

HOMŒOPATHIC REMEDY*

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Question: A case of sore-throat has come to you, what remedy will you give?

*Answer often promptly comes—*Merc. sol.

*If that fails?—*Phytolacca.

If that again fails? Baryta Carb.

This sort of answer comes not only from an examinee, but very often from many a full-fledged homœopathic practitioner also. It is a wonder wherefrom they learned this method of selecting the homœopathic remedy. But this "hit and miss and hit again" method is totally inconsistent with the very term Homœopathy, which means therapy based on symptom-similarity. Without at all getting the symptoms of the patient how can you run for finding a remedy having similar symptom? That is both logically and practically absurd.

Homœopathic prescription can never be based on any name of a disease, but always on the totality of symptoms of the particular case in hand. Even in the busiest chamber or out-patient department practice you must first secure at least some key-note symptoms (which often constitute the basic note of the totality), before you can think of finding a remedy, most similar to them, that is the homœopathic remedy.

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Question: Is Quinine a homœopathic remedy?

Answer: No.

Question: Is Tinct. Cinchona a homœopathic remedy?

Answer: Divided—Some no, some yes, some hesitant.

Question: Is Cinchona \emptyset a homœopathic remedy?

Answer: Yes.

Question: Is China 200 a homœopathic remedy?

Answer: Yes, of course.

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But the reality is, neither Quinine nor Tinct. Cinchona, nor Cinchona ϕ , nor China 200 is an allopathic or homœopathic medicine *per se*. They are all simply medicines. A medicine does neither become allopathic or homœopathic by dint of its name, nor according to the name of the pharmacists from which it has been procured, nor according to the professional label of its prescriber.

A *drug* becomes a *medicine* when made suitable for prescription. A medicine becomes a *remedy* when applied against a particular diseased condition. A remedy becomes *homœopathic* only when applied on the basis of symptom-similarity, that is, on the principle of "*Similia similibus curentur*". Any remedy applied on any other basis or principle, can be any thing other than a homœopathic remedy.

Of course, in accordance with the basic principle, the method of preparing and prescribing medicines differ in different systems of medical science. And in consistence with the basic principle of symptom-similarity, the homœopathic remedy is, as a rule, prescribed in minimum doses and in potencies, in order to avoid unnecessary aggravation and to secure deeper action. But these are all secondary qualities depending on the basic factor—the principle of symptom-similarity. Based on this principle, what to speak of the basic tinctures or mother tinctures, even a crude drug may have to be administered in material doses according to the nature of the case in hand, e.g. the various external remedies, and even then the remedy is nothing but homœopathic. On the other hand the highest possible potency applied in minimum possible dose, cannot become a homœopathic remedy if not prescribed strictly on the principle of symptom-similarity.
