

Case V—Mrs. H. H., aged 35. Weak, exhausted, tired, backache, headache, nervous, worrisome; a thin small and emaciated person. *Tuberculinum* helped her to care for her home and her family of three.

Case VI—Mrs. F. G., aged 54. Very nervous with a terrible fear of impending disaster marked hypertension, menopause, digestive disturbance, constipation. She had a decided opinion, false, that she had a severe and definite pelvic lesion. After *Tuberculinum* she was greatly improved mentally.

*Tuberculinum*, when indicated, may be the safeguard between your patient and these acute infectious and recurrent diseases together with all the attending nervous symptoms.

—*The Homœopathic Recorder*, March, 1951.

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## AN ALLOPATH'S POINT OF VIEW

BY RANDLE LUNT, M.B., M.CH. (ORTH.)

*Mr. Randle Lunt is an orthopædic surgeon with an interest in homœopathy. As such he brings a refreshing viewpoint to homœopathic questions and a stimulus to those whose interest in homœopathy is so deep and exclusive that it tends to become parochial.*

*In his covering letter Mr. Lunt says "If I may say so, it appears to me that Homœopaths represent their mode of therapeutics as being wonderfully effective without presenting acceptable evidence...."*

*The views expressed in Mr. Lunt's article do not necessarily represent those held by the Homœopathic Association.*

No homœopathic sympathiser can ignore the precarious position of homœopathy to-day, nor fail to see the crying need either for recruits to homœopathic medical practice

or, preferably, for the assumption of homœopathy into the body of medicine as a whole and in particular into its proper sphere in the world of therapeutics.

I believe that neither homœopaths nor allopaths can afford to ignore the words of the Poet—"there are more things in heaven and earth than are dreamt of in our philosophy"—and it is for the one to put before the other truth as he sees it, proved in a manner acceptable.

The proviso "proved in a manner acceptable" seems to me to be important. In the first place no one accepts a proof while emotion clouds the mind, yet how often does either school refer to the other without a sneer or a jibe which impairs progress?

This article will give you frankly many of the unfavourable impressions homœopathic propaganda makes on me as an orthodox medical man, in spite of the fact that I have homœopathic sympathies and considerable personal evidence that the remedies do help people.

These impressions are put before you with the sole object of pointing out how homœopaths militate against their own case by presenting their evidence in a manner unacceptable to the allopath. If this were appreciated, much of the work done by homœopaths would be evaluated properly and attain its proper status.

Here then are three types of "offence".

#### ARGUMENT FROM INDIVIDUAL CASES

The homœopath points out that in the selection of a remedy it is necessary to individualise the case in detail. That this may well be true does not justify the constant appeal to individual cases in order to prove the efficacy of a remedy and to affirm that "homœopathy works."

Such arguments can never carry conviction to the scientifically trained orthodox mind. Indeed, any practising medical man must have been impressed by the number of individuals in whom sudden improvement takes place without medication.

So unreliable is the deduction from a single case, so long the arm of coincidence, that this method is universally eschewed and discounted in modern orthodoxy. Thus the remarkable cases quoted in the homœopathic periodicals simply breed distrust in their usual context of proving that "homœopathy works."

#### SWEEPING ASSERTIONS WITHOUT ADEQUATE FOUNDATIONS

Such statements are all too prevalent in homœopathic literature. I am not suggesting that they are absent from orthodox literature, but I do say most emphatically that where a doctrine has an uphill struggle to wage its proponents cannot afford these mistakes. Indeed, nothing but the best is good enough or cheap enough for homœopathic literature.

A recent example will suffice. A certain writer (reported in this magazine) claimed that the prophylactic and therapeutic efficacy of the drug Lath. Sat. in cases of anterior polio-myelitis was so great as to constitute a justification for homœopathy by itself.

It is difficult to conceive of a more dangerous and ultimately damaging statement than this; to an allopath the choice of disease could hardly have been more unfortunate.

In the first place anterior polio-myelitis is a dangerous disease occupying considerable public attention at present, therefore any statement coming from a medical source on this subject should be made with the utmost care. Secondly any claim to mitigate the effects of the disease is, owing to the unpredictable variation of the malady, quite incapable of proof. At the present time no medical man faced with a feverish person can say with certainty "this patient has anterior polio-myelitis" unless paralysis develops. Equally, faced with a paralysed patient it is impossible to do more than guess at the degree of recovery.

Thus, for the statement in question to be substantiated as its importance demands, a piece of research covering years and thousands of cases of anterior polio-myelitis would need to be set before the profession.

#### DISDAIN OF DIAGNOSIS

It may indeed be adequate homœopathy and therapeutically effective at times to prescribe on symptoms alone without making an accurate diagnosis, but it is bad medicine. Yet how often does one encounter the suggestion that if the diagnosis is wrong, the allo-therapy will be wrong, whereas the homœopath considering only the symptoms is led at once to the right treatment? (The possibility that the right remedy is not necessarily selected at once is not mentioned!)

Inadequate diagnosis is dangerous for the patient, revolting to the main body of the profession and exceedingly bad propaganda for homœopathy. Nothing but the best will suffice!

In my limited experience I have examined 2 women suffering from stage III, cancer in the breast (i.e. virtually inoperable with practically no hope of five years survival), who had spent the preceding twelve months under homœopathic treatment for the "lump in the breast".

Did this homœopathic practitioner disdain a diagnosis, or was he one of those dangerous individuals who regard homœopathy as a "cure-all"? Whatever the reason, the stage when operation might have offered 75% chance of a five years survival had been lost. Where are the homœopathic statistics covering the treatment of cancer of the breast? Are they shrouded in disdain for diagnosis; too horrible to publish; or is the need for them ignored because Hahnemann did not do it?

Here I would say without fear of contradiction that a medical man should have definite information regarding the results of all lines of therapy before he selects the method appropriate to any disease.

Thus in cancer he should know what are the chances of finding a curative homœopathic remedy and what proportion of cases treated in this way will yield 5 year cures before he undertakes to consume time in the search for the right remedy. Is such information available? I think not.

I want now to make some suggestions of a more constructive nature, all I think coming under the heading *Reculer pour mieux Sauter*.

1. *Accept the orthodox dogma of diagnosis.* I suggest you soft pedal the, to us, somewhat quaint view that, for instance, the pneumococci which flourish in the lung have "like the flowers that bloom in the spring", nothing to do with the case, and accepting our views of the entity of pneumococcal pneumonia, put before us the results of homœopathic therapy in 100 such cases. This is likely to carry more conviction than any dissertation on, for instance, bryonia types of pneumonia. In the same way collect, collate and publish the effects of homœopathic therapy in 100 cases of each of 10 diseases. Compare honestly the morbidity in these cases with that associated with 100 similar cases under allo-therapy and let us know the result.

2. *Seek to define the limitation of homœopathy.* There is a large, but diminishing, number of diseases of which allo-therapy holds out little promise of help. Here above all favourable comparison for homœopathy should be sought and the various spheres of disease in which homœopathy renders itself most liable to success, should be delineated.

3. *Joint Research.* Seek the co-operation of friendly allopaths in joint research so that the orthodox viewpoint is incorporated from the word "go" and the work is rendered acceptable to both schools.

Finally cease to refer to modern medicine as the old school as if we had not advanced since Hahnemann's day. We have!

—*Homœopathy, February, 1951.*