned that proving of *Baptisia Tinctoria* by British homœopaths has shown that a negative Widal's reaction given by all provers, turned out to be positive during the time they were taking the drug.

Similar reports are available on the experiments carried out in different parts of the world for small-pox, poliomyelitis, scarlet fever, malaria etc. Therefore it is worthwhile to spend money and time by means of rigid research work to confirm these experiments thus helping Homœopathy to climb to its deserving place and help humanity in preventing the spread of infectious diseases.

Whether immunization is desirable or not is a question on which opinions are divided and it requires time and space to deal with this question. Since both time and space are restricted at this meeting I am leaving it for consideration on another occasion.

#### DISCUSSION

*Dr. P. S. Warriar* :—MERC. CYAN. acts as a best prophylactic for Diphtheria.

*Dr. V. Sundara Varadhan* :—Regarding the question whether Homœopathic prophylaxis will hold good, I furnish certain facts. The potencies and the manner in which the prophylactics are employed differ from Physician to Physician. This is because, a few find benefit by resorting to low, a few to medium and a few to high potencies as prophylactics. Not only in the field of prophylaxis, but also on the therapeutic side, the same is the case. The problem of potency is still an open one and is an unsolved problem. Various aspects have been put forward on the use of these potencies therapeutically and according to individual reactions, the question of deciding the potency depends. Naturally, in the domain of prophylaxis, the same problem comes and that is why we have different opinions. But, it should be surmised that the potencies used prophylactically have produced and are producing the

necessary immunity in the majority of cases. Research is needed in deciding upon the optimum potency and the manner of its application.

Natural immunity exists in every individual inclusive of those belonging to the lowest socio-economic group. We all know that the platform dwellers who are exposed to the sun, rain, snow and draughts are more healthy than those whose living conditions are better. The body resistance depends upon the constitution, the environment etc. and the resistance may be changing in both classes of people needing some prophylactic for certain epidemics which raise bodily resistance to infections. If we take coryza, how easily it spreads to individuals, be they rich or poor, if the resistance is poor. In the recent epidemic of influenza during 1957, most people were hit by the same in spite of their possessing natural immunity. And it was also noted that who took Homœopathic prophylaxis did not contract influenza; those who got Homœopathic prophylactic remedies got through the disease with least complications. And many of them recovered in a day or two. Similarly, in the Delhi's epidemic Jaundice which occurred recently, affecting both groups of people, Homœopathic prophylactic treatment proved its value. Hence, by mass Homœopathic prophylaxis, the efficacy of the same can be established in epidemics and it can be concluded that natural immunity alone never safeguards one from becoming affected in epidemics.

The point argued is that the 'Law of Similars' cannot be employed in the same manner both for therapeutic and prophylactic purposes. If we think for a moment, we can realise that the idea of Vaccination is itself Homœopathic as agreed by eminent allopathic Physicians. By vaccination, it is aimed to produce immunity for a particular disease (as Variola) by introducing the same or similar disease product or the virus which is supposed to be the cause for a particular affection, which after introduction into the body, stimulates the formation of antibodies which prevent contraction of that particular disease, or, if affected, to minimise complications.

\* \* \* \*

(Continued on page 519)

remedy, instinct with affinity for similarity will tend to work to the extent of its similarity existing in the patient, discovered or otherwise by the prescriber, provided there is no other unknown and undiscovered factor standing as an obstacle.

Homœopaths may make experiments with *Tarentula hispana* for the removal of hair already grown on odd parts. 'Depraved imaginations prevail through the proving' (Kent). "There is uncontrollable sexual erethism" (K).

---

#### ON PREVENTIVE MEDICINE AND HOMŒOPATHY

(Continued from page 516)

*Dr. P. S. Warriar* : One Doctor's experience will not be the correct way to choose prophylactics, because each individual will vary. We have to study the cases in detail.

*Dr. V. Sundara Varadhan* : I endorse Dr. Warriar's views. The Genus epidemicus should be found out by a few Physicians sitting together, studying a number of cases in detail and arrive at the most commonly indicated remedy which will be the correct method. Dr. Hahnemann stated: "A single case will not present the totality of symptoms of an epidemic sickness. Well intentioned modest Physicians will co-operatively study an epidemic sickness to discover its most certain curative remedy and apply it.

This composite picture of the epidemic sickness will reveal the remedy for that epidemic. That remedy will master the epidemic, reduce the death rate, rob epidemics of their horror." This Genus Epidemicus will also be of use as a prophylactic for that particular epidemic.

\* \* \* \*

---