

well as leucorrhœa for six years. This child also had the symptoms—slow in eating, straining at stools and itchy eyes, irritability, and other symptoms of *Alumina*. He had explained about aluminium to the mother, and she had bought enamel pots and pans on the way home. A month later all symptoms had cleared up. *Alumina* had to be repeated about six months later because of a slight recurrence of the alimentary trouble, again with satisfactory results. That was a year ago, and the child has not been seen since. On the last visit to hospital the mother's only complaint was that she could not persuade her friends that there was any harm in aluminium!

—*The British Homœopathic Journal, July-Oct., '56*

CONCERNING THEORIES IN HOMŒOPATHY

DR. DAVID CASTRO, M.D., BRAZIL

Some days ago, a candidate for the doctor's degree asked me two direct questions:

1. Do you consider the homœopathic therapeutics as being the true one, to the exclusion of all others?
2. Did you ever have to use allopathic medicines in your clinical activity?

Answering the questions, I made some comments, promising him, however, a more detailed explanation to follow, thus taking the opportunity of answering both his questions and those of others who, although they have not asked them, have had them on their minds more than once.

"All roads lead to Rome," says an old proverb. But good sense completes it: "One of them, however, is the best, the quickest and the shortest." Similar is the reasoning of a homœopathist of good will concerning therapeutics. All thera-

peutics can lead to recovery, but, for him who is a homœopathist, the best, the most efficient is the homœopathic therapeutics.

Such reasoning is logical and understandable. The main duty of the doctor is to heal. And if a doctor chooses homœopathic therapeutics, then it is because he considers it the most adequate one to help him fulfill his duty. One can say the same about the partisans of any other therapeutic method, with the exclusion, of course, of those who are not scientific about their profession.

Taking it from a neutral point of view, which—I admit—is only possible in thesis, I grant to the partisans of so-called allopathic therapeutics the right to consider that the best therapeutics, the most adequate, the most efficient, is theirs. This is logical from the medical point of view and human from the individual point of view.

There is a point about this question, however, wherein homœopathic therapeutics appear remarkable in comparison with other therapeutics. It regards eclecticism.

In allopathy this expression cannot even have real sense. It does not confirm a therapeutic theory, as does homœopathic medical treatment. Allopathy is more a collection of therapeutic theories without possessing a complex theory on general therapeutics. It is not less scientific. It is really strictly scientific concerning its experimental basis. But their concepts are vast, widespread, liable to include and exclude medicines and methods. And among the multiplicity of concepts and methods, a doctor can accept all or some, admit this and reject that, accept this medicine or that method for a specific disease and not accept others. An allopathic doctor can—and may—prescribe Homœopathy. Yes, he may prescribe conscientiously homœopathic drugs even without taking into consideration a series of medicaments used in allopathy whose action is plainly homœopathic. Nothing of this is of theoretical importance nor does it indicate lack of conviction. It is just a development of the resources of each clinic.

In Homœopathy the situation is different. The homœopathic medical treatment has a fixed, established theory. It has

rules which are considered stable and when it says : "Similia similibus curentur," it means that the method of healing which is considered true, better and even more proper, is the one based on the Law of Similars. The theory of homœopathic medical treatment has yet some other conceptions of greater or lesser importance, but on which the homœopathist must act. And here there is no sectarianism or unwholesome orthodoxy ; it is the nature of the method and the theory.

When a homœopathist leaves out arsenicals or the mercurials for a person with syphilis, he does it *not* because he is *against* arsenic or mercury, or because he doubts the effect of these drugs on the treponema. He omits them because in his medical treatment, based naturally on his pathology, the conception of the germ is not taken into consideration, but the subjective and objective effect of the germ and/or its toxins on the patient, that is, the symptomatological picture, the syndrome. From this picture the homœopathist tries to find out the adequate medicine, the "similimum."

Here we are not debating which is the best medical treatment nor whether the arsenobenzols do or do not heal syphilis. They certainly must heal, otherwise they would not have been used for so many years. But the homœopathist—and for this reason he is a homœopathist—adopts his own method of healing, which he considers the best and the most adequate.

This is why one does not understand eclecticism in Homœopathy. Either homœopathic methods are used, observing homœopathic rules and one is a homœopathist, or different methods of healing are used, without rules of any special kind, and one is *not* a homœopathist.

The allopathists—or we would better say, the non-homœopathic doctors—are in general anti-homœopathy. But their reactions are different. Some do not even take knowledge of Homœopathy. They neither know it nor discuss it. Others despise it. And still others try to mock it without even examining it deeply. Some tolerate it ; a few understand it but do not use it. And many fight it without mercy.

Any one of these attitudes depends entirely on personal factors of an objective or subjective order. None is essential

and fundamental. To follow any of these attitudes does not change in any way the position of their own therapeutic methods. Every one understands this. The medical treatments that are not homœopathic are the official ones, that is, they are recognized by medical schools and universally accepted because they are used by the majority of the doctors.

Quite different is the position of the homœopathist in relation to allopathy. First, this position is uniform and general, the same for all homœopathists because it belongs to their doctrine. Then it is of a constant comparative analysis, and finally it corresponds to a doctrinary necessity of the theory.

For the homœopathist, the non-homœopathic therapeutic methods and theories are serious and deeply scientific questions. They are questions like these : What is the therapeutic position of surgery ? Can mental symptoms influence the choice of a drug ? Can the diagnosis be the fundamental element for a medical prescription ? Is the action on the whole organism more or less important than that of the virus ? These are only some of the questions that a homœopathist discusses, and naturally only do it in relation to other theories.

Besides this, owing to its social position, Homœopathy needs propagation, which is perfectly in accordance with official therapeutics. For this propagation the critical method is not only the best, but perhaps the only one.

So have all master homœopathists thought since Hahnemann. So thought in Brazil Mure, Souza Martins, Soares de Meireles, Murinho, Licinio Cardoso, Nilo Cairo, Alberto Seabra, Galhardo and others. And there is nothing sectarian here, respecting the scientific and impersonal fields. It is not a matter of denying other therapeutics, but of showing the advantages which—according to the homœopathists—Homœopathy offers in healing.

And, finally, the question of eventual use of non-homœopathic medicine in my clinical activity. The answer is negative. I have never used non-homœopathic medicine in my clinic. But, I never did it, not through systematic opposition, but because in no circumstances in my professional activity did I feel I had

to for any reason, such as, for instance, skepticism or lack of sufficient means in the homœopathic medical field.

So it has been up, to now, and thus I hope it will continue, because I consider Homœopathy able and sufficient in medical and therapeutic theory. Nevertheless, I cannot guarantee that I shall not do it some day, for the cure of the patient is the only concern of the doctor, as Hahnemann said in the first paragraph of his work, the *Organon*.

“All roads lead to Rome.” But the homœopathists, considering that their way is the best, the quickest and the most efficient, believe it their duty to show the “why” of their conviction, not only showing which is their “way,” but analysing the “way” of others—which they consider less efficient and less adequate.

—*Joul. of the Am. Inst. of Homœopathy, Nov., '56*

HOMŒOPATHY, GOVERNMENT AND THE PLAN

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CONVOCATION ADDRESS, 1949

SHRI HEMENDRA PRASAD GHOSH

Sisters and Brothers,

I am beholden to you for the honour you have conferred on me by asking me to address this Convocation. You have not only afforded me an opportunity to associate myself with the endeavours of your General Council and State Faculty to secure for Homœopathy its proper place in the country but have also given me the occasion to express my gratitude to the