

WHAT A HOMOEOPATH SHOULD KNOW

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I am indeed very happy to note that Dr. J. N. Kanjilal, one of the greatest homoeopaths in India has been unanimously elected the first President of the Homoeopathic Medical Association of India, which I hope will be the authoritative body for Homoeopathy in India, which has succeeded the U.S.A. as the Mecca of Homoeopathy today. I do hope and earnestly exhort all homoeopathic organizations in India to join this association and rally round Dr. Kanjilal and help him to establish firmly genuine Hahnemannian Homoeopathy for the good of the people and the country. This association would, I am sure, help all homoeopaths to help themselves to attain a high standard in their profession. I have read with dismay some statements made by so-called homoeopaths that homoeopathic remedies are harmless and that they believe in the efficacy of alternation as well as the frequent repetition of high potencies and the necessity to give homoeopathic remedies, along with allopathic drugs which in my opinion is similar to the Devil quoting scriptures and twisting it to benefit their own nefarious activities. In view of this I am herewith sending the following from the writings of Dr. E. W. Hubbard, which I am sure would be of the greatest benefit to the large majority of homoeopathic practitioners and more especially to those young inexperienced doctors who are just beginning their practice. Most experienced homoeopaths would tell you that homoeopathic remedies, especially in high potency, could be most dangerous in the hands of uninitiated quasi-homoeopaths as they could not only suppress diseases but could also kill patients as is done in Allopathy, under certain circumstances. It is therefore absolutely essential for us to be aware of the dangers of homoeopathic prescribing. The greatest danger of any homoeopathic physician is that he shall not be a true Hahnemannian homoeopath. Mongrelism defeats not only the doctors and the patient but the cause of homoeopathy. Dr. Hubbard says: "The specific pitfalls most frequently met are as follows:

- (1) The physician does not bear in mind his homoeopathic philosophy.
- (2) He fails to take a complete enough case, from which to deduce the true remedy. He omits the mentals, the profoundly important generals, or fails to elicit the modalities of the particular symptoms.
- (3) He lacks patience. Having given the remedy he forgets that he must *wait* and *watch*. He repeats the remedy, in unwise zeal, before the definite slump comes after the improvement which has followed his remedy. More of a good thing does not mean a better thing in homoeopathic prescribing.
- (4) He fails to look for the action of Hering's three laws of cure: That the remedy works from within outward, from above downward, and in

the reverse order of the symptoms (This never happens, except under the action of the curative homoeopathic remedy).

(5) He omits to make use of the 'second best remedy', i.e. sac. lac. Thereby, he sometimes loses the patient's confidence especially that of those who are accustomed to taking much medicine.

(6) He fails to make sure that the patient has actually taken the remedy. (Wherever possible, always administer the dose yourself). Or, he fails to find out what other remedies the patient may be taking or what dietetic interferences there are. The Physician must be cognizant of what substances interfere with the action of our different remedies, as coffee with Nux vom., or acids with Acon.

(7) He does not search out the psychological and sociological deterrents to cure and teach the patient how to evade and overcome these.

(8) He sometimes does not recognize soon enough when the remedy is not working and is then often too busy to revise the case, and try again to find the most similar remedy.

(9) He permits himself to give minor remedies for trival or temporary ailments incident to chronic treatment, when sac. lac or sensible adjuvants such as hydrotherapy would suffice.

(10) He changes remedy because of the out-cropping of other symptoms without discriminating between aggravation symptoms, symptoms due to idiosyncrasy, and symptoms returning under the chronic remedy which the patient may never recall having had before and actual new symptoms which occur because the remedy was only partially similar, and finally, symptoms of some discharge—such as coryza, leucorrhoea or perspiration which represent a curative vent and are due to the action of the remedy.

(11) He gives the wrong potency of the right remedy. (If sure of the remedy, it is well to try another potency or first, three doses of the original potency at two or four hours intervals. N.B.—Always instruct patients to stop taking the remedy as soon as appreciable amelioration sets in, and to switch to the 'second remedy', i.e. sac. lac.).

(12) He gives too high a potency in an incurable case or one with marked pathological changes, and so induces an aggravation with which the vital force cannot cope (If he has done this and the patient is going downhill he must antidote).

(13) He gives a profound constitutional remedy to a case which is too sick to stand it and should have merely a related palliative remedy. For instance, in incipient tuberculosis it is dangerous to give Sulph., Sil. or Phos. at least in high potency. A Single dose of the thirtieth (30th) is as high as he should venture. If the case is far gone in tuberculosis, these remedies must not be given, but rather palliative for the most distressing symptoms, such as Rumex, Sang., Puls, or Senega.

(14) He must remember that certain remedies are dangerous to mishandle for instance, Kali carb especially in cases of advanced arthritis or Sil. where

an abscess, if suppuration were brought on, would break in a dangerous location, as in the lungs or some of the nosodes, like Psor. which in deeply psoric cases, say of asthma, may induce terrific aggravation or Lachesis whose improper repetition may engraft a permanent unfavourable mental state on the patient. Arsenicum is another dangerous remedy. When apparently indicated in the last stages of an acute disease, say pneumonia it may hasten demise although it will make the death tranquil, but it will not rally the patient as one might expect. In the terminal stages of chronic disease, where cure is impossible, it will sometimes bring the patient back long enough to sign a will or see the family and will ultimately induce euthanasia.

(15) He will often be surprised to find that certain symptoms or groups of symptoms are relieved by his remedy and yet the patient feels worse or develops more deep-seated trouble. In this case, the prescribing has been superficial and suppressive. Suppression is perhaps the greatest danger of ordinary medicine from the point of view of the homoeopathic philosophy and the good homoeopath must be constantly on his guard not to produce suppression with his remedies. If he has given an acute remedy for an apparently superficial trouble which is relieved but the patient feels badly, he should do the chronic case at once, and the deep acting remedy will right matters.

(16) He may give remedies in the wrong order or inimical remedies in succession thereby aggravating the patient and mixing up the case. Throughout the practice the physician must sell the idea of Homoeopathy with brief but helpful explanations to the patients in order to insure their co-operation. He must himself have the character to sit tight when he knows what he is doing and not spoil his cases by unnecessary and harmful prescribing. Above all he must consider each patient as an opportunity for service not only to the individual and the community but to Homoeopathy and to the race.
