

RESURRECTION OF HUFELAND

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In the first editorial of The Hahnemannian Gleanings of September 1965 some homœopaths have been accused of refusing to "recognise hypertension, diabetes, etc. as signals or indications of disease so long as the patients can continue their ordinary activities without any obvious difficulty or hindrance." What is more, it has been contended in the said editorial that Hahnemann himself advocated for recognition of such conditions *per se* as disease indications!

To start with, it passes comprehension as to how a *patient* can continue his ordinary activities without *any* obvious difficulty or hindrance.(1) Aphorism 11 says: "When a person *falls ill* (that is, of course, when he becomes a patient) the morbid derangement only makes itself known by the disagreeable sensations and irregular processes, etc." Simple logic suggests that to be a patient an individual *must* exhibit some disagreeable sensations and/or irregular processes.(2)

A very superficial reading of Aphorism 14 might lead one to conclude that there may not be any morbid signs and symptoms in incurable diseases. But this aphorism being a continuation of the previous one, the obvious suggestion is that there is nothing which is curable in a disease that remains hidden in the interior. Or, positively, all the *curable* (J.K.) indications of a disease make themselves apparent by morbid signs and symptoms. Obviously, this aphorism is only an elucidation of the point Hahnemann sought to make out in the introduction to his Organon that the *curative* (J.K.) indications of a disease were never hidden—a proposition that used to be disowned by the adherents of the old school of physicians(3).

Hahnemann's reference to "the unprejudiced observer", "*the senses*" (underscore mine) and "perceptible signs" (*as opposed to signs noticed or detected*) is very significant. It should be clear that while we can notice or detect many signs with or without laboratory tests, we can *perceive* the altered state of the health only through some disagreeable sensations and irregular processes of the *whole individual* (4), because, as stated in Aphorism 9, in health the V.F. Rules with *unbounded sway* and retains all the parts of the organism in admirable, harmonious operation, as regards both sensations and functions. Pathology of the orthodox school regards this phenomenon and so we read in Green that "Variation in the direction of excess or defect occurs *without impairment of health*."

Has anybody treated an individual (with whatever pathology) until and unless that individual has approached him for *some* difficulty or hindrance? Does a patient offer himself for treatment for any pathology?(5) No doubt, examination may (and often does) reveal such patho-

logies in a patient; but does the patient know, or is he expected to know, them, so that he says to his physician: "Doctor, treat me for hypertension"? Every student of pathology knows that this organism is a host of several pathogenetic agents including bacteria.(6) Does anyone, therefore, hunt up individual to treat him for those substances until and unless that individual offers himself for treatment for some inconveniences, difficulty or hindrance in his normal activities? It should be realised that an individual is a patient not *because* he has hypertension, etc. but hypertension, etc. may be *detected* in a patient. It would, indeed, be a logical fallacy to hold that because in a diseased individual there may be some tissue changes, all individual showing tissue changes are diseased.(7) Suppose, again, that some pathology is detected in an individual in a fortuitous check-up. Can that pathology be taken as symptom of his *suffering* in the total absence of something which could clearly indicate the manner in which the individual is suffering, that is, in what respects he has deviated from the normal sensations and functions?(8)

There is some hidden clue in Aphorism 14 to the proposition that *no pathological sign is an indication of a diseased state* so long as the individual carries on with his vital activities without *any* let or hindrance.(9) If, as superficially suggested in this aphorism, all curable diseases make themselves known by means of morbid signs and symptoms and if hypertension, diabetes, etc. were such indications, then one would naturally expect that every disease which presents such indications is curable. But experience suggests that where pathologies are predominant and there is nothing else to indicate the sufferings and hindrances, the case is wellnigh incurable. It is on this consideration that Kent (whom, unfortunately, many have misunderstood) said: "The symptoms to prescribe on are such as represent the patient, not the changed tissue" and "Do not be discouraged if the pathological conditions do not go away; but if all the symptoms of the patient have gone away, and the patient is eating well, and is sleeping well, and doing well, do not feel that it is impossible for that opacity of the cornea (pathology?) to go away." It is clear from this quotation that a distinction has been made between "pathological condition" and "the patient and his sufferings, etc."

None denies that Hahnemann asserted that all the changes perceived in a case of disease are indications of the disease itself. But the emphasis is laid on the wrong words if it is said that those changes are indications *even in health*.(10) The emphasis should be on "*in a case of disease*". Also, great significance is attached to the word "perceived", so that until and unless a so-called pathology helps the physician to clearly perceive the diseased state, it cannot be taken as a disease indication. That Hahnemann was *deadly against* preaching that pathological entities independent of any obvious difficulty in an individual were to be considered would be clear from Aphorism 126 where, in talking of a prover, he mentions: "...what

is *for him* (underscore mine) a good state of health", (11) thus definitely implying that it matters not whether the *pathologist* could detect some abnormality in the individual.

The expressions "disagreeable" and "irregular" in Aphorism 11 are also highly significant. Had Hahnemann meant to include hypertension, diabetes, etc. *without concurrent difficulty* or hindrance in the patient's vital activities, he could have simply defined "disease" as "altered sensations and functions of the healthy individual", and then only one would be justified in recognising those pathological entities *per se* as disease indications. (12)

Indeed, to repeat after so many years of Homœopathic practice that pathological entities like hypertension, etc. without concurrent obvious difficulty or hindrance in the normal activities of an individual are disease indications would be to see the resurrection of Hufeland whom Hahnemann so severely criticised in the foot-note 1 to Aphorism 8. (13) It would indeed be preposterous to dub anybody as a patient the moment some variations in the direction of excess or defects are noticed in him without concurrent impairment of his health, indications of which can only be had from the abnormal sensations and functions of the individual. There have been cases where an unfortunate individual, who was in (what to him was) a healthy state, succumbed to the very suggestion of his over-zealous physician that he had hypertension, etc. (14)

Editorial Comments

(1) In the present age, there can hardly be found any person who is completely free from chronic miasmatic disease—hereditary or acquired. If we, at any time, closely investigate into any person including our ourselves, we shall find many of the morbid signs and symptoms as enlisted by Hahnemann under the three chronic miasmatic diseases, especially under Latent Psora, in "The Chronic Diseases". In that sense, almost every person is more or less a patient. Nevertheless, all of them carry on their ordinary activities without any obvious difficulty or hindrance, or rather hardly caring for them or getting any opportunity to heed them.

(2) If hypertension and diabetes are not irregular processes, what are they?

(3) There seems to be some serious difference between Dr. Chatterjee and ourselves, in the understanding and interpretation of the various words and the sole purport of the Aphorisms 14 and 13, read with pp. 3 and 4 of the Introduction of the Organon (5th Edition). In our opinion—

(a) Curable Indications and Curative Indications—All the detectable and perceivable deviations from normal, i.e. all the signs and symptoms in a particular case, are indications of disease. It is not possible *a Priori* which of these indications are curable, because that depends upon many conditional factors. But *curative indications*, in Homœopathy, has got a special meaning. They are those indications, as described in Aphorism 153, which guide us to

the curative remedy. They may be designated as *therapeutic indications* as distinguished from other *common* or *pathognomic indications* of the disease. The curative indications are not supplied by the disease *per se* but by the individual patient suffering from the disease.

(b) Diabetes, hypertension etc. are far from being hidden indications of diseases, they are quite obvious to any observing physician.

(c) The contention of our Master in these places is not to make a difference between hidden and obvious indications, nor to make distinction between curable and incurable indications, but to sharply place the basic difference between the Orthodox School and Homœopathy, in the attitude towards disease and its cure. The Orthodox school has all along been striving to find out and incriminate some basic deviation from normal (like—Diabetes, Hypertension, Neuritis, Hypothyroidism, Vitamin deficiency, and so on), on speculative or objective basis, and most illogically designate the same as the *prima causa morbi* or sole cause of disease, as well as the disease itself—the same thing being labelled as the cause and the effect; and they have ever been treating their incriminated cause. Whereas, Homœopathy never believes that, the basic essence of disease can ever be perceived or even conceived other than by its obvious manifestations, and its object of cure is not a surmised *prima causa morbi*, but the totality of the manifestations or indications of disease, guided by the curative indications.

(4) Disagreeable sensations and irregular processes of the whole individual, fall in the category of General symptoms. They are as obvious and perceptible indications of altered state of health as the local symptoms.

(5) Patients generally come for treatment with some difficulty or hindrance; but some times, only with some pathological condition like—some Eruptions, Ulcers, Tumours, Pigmentary disorders (Melanoderma, Leucoderma etc.) and so on.

(6) Of course, the living body is the abode of myriads of Organisms—most of them ever remain as indifferent inhabitants, some of them as essentially useful friends, and only a few become virulent enemies under certain conditions. So simple finding of some organism means little, except in the case of certain organisms, and that again in some special conditions. This applies to bacteria as well as all the various other forms of parasites.

(7) Of course, an individual showing tissue changes and for the matter of that, any organic or constitutional change—if not due to senility or the various physiological conditions (like pregnancy, menstruation, etc.) or due to some detectable environmental conditions—always signifies that he has some disease. It is the duty of the physician to trace the total picture of the disease from other symptoms and history and to treat and guide the case accordingly, taking due care not to make the patient panicky but sufficiently prudent in the manners of living. One point must be remembered in this connection: some of the pathological changes may be irreversible end-results of disease. These may be safely ignored or if required, mechanically removed.

only provided all other reversible manifestations have permanently disappeared.

(8) In our opinion, any pathological symptom can be taken as nothing but a symptom of disease (except in conditions just mentioned under (7)). The peculiar manner and conditions of suffering (modalities etc.) concern the individual nature of the sufferer and point to the curative remedy and help in guiding the life of the case.

(9) We are sorry not to be able to find this hidden clue in the Aphorism 14. In our opinion, both the superficial as well as deep meaning of this aphorism only refer to *what is to be cured in diseases*—viz. all the indications of disease manifested to the accurately observing physician.

(10) In our article in question, we made a distinction between an *ideal state of health* and *apparent health* (vide pp. 386 and 387). We request Dr. Chatterjee to investigate into the state of health of his own self as well as of any of his acquaintances moving about with the best of their respective apparent health, and, we are sure, he will find in most cases not only many pathological symptoms and various subjective and objective symptoms signifying the existence of one or more of the chronic miasmatic diseases, but also even some characteristic indications pointing to some chronic remedy like Sulphur, Thuja, Calcarea, Silicea, Hepar, Lycopodium, Natrum, Sepia, and so on.

(11) In this Aphorism we like to underscore the same words as done by Dr. Chatterjee, but to come to a different conclusion. This phrase "for him" means that everybody possesses a relative workable health and none an ideal state of health. This relative state of health implies the simultaneous existence of some relative ill-health or diseased condition too. It matters little whether the signs of this aspect of the health "for him" is detected by himself or the observing physician or the pathologist. As a matter of fact, in conducting all provings, the actual state of health of the prover—with all his existing signs and symptoms—is first thoroughly assessed and accurately recorded before actually starting the proving, that is, administering the drug to be proved [vide—(i) Hahnemann's *Materia Medica Pura* (Indian Edition Vol. I, p. 19, Last para). (ii) Kent's *Philosophy* (p. 218, para 2), (iii) Dunham's *Science of Therapeutics* (p 350, para 2), etc.]. And then "all the sufferings, accidents and *changes of health* of the experimenter during the action of medicine" (Aphorism 138) are noted and recorded. All the new symptoms and signs (including reappearance of old symptoms) are taken as the actions of the drug under experiment. Thus proving is not a matter of changing a condition of health to a condition of disease by means of a drug, but a matter of changing one state of relative health (with co-existing relatively inactive disease) to a new state of health (with more remarkable illness) with new signs and symptoms by means of a drug.

(12) Hahnemann did not want to omit anything. Anybody can see that, in this aphorism he included disagreeable sensations as well as irregular

processes (to wit, diabetes, hypertension etc.) as signals by which disease manifests itself to the observing physician.

(13) Hahneman criticised Hufeland, not for recognising pathological symptoms as symptoms or signals of disease, but for ignoring all the symptoms as the only tangible manifestations of disease, while at the same time, hunting for a *material prima causa morbi*, even after all the manifestations of disease have permanently disappeared. In our opinion, the article in question, far from resurrecting Hufeland will help in the further doom of the Spirit of Hufeland that still dominates the mind of many a Homœopath, as a *phobia* (taking everything pathological as Hufelandism) or as a *Philia* (basing all their Homœopathy on material pathological manifestations or a material *causa morbi*).

(14) In these cases, it is not the truth of Science, that is at fault, it is the overzealousness, tactlessness and unworthiness of the physician that is at fault. A sound, circumspect and conscientious physician can and must guide the life of such cases, avoiding all panicky suggestions, with proper counsels and appropriate remedies, so that, the latter may live the full span of life without any obvious difficulty or without falling victim to any unforeseen danger.

Most of the points raised in this article had been discussed in our Editorial Article of last September Issue and in our commentary on the letter of Dr. Chatterjee published in the same Issue (pp. 420-424). Still, we reiterate the same topic here, with a view to further elucidate our standpoint regarding certain moot points of Homœopathy. Further reason for our dilating so much on this subject is our awareness of the fact that, these points though very aptly and sharply raised by Dr. Chatterjee, are the concern of many Homœopaths with various shades of attitude with respect to Pathology. But, we are afraid, any further discussion on this topic may tire the patience of our readers; so, we like to end this polemic here, with this Issue.

J. K.

BOOK REVIEWS

(Continued from page 48)

We wish Dr. Mathews to carry on with his noble enterprise, so that, he can publish a more complete and more perfect Directory at any future suitable date. In the meantime, he should go on inviting and collecting the corrections, amendments and additions to the informations supplied by the present Directory. He should also try to verify, by all means, all the matters thus gathered before inserting, them into the next Edition.

J. K.