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## EDITORIAL

### RELATION OF PATHOLOGY WITH HOMŒOPATHIC THERAPEUTICS

The term Pathology (G. *Pathos*, disease, *logos*, word) means, "that branch of biological science which deals with nature of disease, through study of its causes, its effects, together with the associated alterations of structure and function". (Blakiston's New Gould Medical Dictionary). In this full sense of the term, Homœopathic drug-proving should provide the widest and deepest scope for study of Pathology because drug-proving is nothing but drug-pathogenesis. The term Pathogenesis (G. *Pathos*, disease *genesis*, production) means "the course of development of disease including the sequence of process or events from inception to the characteristic lesion or disease", (Ibid). But unfortunately, the orthodox Pathology restricts its scope only to the study of objective material aspects of disease with total indifference to the subjective aspect. And again, led by its sole purpose of classifying diseases it concerns itself almost exclusively with the common features of a particular form of *disease* at the total neglect of uncommon features of particular *cases*. Therein lies the difficulty of utilizing the data of orthodox pathology as it stands to-day, for Homœopathic therapeutics.

Homœopathic therapeutics is based on the Law of Similia, which can be applied with the pathogenic properties i.e., symptoms of the individual drugs on the similar symptoms of the particular cases of disease.

Now, there are two types of symptoms on which the Law of

Similia can be applied: (A) Objective or material pathological common symptoms and (B) Uncommon, characteristic symptoms of individual cases.

(A) *Objective or Material Pathological Common Symptoms* have got the following advantages:—

(1) They are comparatively grosser and more obvious, and as such, more easily accessible to anybody.

(2) Every drug has some selective affinity for certain organs, systems or parts of systems, and their peculiar form of function, with their own respective mode of action, e.g., simple arterial or venous congestion, further stages of inflammation, disorganisation of blood, exudation or organisation, degeneration, and so on.

This is highly interesting, but hugely wide field of study. Knowledge in this aspect of pathogenesis of drugs, helps us a great deal in eliminating certain drugs in certain objective conditions. Let us take a pathological Phenomenon—arterial congestion—for example:

Aconite, Belladonna, Glonoin, Veratrum vir., Amyl nitrite, Ferrum phos. all these produce arterial congestion, but each has its own peculiar mode and scope of activity.

*Aconite* produces active exaltation of arterial circulation with paralysis of capillaries, acting through the Sympathetic nervous system, thus producing various types of active congestion and inflammation. But its action ends there. It cannot produce any change in the quality of blood and other tissues—so useless in any form of toxæmia or derangement of blood, or in subsequent stages of inflammation where organic changes have already started.

*Belladonna* equally produces arterial congestion, but not directly, rather through its primary action on the Central nervous system. And the inflammation produced passes rapidly into the subsequent stages of suppuration etc. It is useless in asthenic inflammation without active arterial turmoil and arterial congestion in the Central nervous system.

*Glonoin* produces congestion through its action on Medulla Oblongata and irritation of the Parasympathetic nervous system with dilatation of peripheral blood vessels, pupils etc. Its action ends only with arterial turmoil and no further.

*Veratrum vir.* produces only passive arterial congestion by

its paralysing action on Cerebrospinal nerve centres—congestion accompanied by prostration and or convulsion.

*Amyl nitrite* also produces passive arterial congestion through its Paralyzing action on nerve centres.

*Ferrum phos.* produces a semiparetic condition of blood vessels and more passive congestion, rather than the active congestion of Aconite, Belladonna etc.

But these objective symptoms have got certain drawbacks:—

(1) In the investigation of drug pathogenesis, material pathological symptoms were scarcely brought out in homœopathic proving or human pharmacology; they were mostly derived from toxicology or from animal pharmacology. And vast regions of Pharmacology are still remaining unexplored. So many of the views or ideas in this field have been derived from only speculation on partially observed facts.

(2) Objective Pathology deals mostly with comparatively static material end-results of vitiation of dynamic life-processes, and hardly takes into account the latter processes which are manifested by various subjective or at most functional phenomena. There is no means for observing how the selective affinity, resistance and other peculiar functions of particular cells or protoplasmic molecules are essentially changed or perverted. The modern investigation with chromosomes, R.N.A. and D.N.A., if conducted in their relation with diseases and drugs, may in future throw some more light in this respect.

(3) They are at best only common symptoms, i.e., common phenomena manifested in all cases of similar type of disease and can hardly be used for individualization of a case or a drug.

(4) And, as such, they can hardly be used for curative therapeutics, although may often be useful for palliative therapeutics.

(B) *Uncommon, Characteristic Symptoms* are our sole basis for individualizing a case or a drug, and so they are our sole guide in curative therapeutics. These are often wrongly described as strange and inexplicable phenomena. But there are many phenomena which could not be explained in older days and have nevertheless become obvious in the present development of knowledge of Pathology and Pharmacology. But this explicability

has not at all deprived them of their role in the matter of individualization, only provided they are not common in all or most cases of same type of disease, rather they predicate the peculiarity of the individual. These symptoms earn their attribute of uncommonness from the following properties:

- (1) Peculiar modalities
- (2) Peculiar concomitants
- (3) Peculiar individual features, e.g.,
  - (i) Mental features
  - (ii) Temperaments
  - (iii) Constitution etc. etc.

No real cure is possible unless the remedy covers the totality of symptoms governed by the general characteristics of the individual case that is, those characteristics which predicate the whole patient as an individual.

But, individualizing symptoms have little to do with material pathology owing to following reasons:

- (1) Most of them are subjective symptoms.
- (2) Most of them are dependent upon their relation with environmental factors.
- (3) Many of these are still remaining inexplicable, inspite of prodigious development of Pathology in the present age.
- (4) Many of the peculiar objective constitutional features are still remaining unexplained, e.g., Head-sweat of Calcarea, Foot-sweat of Silicea, Sticky discharge of Graphites, and so on.

Thus we see that, true Homœopathic therapeutics, which by its nature must be curative and so must be based on strict individualization of the case and the corresponding remedy, can derive little direct help from material pathological data. Even general management of the case depends mainly upon individual peculiarities of the case as to desires, aversions, idiosyncrasies, peculiar modalities etc. rather than upon pathological data.

Still, a full-fledged Homœopathic Physician can hardly afford to neglect material or rational pathology on the following grounds:

- (1) Many of the strange and inexplicable symptoms of our Materia Medica are getting explained by progress of pathological knowledge e.g., ravenous hunger with emaciation due to excessive catabolism in thyroid-dysfunction, empty feeling in stomach not

relieved by eating of Sepia etc. due to sagging down of viscera, and so on.

(2) In the matter of evaluation of symptoms, many apparently characteristic symptoms become common symptoms in relation to certain pathological conditions e.g., excessive thirst or craving for sugar in case of Diabetes, the bearing down pain in abdomen and small of back relieved by sitting with crossed lower limbs—a red-tape symptom of Sepia, becomes a common pathological symptom in a case of organic prolapse due to structural deficiency.

(3) In administering a deep-acting remedy with destructive properties like Hepar, Sili., Sulph., Phos., etc., pathological infirmities like a caseating tubercular focus near an artery, malignant tumour in degenerative stage etc. often give us timely and highly useful warning. Of course, there is the Kentian method of assessing the gravity of the case. But that method essentially requires some time for its practical application and a keen power of observation.

(4) In the management of the case, pathological diagnosis often renders great indirect help by cautioning against blindly following the cravings, aversions and habits of a particular patient e.g., controlling the excessive physical or mental exertion or excitement in cases of Diabetes, Damaged heart, Hypertension etc., (these diseases, by the way, often lack in any remarkable subjective symptom demanding attention), bulimia in a case of Diabetes or Duodenal Ulcer, excessive sexual passion in a case of Tuberculosis or Gonorrhœa. The problem of contagion is decided by Pathology.

(5) Prognosis—assessment of this surely falls within the duty of a Physician. Of course, Kent's 12 Observations after administration of a remedy are highly sound and far less fallible basis of prognosis. But these are hardly applicable in emergency cases like failing damaged heart, or threatened diabetic coma etc. Kent's observations are invaluable gems in long-drawn chronic cases, and have been found to flout many a prognosis based on material pathology.

In any case, Pathology is not a negligible guide in assessing prognosis and corresponding management of the case, and is indispensable in emergency cases. Moreover, changes in Patho-

logical data e.g., estimation of blood-sugar, hypertension, X-Ray report in cases of tuberculosis, peptic ulcer etc. etc. give us objective means for assessing the progress or otherwise of the case during the course of treatment.

Last of all, following two points must never be forgotten :

(1) An art, if it has to survive all vicissitudes befalling it, must have close link with rational science, rather than remaining complacent with an empirical attitude. Many of the high class empirical arts are dying out due to lack of relation with science. Science, especially rational science, always lags behind natural art and empirical science. Still the gap can never remain fixed, it always narrows down as is fast happening to-day. The scientific basis of many mystical arts e.g., Hypnotism, Telepathy, Dosing, Radiesthesia etc. etc. are tending to be discovered. Even the mystery of high potency is tending to be cleared up by modern advancements in Nuclear Physics, Radionic Physics etc. as well as by instruments like Boyd's Emanometer.

(2) Natural arts are rather difficult to acquire. Proficiency in any of them can be achieved only by a few with sufficient aptitude. But its crude form and material aspects are easier and adoptable by many people (e.g. commercial art). So, pathological Homœopathy (based on pathological symptoms) is easier and can be acquired by any body. And no harm, so long as these followers stick to the basic principles of *Simi, Mono, Mini*. And there has been in history of Homœopathy many a stalwart real homœopath in the pathological line—like Dr. Hughes, Dr. Burnett etc. We need not ignore or underestimate them.

But, on the whole problem some important cautions are necessary :

(1) We should always remain alert to the fact that, Science must always be subservient to Art, and never the reverse; because Art is the product of Nature and Science evolves from the efforts of Man to know, generalise and rationalise the Observed phenomena of Nature (which observations always remain partial and inadequate). We must never undervalue anything in Art which cannot be explained by Science of the day.

So, homœopathic therapeutics can never be subservient to

(Continued on page 260)

- Mezer, Nat ars, Nat c, Nit acid, Phos, Psorin, Puls, Rhus t., Secale, Sulph, Verat.
7. Resentment: Nux vom, Stramonium.
  8. Restlessness- anxious: Ars, Kali ars, Kali carb, Nat ars, Nat carb, Tarentula.
  9. Sadness: Long list of medicines given by Kent, for mental depression.
  10. Despair:—Ars, Aurum, Calc, Coffea, Hell, Ignatia, Psorin.

Thus we find that Homœopathic Materia Medica presents many drugs which cover the root symptoms of neurosis, neurasthenia, anxiety neurosis, Psychasthenia, Hysteria as well as psychotic conditions—which are the Curse of the Modern Age.

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#### EDITORIAL

*(Continued from page 246)*

material pathology, rather material pathology shall ever remain subservient to Homœopathy e.g., as an auxiliary guide in management of a case, or in assessing the material progress of the case under Homœopathic therapeutics, or in the matter of endeavouring to explain and correlate the phenomena of Symptoms, and so on.

(2) We should remember further that we can never afford to vulgarise true homœopathic therapeutics, only on the ground that it is more difficult to acquire than organic pathological homœopathy. True homœopathic therapeutics, based on strict individualization shall ever remain far superior to the crude form of Homœopathy for the simple reason that, the former is far more infallible curative therapeutics than the latter.

J. N. Kanjilal

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