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ARE THE RECENT INVENTIONS IN ALLO- PATHIC THERAPEUTICS A CRIPPLING CHALLENGE TO HOMŒOPATHY ?

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India and especially Bengal produced a pretty good number of talented Homœopaths in the first half of the present century. It is their long glorious purely Hahnemannian Homœopathic practice that has deeply established Homœopathy in our country as a thoroughly dependable method of therapeutics in nearly all sorts of diseases. We are really thriving on the field created and bequeathed by our able predecessors. This well-established efficacy and reliability together with its cheapness has rendered Homœopathy into a People's Medicine in every sense of the term. And it is a generally prevalent public opinion that Allopathy is useful for quick *relief* of a *few* acute diseases, whereas for *real cure* of any disease, especially of a chronic disease the only dependable pathy is Homœopathy.

Upto the thirties of this century the number of diseases amenable to Allopathic therapeutics were really few—viz. Malaria, Kala-azar, Syphilis, Amœbic Dysentery. For the rest of myriads of diseases Allopathy was a hopelessly poor competitor against Homœopathy. This fact became glaringly patent to the public especially in acute diseases like—Cholera, Typhoid, Pneumonia, Septicaemia etc. It is by dint of its overwhelming supremacy in dealing with these diseases that Homœopathy became so popular in our country, even in the remotest vil-

lages, and that often through the hands of the most unsophisticated rural practitioners the so-called village-quacks.

But the situation has remarkably changed in last two or two and a half decades by advent of certain new types of drugs in Allopathy—particularly the Sulphas, Antibiotics and Steroids. And now Allopathy can loudly claim to its credit not only a *few*, but a considerable number of diseases—including Pneumonia, Typhoid, Cholera, Dysentery, Gonorrhœa, Tuberculosis and a good number of infectious diseases. Whereas upto about two decades ago we had no serious competitors and we were in a position to do whatever we liked in these fields—and could easily hide our inefficiency and slackness, now we have got to face real competition.

Should we get shaky and nervous at this challenge? But, very unfortunately, there are a good many amongst us—not only of ordinary rank but of higher rank too—who suffer from a deep inferiority complex at this competition. As in former days they believed that Malaria cases were not amenable to Homœopathic treatment and these cases must necessarily be treated with Quinine etc. by Allopathic method—and worse still they often themselves used these methods openly or surreptitiously, incurring great disrepute for themselves as well as for Homœopathy, similar is their attitude to-day with respect to Typhoid, Pneumonia, Gonorrhœa, Sphilis etc. Obviously this attitude is awfully detrimental to the cause of Homœopathy. If we ourselves lack confidence in the efficacy of Homœopathy in these diseases, how can we expect to inspire faith in Homœopathy in our clients.

But, is there any real ground for our inferiority complex in this matter? I can firmly assert from the experience of my humble self, as from that of many of my colleagues in the city as well as of ussill that there is actually no such ground. In any case, this baseless inferiority complex must be fought out if we want to save Homœopathy from gradual retreat from the field and ultimate ruin, leaving the poor victims of diseases at the mercy of the unsalutary methods of Allopathic Medicine. In my opinion this can be done only if we take the following measures,

1. *Learn Homœopathy more deeply and apply it in practice more scrupulously and accurately.* Most important cause of the trouble seems to be lack of sufficient knowledge and understanding of *Materia Medica* and *Organon* i.e. Homœopathic Philosophy.

(a) *Knowledge in Materia Medica* seems to be fast deteriorating to-day. Poor knowledge or superficial understanding of *Materia Medica* leads to selection of remedies on flimsy grounds or on no grounds without any regard to symptom-similarity. And that again leads to lack of confidence on the selected remedy and too frequent change of prescription.

(b) *Knowledge in Homœopathic Philosophy*: Lack of knowledge in this, or lack of seriousness in their application in practice leads to (i) too frequent repetition or too early change of prescription, without waiting for the completion of action of the previous dose; (ii) Unwarranted and too frequent use of palliatives, often even disturbing the salutary Homœopathic aggravation; (iii) Simultaneous or alternate use of too many medicines and that often in crude doses. These and various other forms of disregard of Homœopathic principles cannot be expected to yield anything but bungling up of the case in hand and total confusion and disappointment.

2. *Understand the true meaning and real process of true cure and clearly differentiate true cure from mere palliation*: Undue urge for quick relief often blinds a Homœopath to the real significance and the time required for the process of true cure, and tempts him to fall into the trap of attempting to palliate or remove certain symptoms in utter disregard of the established principles of the homœopathic science and thereby irrevocably damaging the cause of not only Homœopathy, but also of the patient in hand, who is the object of most supreme concern for a physician. We should not only understand this matter ourselves, but also try our level best to convince our clients as to the real significance of and time required for the process of true cure, as well as regarding the ill effects of palliation. An example from a too common occurrence in the practice of my humble self as well as of my friends will make the point clear. As soon as a case is diagnosed as typhoid—

the party as a general rule, insists on the broad-spectrum antibiotic treatment (Chloromycetin etc.) of modern Allopathy. We try our best to explain to the party the advantages and disadvantages of antibiotic treatment in comparison with ours. In most cases the party submits to our arguments placed with sufficient soundness and candidness keeping nothing in view other than the real interest of the patient. Sometimes they cannot resist the temptation of quick relief and take recourse to Allopathic line. But most of these cases again return to us when the patient becomes resistant or hypersensitive to antibiotics, or has frequent relapses, or suffers from various after-effects, corroborating all we told them beforehand.

3. *Re-prove older drugs on Indian people, prove indigenous drugs and the modern remedies of Allopathic School:* Notwithstanding all so far said, the fact remains that we sometimes get cases where sufficiently characteristic symptoms cannot be elicited, so thoroughly dependable prescriptions cannot be made. The number of such cases is fast increasing in the present days, due to various factors—most important of which of course is suppression and bungling up of symptoms by the highly potent modern Allopathic medicines. In cases of this type we have to proceed very cautiously in a zig-zag way, always keeping alert for coming out of some characteristic individualizing symptom. But in any case, we need not feel diffident on this account in competition with Allopathy, because the latter also in their heroic method of treatment are not successful in every case—they also have to zig-zag in many cases, in spite of surely established diagnosis—even often sustain disastrous failures, risking the life of the patient. Of course that is a poor consolation for us. We must gird up our loins to meet the situation and tight out our deficiency in cases of this type. In my opinion we can do this by taking the following measures:—

(i) *Re-proving older drugs on Indian people of the present age:* These drugs had been proved about a century ago, on people of subtropical countries. If these drugs are re-proved to-day on people of tropical countries like ours, they

are likely to yield many characteristic symptoms much more definitely applicable to our people of the present age.

(ii) *Proving of Indigenous drugs*: Each region on the globe has its own characteristic fauna and flora—suitable not only to its people but to its diseases also. So, if we can thoroughly and carefully prove our indigenous drugs, we may find many new clues for tackling the diseases of our country.

(iii) *Proving the highly potent drugs of modern Allopathic Medicine*: This will help us not only in finding the clues for antidoting their ill efforts, but will enable us to make a more rational and homœopathic use of them in appropriate cases. For more elaborate discussion on this aspect of the problem I may refer to my article "Research in the Science of Homœopathy" published in the last November issue.

In any case, we cannot enhance the credit of ourselves or of our Mother Science Homœopathy by hiding anything from our clients, and far less by showing out our inferiority complex. Rather we can far better our position by taking our clients into confidence—clearly explaining the situation and problems to them. Even in those cases that we feel we may not be able to cope with by means of our Homœopathic medicines, it is fair to state that clearly to the party in due time, so that the latter can avail of the opportunity of consulting a more efficient homœopath or trying any other line of treatment, if they like. This will, far from discrediting us, enhance the confidence of our clients on our *bona fide* as true and conscientious physicians looking to nothing other than the real interest of the patients. In no case should we fumble, or take recourse to 'mixo-pathy' or Allopathy—openly or surreptitiously, as people have far more confidence and faith on pure Homœopaths, or pure Allopaths or pure Ayurvedists, than on meddlers in all methods, I assert this from experience.