

PRESENTING THE CASE

(Extracted from the Editorial of Homœopathy, Jan. '57).

Presenting the case for homœopathy is largely synonymous with presenting the cases.

The final test of a new theory in medicine is its effectiveness as a therapy. Theories do not cure, but forms of treatment suggested by theories relating to disease and how to combat disease, may do so.

It is sometimes suggested that a full-scale trial should be given to homœopathy, or that the theory of homœotherapy should be made the subject of a controlled trial. It should be remembered that both these methods are commonly applied to new treatments or to new drugs.

The whole history of homœopathy, extending over a period of more than a century and a half, has provided a full-scale trial on a very large base. Starting with the pilot experiments of Samuel Hahnemann on himself and his immediate family and associates, the testing of the efficacy of homœopathic medicine has gone on steadily down the decades.

Individual cases of disease and sickness helped, relieved, restored to health by homœopathy provide in the aggregate a vast host of witnesses to the continuing efficacy of the method. Had the theories of Hahnemann proved to be fallacious and had his method of therapy turned out to be a failure the science and art of homœopathy would long since have passed into the limbo of out-dated fads and fashions in medicine. Such is not the case.

There are in the world today in many lands and among all sections of society a great host who testify to the benefits received in their own persons through homœopathy. They surely are best qualified to judge of the relative merits of this and other forms of therapy for indeed many of them have experienced much alternative treatment before having recourse to homœopathy.

Controlled Trials

Homœopathy has indeed been tried and tested on a very full scale during the past and not found wanting, but it may be objected that no controlled trials, so-called, have been carried out.

A controlled trial means the giving of different forms of treatment to known groups for the purpose of comparison. Those in each group are required to be more or less similar types of individual and suffering from a disease which can be given a similar label.

But even similar types of people are subject to very great individual dissimilarities, and even those labelled as suffering from a similar disease may vary greatly in their individual pathological behaviour. Conclusions drawn from such comparisons are interesting but not wholly reliable for no two groups of human beings are really comparable; man not being a machine-made standardised product.

It would be most interesting to study a large series of cases of influenza or summer diarrhœa in infants, or some other disease with a fairly definite symptom picture, in relation to comparative results. One large series composed of those treated by other methods. But the time and the facilities required for such a comparative study would not be easily come by. It would also be extremely difficult to obtain data of sufficient accuracy and in sufficient detail to make any findings really conclusive.

Homœopathy Provides Its Own Controls

In the controlled trial as usually carried out the comparison is made between groups of similar people with a similar disease, as pointed out above. Surely an even better control is obtained when comparison can be made between two methods of treatment as applied to the same person for the same disease. One method fails to give relief, another succeeds in restoring health and well-being.

The story of homœopathy presents a remarkable controlled trial in this respect for so often those who have been helped and healed by it have previously had other forms of treatment for

the same complaint but to no avail. Thus the same person being treated homœopathically and non-homœopathically for the same disease has provided a comparative control of unquestionable worth and reliability.

A few years ago Dr. D. J. Chand of New Delhi was asked to read a paper before the Faculty of Homœopathy on his experience of homœopathic prescribing extending over nearly thirty-two years. He decided that he could not do better than present details of cases illustrative of homœopathy's distinctive approach to the study of disease and the treatment of patients.

Some Comparisons

He told of a child of just under two years of age who had become blind as the result of bilateral blocking of the retinal arteries and pronounced incurable by orthodoxy. Somewhat unwillingly he had consented to see whether homœopathy could help. That was in December, 1937; there was slow but gradual response and Dr. Chand reported that he had seen the patient, by then a grown-up schoolboy of fifteen years, in June of 1949. His vision in both eyes was perfect and he could read the smallest print.

Dr. Chand spoke of a European patient who had suffered from bowel trouble which had persisted for about three years despite much and varied treatment under the care of several competent and capable physicians, both European and Indian. A dose of DULCAMARA 200 was prescribed on the indication of the history of onset. The trouble had begun after an accident when the boat which the patient was rowing capsized. He was at the time hot and perspiring and the water into which he was thrown was quite cold. A fortnight after the prescription was taken a letter was received from the grateful patient stating that the trouble had ceased, as if by magic, after the solitary powder, that he was fast improving in health and was feeling better than at any time during the past three years.

Many Other Cases Quoted

A number of other cases were cited by Dr. Chand from his own experience and many of them demonstrate the benefit

of homœopathy in a controlled experiment in which the control is provided not by a similar patient with a similar disease but by the same patient treated first by sundry orthodox treatments and then by the homœopathic method for the same complaint.

Such incidents can be reduplicated in the experience of every homœopathic physician. They present a case that is certainly convincing to those who are helped and healed.

Through the years a wealth of evidence has been produced which should be convincing to those whose avowed objective is the relief of suffering and the cure of disease. Members of the medical profession with open minds *should* explore all available means to this end.

SIMILIA IN TRIPPLICATE ACTION

DR. J. W. WAFFENSMITH, M.D., H.M.

Problem 1:—In April 1955, a woman aged 76 years, presented herself to me with a fiery-red, denuded skin; violent itching, aggravated night; stinging, burning pains; weeping and scaling over entire surface of both lower extremities.

She had taken "loads of Cortisone" after which the hair began falling out; large spots of baldness on vertex; hair dry and dead in appearance. She has used all kinds of injections and local applications; through the years has taken iron and other remedies to keep up strength. Lately she had been to a prominent clinic in the East to no avail.

There was a history of occipito-cervical headaches; colitis; arthritis of joints of fingers, which are somewhat contracted; deepseated prostration, more like tubercular fatigue. She was an active, restless type, wants to keep moving; restlessness of hands and feet; ameliorated lying on right side and putting feet out of bed.