

PERSPECTIVE AND HORIZONS

W. W. YOUNG, M.D.

Perspective concerns itself with the field of vision. Granted the ability to see then one's perspective, one's vista so far as dimensions are concerned and the limitations of the same will depend on many factors. The field of vision of the ant is not that of the elephant, that of the mole is not that of the eagle and so forth. If one applies the concept to men then one has to deal with physiologic and psychologic perspective; the perspective of the ignorant and of the educated; the perspective of the mind of narrow and that of the mind with broad range. No matter how practical or materialistic the mind, intent as it is on the immediate objective world around it, there comes the wisdom, now and then, of standing back a little, or of seeking a point of vantage from which it can gain better perspective. Only from this vantage point can one attempt to see things in their perspective, gain an idea of proportions and essay a worth while value of things and events in one's particular world.

In this paper an attempt will be made, to a limited extent of course, to survey the present medical scene from some vantage point in an effort to obtain a valorization of some of the changes which are taking place in that medical arena. It would not be possible to compress into a brief article more than a very limited area if we wish to enter into much detail. Time and space permit of: a sketch of the entire panorama in a very general way; a more detailed drawing of one small part of that panorama. We shall choose the second alternative. That being the case where shall we focus our sight?

Since this is a publication devoted to homœopathic philosophy and homœotherapeutics it is appropriate that we focus upon this particular aspect of the general theme. What impresses the contemporary student of medicine is

the fact that there is at the present time an undercurrent of restlessness and dissatisfaction which by some is regarded as being equivalent to a revolution in view point, in thinking and in methodologies. Discontent is being felt and is being more and more clearly expressed. The discontent arises out of a disillusionment in and dissatisfaction with the long accepted ideologies and standard techniques.

The concepts of single cause, unconditioned cause, immediate relationship between cause and effect, the dissociation of psyche from soma, the diagnostic approach considered from the nosological aspect, the hypothesis of specificity are some of the ideologies which have been subjected to rechecking and the inferences previously drawn from experimental data have undergone modification.

This is not to say that, in applying these ideologies practically medicine has not achieved some triumphs. It has. These triumphs have been for the most part in the realm of preventive medicine and public health and to a far lesser extent in the realm of therapy.

After almost a century of application of the methods derived from purely objective sciences we can gain some perspective as to the merits of this achievement. In a very general way what seems to be the over all picture. Consulting the statistics we come to realize that there is as much sickness now as there was a century ago, relatively speaking. Some students state or imply that there is more sickness today than there was. In any case the very clear picture emerges that today there is a vast difference in the kind of sickness. Thus, where physicians at the turn of the century had to deal with infections, acute diseases, epidemics among the comparatively young and either did not recognize or failed to treat the more subtle and chronic conditions, today, with a marked change in the character of sickness, we find that we are poorly armed to deal with a contemporary situation.

One group of students claims that the complexion of medicine has undergone a change. Another group states

that the problem remains much the same but that we have gained more knowledge and greater insight. Perhaps there is some truth in both statements. Whatever the explanation the fact remains that today we have to deal with, for the greater part, such conditions as rheumatism (from acute rheumatic to rheumatoid arthritis), allergic manifestations, migraines, neuroses in their many forms, circulatory problems, autonomic difficulties, diabetes, hypertension, functional disorders in their innumerable guises and chronic invalidism of protean nature.

To meet these problems the older methods and older techniques prove to be helpless and impotent. Newer and more appropriate measures have to be employed. Therefore newer methodologies are being explored and developed; newer concepts and hypotheses are being developed and improved. Some of these are extremely ancient and need only to be rediscovered and brought nearer perfection.

It is as a result of this that concepts for a long time familiar to homœotherapeutics are being experimented with. Some of these concepts are: that sickness is a reaction by a vital organism; a reaction by a total organism; sickness is a process and not an entity; the relationship between causes and effects is highly conditioned; sickness is the result of not one but concerted causes; sickness is a purely personal matter; one must not be content with a diagnosis (nosological); one treats the patient and not a disease; sickness shows itself in both subjective and objective ways, the psyche and the soma and not psyche or soma; psyche and soma are interdependent; the psyche is to be emphasized over the soma.

After almost two centuries of emphasis on the sciences satellite to medicine such as bacteriology, chemistry, diet, mechanics and physics the pendulum is gradually swinging to the biological orientation. Led by Pavlov, Cannon, Darwin, Sherrington and others of similar mind esoteric medical philosophy is finally creating its tardy influence

on practical, clinical medicine. The host is being studied with more and more avidity; the dynamic, total, reactive host, the psyche and the soma. This esoteric influence as expressed in the clinic goes by the name of Psychosomatic Medicine. Much, indeed a very great portion of its philosophy and method, is similar and often identical to that called homœopathy. They are not the same however. Psychosomatic medicine deals with the reaction of the human to such pathogens as words, situations, ideas, suggestions, anxieties, jealousies and such other purely subjective experiences. Homœotherapeutics deals with the reaction of the human host to chemical pathogens or drugs. There is no conflict existing between them; they complement one another. Their methods are much the same. Both can draw upon the realm of objective experimentation for substantiation and description and explanation. But both must retain their own orientation which is biological. Both can and ought to adopt and adapt the experimental techniques of the more objective and exact sciences so far as that is possible to their respective needs.

From our vantage point other suggestive historical processes are at work in medicine. With the advent of the so-called scientific age the trend was toward greater and greater analysis, analysis pursued in more and more detail and to its ultimate end, the atom and sub-atomic neutrons and protons till one came to the final end; mass and energy are the same although in different forms. Influenced by this medicine subdivided and subdivided itself into smaller and smaller compartments without any correlation. There existed nowhere, for many, many years, except in homœotherapeutics, any effort to correlate and to synthesize. As of the present time this trend is being reversed. Specialization has gone to an extreme. There is an increasing demand for a more versatile physician, the physician who understands and can deal with the total human animal, the patient of psyche and soma.

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but on the full-blooded, common language used by man in his everyday life. Homœopathy integrates art with science and philosophy. It leads to an integral knowledge which seems to be in line with the next step in the evolution in human consciousness.

To-day, the 10th of April, is the birth-day of the great German Savant Hahnemann, who, while dealing with facts medical, discovered a truth in Biology and raised medicine from its status as a mere art to that of science. That is the reason why, when Hahnemann discovered the homœopathic law of cure, it does not stop there, but like a lamp shedding its light far beyond the object for which it was lighted, it illumines the whole region of human life and thought transcending its original purpose. Let not Homœopathy be our mere creed for professional calling but also a mode of "Sadhanā" to heighten and expand our present formulation of consciousness, so that we may climb up from "Instinctive knowledge" to "Intuition" through the intermediate plane of Reason.

Let us remember the Great Master in all reverence and humility and try to do as he did.

DR. B. K. SARKAR.

10th April, 1949.

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To the physician so fortunate as to have had a homœopathic orientation there is little that is novel in this. What is of importance to him is the fact that there is a slow and gradual assumption of this view point on the part of that medical discipline which for many years was dominant and at the same time antagonistic toward the concepts and principles which form the essential core of homœotherapeutics.

The reader at this point will, no doubt have an understandable desire to ask, upon what basis do I make these statements? The question is reasonable and calls for a frank answer. The pulse of medicine is to be felt, so to speak, by surveying the contemporary literature with discrimination as a guide. To the student familiar with history there is no need to look at the printed date on a publication. The nature of the subject matter is a very reliable guide to the era in which it is written. In this particular article a thorough survey of all the present day literature is out of the question. But, in line with the intention expressed in the introductory paragraphs, we can select some few quotations which are not only suggestive but also representative. Therefore we turn to the Bulletin of the New York Academy of Medicine. It is to be recalled that Constantine Hering was at one time a member of this select and one might say to a certain extent august organization. However, because he was so foresighted and such a clear thinker that he appreciated the essential truths contained in the philosophy of homœopathy and was so frank as to make his views known, he was expelled from that body and for this very reason. It might be said then that time and the tides, as is so often the case, have wrought a change which is once more ironical for, here in this publication where one would least expect to find promulgated an intellectual discipline and philosophy which lent support to homœotherapeutics, were it ever so little, we find the following under the authorship of E. Weiss.

"Psychosomatic is a new term but it describes an approach to medicine as old as the art of medicine itself.

"It is not a new specialty but is rather a point of view which applies to all aspects of medicine and surgery. It does not mean less study of the soma; it only means more study of this psyche. Its subject matter is founded on the important advances in physical medicine as well as the biologically oriented psychology of Freud—. It is not a new discovery but rather a reaffirmation of the ancient

principle that the mind and the body are interactive and interdependent, a principle which has always guided the intelligent general practitioner. As a science, psychosomatic medicine aims at discovering the precise nature of this relationship.

"Allergy and psychosomatic medicine have much in common.—these disorders exist together in many people.

—Both have been exploited by irregular practitioners when orthodox medicine has disdained to endorse them.—

"Within the last decade, however, medicine has succeeded to a considerable extent in substituting scientific principles of psychopathology and psychotherapy for intuition—generally spoken of as the art of medicine—in regard to many medical problems; and this rapidly increasing body of knowledge is now referred to as Psychosomatic Medicine.—

— "When a person gets sick he gets sick all over, that is, the body and the mind are one, and he gets sick for a variety of reasons, physical and psychic. In other words it is not one thing that determines illness; there are a multiplicity of factors working together. Halliday points out that in our approach to illness we must think: What kind of a PERSON are we dealing with; What has he MET; What has HAPPENED—?

"The psychosomatic point of view is that the psyche enters, or better emerges, as one of the several factors which, acting together, disturb the function of the organism.—

"In general, physicians look upon the problem of psychic factors in illness in several ways.—physical factors all important.—the psyche is all important.— In between are those who believe that physical and psychological aspects are but different phases of the disordered constitution, perhaps parallel manifestations of the same basic fault existing together and related to one another.

— "We would like the psyche to be treated with the same respect as germs or allergens.—

"Just as we insist on this unity regarding the nature of illness— We suggest that order be brought into the intuitive process.

—The faulty concept of functional versus organic disease and the necessity of giving up the either-or diagnostic approach have been discussed elsewhere. —diagnosis must be established on positive data from psychologic study as well as negative data from an organic standpoint. —to the total personality make up of the individual.

"So far as allergy is concerned the fact that the removal of an allergen or a hyposensitization process "cures" the patient proves only that one factor has been removed and the morbid chain of events interrupted.

"Sometimes in psychosomatic illness when we get rid of symptoms by means of medicine, surgery or manipulation without getting at the fundamental problem—the difficulty immediately is reflected in mental symptoms.

—as pointed out by Levine, it is necessary to make a clinical, dynamic and genetic diagnosis before one can stand on safe ground—.

"Dynamic diagnosis refers to the meaning and purpose of the symptom or behaviour in terms of the particular personality and its structure. Coupled with the genetic diagnosis which is derived from the longitudinal survey of the individual life history, we are then in a position to plan a comprehensive medical care."

—While it may represent a respiratory disorder, it is not in the lungs; it is the spirit of the individual, in his feelings. In other words, feelings may be as potent as germs or allergens in causing disturbances of function.

"In other words, if we pay more attention to what people say, we will often realize that the words they produce, representing their thought processes, are the secretions of their mental apparatus just as the urine is the secretion of the urinary apparatus and that both can be analysed for diagnostic and prognostic purposes."

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Here we end the quotations. It is to be remembered that these references have been selected because they are representative of a kind which is appearing with increasing frequency in medical literature. They are not unique. We have submitted enough of the lengthy article to give a clear indication of its tenor.

The essayist assumes that the reader is more or less familiar with the philosophy of homœotherapeutics as first set forth by Hahnemann and as modified by students since his time. Possessing that knowledge he will have little difficulty in seeing the similarity between that philosophy and the philosophy employed by Psychosomatic Medicine. Dr. Weiss gives to homœotherapeutics a left handed compliment in recognition of that fact. From this it emerges that the aims and purposes of homœotherapeutics and those of psychosomatics, although not identical, must follow parallel lines of investigation.

The homœopathic philosopher, like the psychosomaticist, finds himself somewhere in between the viewpoint of the somaticist and that of the psychiatrist. We heartily endorse the tenet of the author that the mental, the subjective is to be allocated equal importance to the physical and the objective. We have for almost two centuries subscribed to the teaching that psyche and soma are integrated and that only the psyche and soma together can become sick and that, because of this, therapy requires that they be simultaneously treated. This we endeavour to do even down to and including the selection of the drug.

Submitting to the necessity of a nosological diagnosis homœopathic physicians have always sought for a genetic, a dynamic, a functional diagnosis as well. Antedating psychosomatics for more than a century homœotherapeutics

has regarded sickness as a morbid process as distinguished from a static entity, a conglomeration of symptoms, and has always sought, even if by intuition alone, for the significance of the sickness and the symptoms through which it is manifested.

It was the clear recognition that the removal of one or more symptoms did not constitute a cure which was one of the motivating influences which brought homœotherapeutics into being. Hahnemann dealt with this to a degree in his *Chronic Diseases*. In the proving the experimenter concerns himself with biological behaviourism to the exclusion of all else. And when Dr. Weiss, as the spokesman of a rapidly increasing number of progressive minded physicians, states that when a person is sick he is first of all sick in spirit, in his feelings, in the subjective and that this is to be regarded as a disharmony of function dynamic in character, one can come to one of two conclusions: that he has borrowed, as have others, from the *Organon* or a large number of contemporary physicians are finally assimilating the last remnants of homœopathic philosophy, all that remains still to be assimilated. In the last quoted paragraph we even find psychosomatic medicine commending homœotherapeutics for its technique of history taking, in that the words of the patient are of equal value, if not more value than the objective findings.

This is one aspect of the medical arena. This is one of the many changes which are taking place in it. Slowly but surely the philosophy which at one time was subscribed to by homœotherapeutics only is now being entirely assimilated by those who are the direct descendants of former critics. Now let us turn our eyes elsewhere and see what goes on there. For sake of comparison let us focus our vision on those who still employ homœotherapeutics.

Here we find something equally interesting. We find this group of physicians steadily diminishing in numbers, their centers of teaching passing rapidly out of existence,

their medical societies contracting, their literature drying up and their influence waning. Indeed, with the exceptions in the minority we find those who have been exposed to what has been called a homœopathic education, for want of a more exact definition, rushing pell mell away from this method of therapy in what amounts almost to undignified panic. From our vantage point this is a most arresting observation. It might be called a phenomenon, a phenomenon which is a paradox. Curiosity alone would move one to look for some explanation.

If we investigate the reasons why an increasing number of physicians are today subscribing to the philosophy of disease as a dynamic, reactive event, a vital process in a total individual, all of which and more is common to homœotherapeutics and psychosomatics we find the reason in the literature of psychosomatics. This demonstrates that an intensive study of the host, of the human organism, has been undertaken by those who are primarily physicians with a biological orientation. These researchers have been insistent that their every effort deal with the interplay between this organism and its environment in a realistic, practical way. Unlike the pharmacologist, the bacteriologist and others with alien orientations who create a fantastic environment, called the laboratory, in which they conduct their researches, these men, like Hahnemann, demand that the real world, the bed side, the clinic is the only one from which factual results can be had, reliable conclusions can be drawn. They have been sufficiently emancipated from older concepts to accept new and often quite unexpected inferences when that has been shown necessary. They have had sufficient courage to take issue with what has long been established or considered to be established which is to say with the orthodox. And so did Hahnemann. They have adapted and adopted the techniques of objective experimentation to their needs. As a result their present day literature is vital, compelling and forceful in addition to its being parallel to the tenor of the

homœotherapeutics. They show great aggressiveness in researching, writing and teaching.

Now let us compare this situation with the recent activities of the homœopathic group. This group displays a high degree of dissension; dissension in a political way, dissension in the matter of personalities, dissension as to policies. The most deep and longest lasting schism has been over the question of adhering to or deviating from the original teachings as promulgated by Hahnemann. Except for a few exceptions the texts produced by this group have been the work of copyists in the realm of *materia medica*. For more than fifty years there has been little or nothing done to submit the original, incomplete and at times contradictory mass of doctrines which constituted homœo-philosophy to review, critique and corrections. With few exceptions the matter of provings has been a totally dead issue. And, insofar as this group is concerned it has made no single effort, unless we mention Kotschau and Leeser, to research in, to put to the test of objective experimentation any single tenet of homœotherapeutics. Every important research contribution, of which there have been very many, which tends to corroborate and substantiate one or more of the tenets of homœotherapeutics has come from non-homœopathic sources. The academics of the homœopathic group for well over half a century can be called nothing else but puerile. It has consisted in a dogmatic recitation, almost like a catechism of certain simple rules of dosage, *materia medica*, pharmacy. This group has never felt it necessary to do more than give as a reason for its methods the fact that Hahnemann said to do it just this way. The student has never been provided with any objective or experimental exposition of the very excellent reasons which do exist for his employing homœotherapeutics and homœopathic philosophy. It might well be said without danger of satisfactory rebuttal, that there never did exist a single homœopathic physician who could give a clear cut, sensible and valid explanation of the homœopathic proving or of

why a greater effect follows upon the use of a small dose than upon a large. Yet there has been available now for a number of decades more than sufficient experimental data to permit this being done. In other words the non-homœopathic physician is being encouraged to adopt homœopathic philosophy simply and only because he is alive to and aware of the most recent of experimental data. This can not be said of the homœopathic physician.

All this and much more is transpiring in the medical arena on which we have our eyes. As one who has always had a vital interest in homœotherapeutics, as I come across more and more articles similar in tone and direction to that which we have here quoted, I am inclined to, with more and more frequency, give voice to a most sincere wish and that is that I will live to see the day when those who call themselves homœopathic physicians will recognize their academic tardiness and realize that, as of today, there is more and better homœopathic philosophy being taught and written outside homœopathic ranks than has ever in the past been incorporated into a homœopathic education. One is, at this point, reminded of the fable of the tortoise and the rabbit. The reader is left to draw his own conclusions as to who is to be identified with the rabbit.

—A. I. H. Journal, May, 1948.

FIRST AID

R. C. STUART

1ST CASE.

Patient stepped on a rusty nail, which penetrated $\frac{1}{2}$ in. into the sole, just in front of the heel. It was extracted with difficulty, and caused great local pain together with shooting pains up the calf. Treatment: Hot compress of *Calendula* 0