

SEARCH FOR THE INDICATED REMEDY AND ITS ADMINISTRATION

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HAHNEMANN in his world renowned Organon of Medicine expresses as follows :—[Section 3].

“If the Physician clearly perceives what is to be cured in diseases, that is to say, in every individual case of disease (knowledge of disease, indication), if he clearly perceives what is curative in medicines, that is to say, in each individual medicine (*knowledge of medicinal powers*) and if he knows how to adapt, *according to clearly defined principles*, what is curative in medicines to what he has discovered to be undoubtedly morbid in the patient, so that the recovery must ensue—to adapt it, as well in respect to the suitability of the medicine most appropriate according to its mode of action to the case before him (*choice of the remedy—the medicine indicated*), as also in respect to the exact mode of preparation and quantity of it required (*proper dose*) and proper period for repeating the dose ; if, finally, he knows the obstacles to recovery in each case and is aware how to remove them, so that the restoration may be permanent ; then he understands how to treat judiciously and rationally, and he is true practitioner of the healing art.”

From the above paragraph we come to understand that we can reach the final decision of an “indicated remedy”, *according to clearly defined principles*. But the old school rejected this plea. They claim that no clearly defined principles can be chalked out in medicine. But it is a vague and a fallacious contention, and we need not spin our discussion around this point any further.

In Homœopathic literature ;—Materia Medica, Therapeutics and other classical works, we often come across the phrase, “If indicated, the medicine will remove the ailment speedily.” But the question arises, Is it easy to select the indicated remedy ? I may say, “It is a very difficult and the most

crucial part of the medical study, but can be made easy if the clearly defined principles are followed."

Many people in general and the orthodox practitioners in particular mock Homœopathy as unscientific and a science of the man in the street. But it is quite contrary to facts. No one can claim himself to be a Homœopathic practitioner unless he has thoroughly understood the principles of the science, and he who has understood the principles and philosophy of Homœopathy can remove any malady, curable by drugs, on the earth *quite judiciously and rationally and restoring the patient to a permanent health*. But those who are prejudiced against this most noble science, call us quacks and charlatans. They try to nullify Homœopathy on the grounds that it is an underdeveloped science, not developed scientifically. But who is to be blamed for this gap? Not Homœopathy, but we alone are to blame. We have been ignoring its very nature and principles for such a long time. But thank God that in certain parts of the world it is making much headway.

Now, we were discussing that the proper medicine can be selected according to defined principles. The first and foremost being "*Similia Similibus Curentur*."

Suppose, a person suffers from some kind of cutaneous eruptions. He goes to the doctor for their treatment. He applies some deep acting and corroding ointment. The eruptions disappear. The doctor claims a cure and the patient feels satisfied.

But to a physician of the rational system of medicine, it is no cure. It is a great scourge to the humanity. It is a system of multiplying the patient's disease. The poison that wants to escape through the skin is again pushed back and the poison rests in the centre. If we apply *Similia Similibus Curentur*, likes cure likes, the poison will be thrown out.

In his essay on the *Law of similars* Dr. Kent has cleared this point by an example. He writes to say, "one example of this is seen in the young girl who has lost her mother or lover and is ill as a consequence, is depressed with grief, is constantly sobbing, and has become melancholy. She sits in a corner, hears no body, thinks no one can pity her because no one has

had just such a grief. Let us apply allopathic treatment to her. "Come there is nothing the matter with you, why don't you brace yourself up; why don't you try to arouse yourself up?" But this only throws her into a deeper state of melancholy. Scolding and harsh treatment do no good. But introduce the Homœopathic treatment, employ a nurse if you will who is a good actress and who has gone through the same identical grief and let her make a big fuss in the other corner. Pretty soon the patient will say, "You seem to have the same grief that I have." "Yes I have lost a lover". "Well, you can sympathize with me," and the two fall to bellowing and weep it out together. There is a bond of sympathy." (See his lectures on *Philosophy* pp. 119-120).

Similarly, in the case of eruption if we give the patient the proper medicine, which can produce the similar eruptions, internally, it will tend to hasten the process and the patient soon recovers without contracting any kind of chronic Miasm.

Then we have the question of quantity of dose * and its repetition. In this regard, I contemplate to give a quotation from Dr. Hering which is deemed best. He writes to say:— "After the first dose of every medicine, you should watch closely to observe what changes, if any, take place in the patient. In very dangerous and painful cases, wait from ten to thirty minutes; in other serious complaints, one to two hours; and in chronic cases one to two days. The patient is then either better, worse, or the same. If better give nothing more as long as the improvement lasts. If a sudden improvement ceases as suddenly, and the case gets worse, give another dose, this second dose may in some cases be followed at first by an increase of the complaint, but in a short time by a more decided and lasting improvement."

In another paragraph he further records, "when the patient, after having taken the medicine once, or oftner, begins to feel better, however little, he should discontinue it, lest the healthful progress of the cure be interfered with by taking too much; but as soon as the improvement ceases the same medicine should

* Dr. Bhugat does not discuss the quantity of the dose.—Ed.

be taken again; or in case the symptoms have altered, another more appropriate one." (For full details see his *Domestic Physician: Administration of the medicines and repetition of doses*. p. 19).

Dr. C. G. Raue in his *Special Pathology and Diagnostics* writes to say.

1. "The right remedy cures a disease without a crisis and thus we have an indisputable proof that the selected remedy was the remedy.

2. Aggravation after a remedy, when they occur on critical days, need not be the result of the remedy, as the conjoined action of the disease and the periodical oscillation alone will cause them naturally.

3. When, after the administration of a homœopathic remedy, a crisis takes place notwithstanding, we may be sure that we did not "hit" the case, and that the patient gets well without our aid.

4. When no crisis appears, and the patient gets worse, it is clear that we did not find the right remedy, and we may even have spoiled the case by wrong means.

Lastly, it seems to explain the observation that in most chronic cases the well selected remedy develops its action visibly not before the eighth day, and that we then ought not to disturb its action, either by repetition or change, before the thirty fifth day." (PP. 826 First Indian Edition).

Hahnemann in his *Organon* section 247 says, "Under these conditions, the smallest doses of the best selected Homœopathic medicine may be repeated with the best, often with incredible results, at intervals of fourteen, twelve, ten, eight, seven days, and, where rapidity is requisite, in chronic diseases resembling cases of acute disease, at still shorter intervals, but in acute diseases at very much shorter periods—every twenty four, twelve, eight, four hours, in the very acutest every hour, upto as often as every five minutes,—in every case in proportion to the more or less rapid course of the disease and of the action of the medicine employed, as is more distinctly explained in the last note."

Similarly Dr. Kent in his *Lectures on Philosophy* has given

very valuable information. We quote here the summary of his essay "*Prognosis after observing the action of the remedy*", as summarised by Dr. Boger and placed in the Preamble to Repertory and Characteristics by Dr. Bœnninghausen. He mentions :—"If the aggravation is long with the decline of the patient's strength, the case is incurable and can only be palliated."

"If the aggravation is long, with slow improvement, all will be well if the remedy is not too soon repeated."

"If the aggravation is violent and short the best results will follow".

"If the quality and the quantity of the remedy administered are in exact proportion to the quality and quantity of the sick-making force, then we do have a cure without aggravation."

"If we have an immediate amelioration, followed soon by an aggravation, it is a failure—the case is incurable."

"If too short an amelioration follows a pronounced aggravation, in a psoric case especially, it will prove incurable."

"If a full time amelioration of symptoms occurs without any increase in the patient's strength, he will prove too weak for a restoration to health."

"If the patient develops the symptoms of the remedy given, without improvement in his disease symptoms, the case is a hard one to treat, even for an experienced Homœopathician."

"If the old symptoms appear with the aggravation, you may wait ; you need study no more ; you have the remedy."

(For full particulars, see his *Philosophy*, PP. 264—276).

Dr. Carroll Dunham in his *Materia Medica* Vol. II Page 52 (The ANAMNESIS) says :—"Shall I shock any of my hearers by stating this necessity for taking into consideration the course and succession of symptoms in selecting a remedy ; and shall I be told that strict Homœopathy requires that a prescription shall be made for the symptoms that are present, the remedy to be changed when the symptoms change ? I believe that some conscientious physicians too closely follow this method—too closely for the best success".

Now we proceed to the question how to ascertain the indicated remedy.

It is said that Dr. Hering always used to teach his students the study of *Materia Medica* according to the following schema :

1. Localisation.
2. Sensations—Characteristics etc., the direction of pains.
3. Modalities—The time of aggravation and amelioration—Articles by which the pains are aggravated or ameliorated etc.
4. Concomitants.

It is first and foremost duty of the Physician to know about the locality of pain, side of the body, the direction of the pain whether it goes from right to left or left to right ; from down upwards or from above downwards etc.

Then we take note of the sensations, the characteristics. This is also the most important part of reaching a definite conclusion, the art of deciding a definite remedy. *Dr. Dunham* in his *Homœopathy—the Science of Therapeutics*, page 36, illustrates the importance of characteristics, by quoting an example of a case of uterine Hæmorrhage where *Crocus* was the specific, only on the fact that there was "sensation as if a living body were moving through the abdomen", which is the characteristic of *Crocus* alone (?) (For full information see his *Homœopathy—the Science of Therapeutics*, Page 36-37).

So it is clear that a group of medicines may seem to be indicated in a particular given case. There the physician should not be discouraged. He should study the case very closely and try to trace out, if any, a trivial symptom that makes the case distinctly suited to a particular remedy. *Dr. Dumham* in his *Materia Medica* (The *Anamnesis*, page 51) writes to say, "Two lines, each an inch long, may appear to be parallel. If we would be certain whether or not they are so, let us project each line until it is a foot long. We shall then more easily see the divergence or convergence, if there be any." And in Vol. I under, *Preliminary Observations*, Page 63 he says, "The significance of a fact is measured by the capacity of the observer.

Now suppose that these trivial points, the characteristics, are fruitless, then why should the patient say, "sir, I have burning pains, my head is being contused, there is lacerating sensa-

tion in my right limbs, my pains increase and decrease with the rise and decline of the sun, there is a sensations of cutting in my abdomen, my heart seems too big etc."

Dr. Richard Hughes in his *Principles and Practice of Homœopathy* (under—The selections of the Similar Remedy, page 92) says, "There is a reason why one should complain of burning pain, another of tearing, another of gnawing, and so forth; we may not be able to explain it, but the kind of sensation present characterises the suffering, and on being found in the pathogenesis establishes the specific similarity of the drug which causes it."

So, it is evident that we should adhere to the characteristics rather than the Pathognomonic symptoms. These names may mislead a physician and the patient too. If a patient says "sir, I have headache, give me the remedy that removes headache," no one can dare prescribe a medicine for this symptom, unless he ascertains the locality, the side, the nature of the pains, the mode of aggravation and amelioration, the concomitants if any and so forth.

Dr. Dunham in his *Materia Medica* (under Pathognomonic symptoms and characteristic symptoms, Page 401 Vol. II) says, "The arrangement of materia medica on the basis of a pathologico-anatomical schema, as is desired by some, would be, first, impossible, second, useless, third, sure to mislead."

No one can prescribe for eruption, if the patient says, "I have eruptions, please remedy them". How shall we ascertain whether there is the burning pain of Arsenic, erysipelatous appearance of Belladonna, bullæ of Euphorbium, hard scaly ulcers of Mezereum, lichen of Climatis and so forth? Therefore until and unless one is sure of the characteristics and the trivial striking symptoms, no sure cure can be achieved.

Hahnemann in his *Organon*, section 6 says, "The unprejudiced observer notes only change of state as shown by symptoms."

I may clear this point by quoting an example from my own experience :—

L/NK. Bhagwant Singh had had suffered from ascarides and was treated in the military hospital at Udham Pur (Kash-

mir). But later he developed some minor derangements of Bowels, wandering and burning pains here and there, burning sensation at the tongue, which later developed an aphthous condition. He was again admitted to the military hospital at Udham Pur. But finding no relief there, he came to this Simla Military Hospital, which is a very efficient hospital at Simla. He remained there for about ten days.

But the Major Doctor could diagnose nothing, despite the fact that his blood, urine and stools were thoroughly tested. On the tenth day when he (Bhagwant Singh) was discharged, the Major Doctor told him that he had no derangement except that his liver was a little disordered and that other pains were simply muscular and the burning pain of the tongue was due to inflammatory condition of the liver. He advised him to pursue no more treatment and directed him to take FERI LEX tonic for the general debility and other liver derangements.

But Bhagwant Singh was not satisfied with that all. He found no relief in the hospital. So he went to a vaid. He felt his pulse and told him that his liver was deranged and that the other disorders were the result of that. He gave him a few doses of medicine sufficient for a fortnight, and to correct his liver.

He got no relief from these doses too.

As my cousin he is, he wrote to me for some medicine. And as I knew his conditions very well, and all his symptoms I sent him two doses of Arsenic 1000 to be taken once a week. I asked him to abstain from meat, eggs, wine etc. After one week (on the 9th Oct. 1957) he told me on the telephone that he was feeling much better and that the burning pain and vesicles in the tongue had diminished markedly. Pains were less, appetite was improving. Next week, after the taking of the second dose, he told me he was feeling quite normal, and then he had regained his youthful spirit and the freshness of mind, of which he had been deprived for such a long time.

Therefore it is quite evident that Pathognomonic symptoms are misleading entirely.

Exactness of time of aggravation or amelioration or any presence of concomitant is a very helpful aid to reach a proper

and specific conclusion. *Dr. Drysdale* in the Introductions to the British Repertory writes, "Pain in the stomach with nausea occurs under twenty eight medicines."

"Pain in the stomach in the morning under thirty seven."

"Pain in the stomach with nausea in the morning under four only."

Or it may reside in a concomitant.

"Dry retching occurs under forty five drugs."

"Dry retching in the morning under five only."

"Dry retching with eructation under one only—LEDUM."

(See *Dunham's Homœopathy—the science of Therapeutics*, page 38 I.E.).

Dr. Dunham further illustrates this point in his essay on "The Basis of Treatment," PP. 272—276. He describes a case of Chronic Laryngismus in a child. Others tried medicines like Sambucus, Spongia, Cina, Lachesis, Hepar, Stannum, Chlorin etc. But he cured it with a few doses of *Nux Vomica* 200 only on the ground that the attacks were aggravated by exertion and the dyspnœa was in the morning which was relieved during sleep. (For full details see his article).

This is the value of collecting full details, the characteristics, modalities, concomitants, the localities and in chronic diseases, no one can eliminate the minor complaints of the patients unless he has the sufficient capacity to weigh the disease-symptoms against those of the drug.

In chronic diseases one must be most cautious, as, if the case is not hit properly, he may only produce drug symptoms as *Hahnemann* in the *Organon* (section 33) says, "That the morbidic noxious agents possess a power of morbidly deranging man's health, that is subordinate and conditional, often very conditional; whilst medicinal agents have an absolute unconditional power, greatly superior to the former."

It is not a child's play to eliminate a chronic affections. In chronic affections, there is always a chronic Miasm—Psora, Sycosis or Syphilis—as the underlying causative factor. And *Hahnemann* in section 78 writes, "These are the most numerous and greatest scourges of the human race; for the most robust constitutions, the best regulated mode of living and

the most vigorous energy of the vital force are insufficient for their eradication."

Dr. Richard Hughes in his *Principles and Practice of Homœopathy*, Page 91 (under—The Selections of the Similar Remedy) describes a paragraph by *Dr. Sydenham*. "In overcoming a chronic disease," he wrote, "he has the best and truest claim to the name of Physician who is in possession of the medicine that shall destroy the species of the disease; not he who merely substitutes one primary or secondary quality for another. This he can do without extinguishing the species at all i.e., a gouty patient may be cooled or heated, as the case may be, but his gout continue unconquered."

Therefore he is a bad philosopher and a medical pettifogger who claims to have achieved a "cure", while he has merely suppressed the case or created drug symptoms with massive doses. This is unhomœopathic and contrary to the law of nature.

Further we should take into regard the constitution and temperament, the emotional environments of the patient, his professional obligations and his psychological nature.

By Psychological Nature I mean to say that there are many types of human beings. Some people exaggerate the manifestations of their ailments, others are reticent. They conceal their disease and do not give full particulars of their malady to the Physician. Still others are who are bashful to go to a doctor or if they go, they will tell little about their disease, because of the presence of other patients. Yet others, who may be classified as cunning patients. They merely go to the doctor to judge his ability. Though they do not exaggerate their symptoms, they give misleading things and then want to know the disease they have. They leave it at the disposal of the doctor to trace out their disease.

Sometimes we come across patients who tell their ailments in technical terms, rather than speaking in simple language. This is a very bad practice. They may mislead the physician and bring about misery for their own lot. Others tell their symptoms quite decently and help the physician and themselves, and their malady is at once annihilated. They are the friends of the physician.

It is, therefore, the duty of the physician to remain on their alert against such bad tellers. His skill will earn a name for him. He should also be generous and should never go into rage and become fretful to such patients.

Then we have the allergic conditions and the neuroses. The neuroses come under the range of chronic diseases, but the allergic conditions are simple and can be cured easily by the Homœopathic potencies of the same allergens.

Hahnemann in *Organon* (section 117) says, "To the latter category belong the so-called idiosyncrasies, by which are meant peculiar corporeal constitutions which, although otherwise healthy, possess a disposition to be brought into a more or less morbid state by certain things, which seem to produce no impression and no change in many other individuals."

I may clear it by an instance. My wife was so sensitive to onions that a mere olfaction would induce a storm of sneezing and coryza. She was readily immunised by *Allium Cepa* 1000, two doses once a month. Now she can play with onions cook them, cut them, while presumably I had to do that all for her.

Similarly *Dr. Kent* in his *Philosophy*, Page 224 (under IDIOSYNCRASIES) says "One oversensitive cannot take opium for the pains because of the congestion it produces." Further he says, "Another patient cannot tolerate quinine in chills and fever, the primary action of quinine makes him alarmingly sick, whereas another individual can take 15 grains."

Dr. Dewey in his *Practical Therapeutics* defines Allergy, "is a condition of unusual or exaggerated specific susceptibility to a substance which is harmless to the majority of persons given in like amounts and under like conditions" p. 436—37. He gives a very elaborate information in his essay. (For full particulars see his essay PP. 435—441).

In the end I may request my fellow brothers in Homœopathy to adhere to the principles and the philosophy of Homœopathic treatment and to the law—*Similia Similibus Curentur* as the only curative law of medicine.

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HOMŒOPATHIC NEWS

RAJASTHAN HOMŒOPATHIC ASSOCIATION

Memorandum of the proceedings of the first general meeting for the formation of the Rajasthan Homœopathic Association held on Wednesday the 25th December, 1957 at the premises of the Prakash Homœopathic Charitable Dispensary at New Colony, Jaipur.

Present—76 members.

As proposed and seconded unanimously—Dr. C. Prakash took the chair. Unanimously observed and resolved as under :—

We the undersigned have been taking Homœopathic treatment since a long time and we have observed and experienced that Homœopathic medicines are very useful and effective both in the prevention and in the treatment of various types of acute and chronic diseases. Whereas the Homœopathic medicines are very cheap and economical, the treatment is also mild and simple and yet many surgical cases can also be successfully treated with Homœopathic medicines without much paraphernalia.

We are therefore desirous to form an Association in the name of "The Rajasthan Homœopathic Association" for the purpose of stepping up the activities for Homœopathic educa-