

mation about—those mongol or semi-mongol types. I do not know if I have more than my share, but I have four cases, one is now about four years of age, and when he was only two the inspector from the public health department said to the mother, "That child will never be any use to you. You had better allow me to take it away from you now. The mother, of course, would not do it. I saw the child last week. It is certainly making headway and is able to speak not too badly. Whether there will be any permanent improvement I do not know. I wonder what sort of remedies one should apply to children of that type. The other child just lies more or less like an animal taking its food and responding in no way to words of comfort or cheer from the mother. I have two other cases of the same type but I often wonder whether at the Children's Hospital you have cases of mongolism and how you treat them. Whether it is due to an injury to the brain or whether there is some mental upset. It was a first child. The second child is normal and healthy and the parents are young.

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WHAT MAKES A HOMŒOPATH ?

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To the uninitiated, to the beginner and the self-taught, to all of them potentised drug administration on the Homœopathic method appears to be a simple problem. This is because our materia medica is written in the simplest and most easily comprehensible language and is free for the most part from the technical vocabulary of Medicine we find in ordinary use. The pathogenetic symptoms are so beautifully and methodically described in word pictures that any body and every body jumps to think he can equate the symptoms of any illness with those

of medicine in the *Materia Medica*, find the right remedy for the patient and cure him easily, permanently and without causing any inconvenience. Since so little effort is required to fulfil the highest mission of a true physician, which the Great Hahnemann has laid down as the *sine qua non* of Homœopathy, it is no good going up for elaborate education and training in a Homœopathic medical school. It is still less necessary to study Anatomy, Physiology, Pathology etc., which are included as part and parcel of the Syllabus of Studies in a medical school or college. According to them the study of the *Materia Medica* is the only thing to be emphasised in Homœopathic practice.

The above facts roughly explain the attitude of the largest proportion of Homœopaths in our country to-day. The simplicity of our *Materia Medica*, the simple-looking remedies and the easy method of their administration have combined to make the Homœopathic prescribing appear to be a simple and easy affair and attract people who have no aptitude for practising it.

The difficulty becomes obvious and manifests itself as one goes deep into the science and faces the actual problem of prescribing in a given case of illness.

One who has gone through the elaborate process of Homœopathic education and training in an institution knows how difficult it is to find the basic relationship between the symptomatology of the drug and the signs and symptoms which represent the disease. That basic relationship is of paramount importance as it determines the choice of the remedy out of a very large related group. It is of course true that the basic relationship or affinity is expressed in symptom-similarity between the drug and the disease, but all symptoms whether pathogenetic or pathognomonic are not equally important, and hence a superficial similarity is of no practical value unless the basic relationship is touched. To cure the disease, that is to say, to restore the patient to the original healthy state, the cord of his vital force must be struck so as to produce vibrations in the electro-magnetic nervous system which controls the living organism.

On the other hand, when we fail to touch the vital force and produce the necessary vibrations, the potentised Homœo-

pathic remedy may at best give temporary palliation. The Homœopaths who are not conversant with the philosophy of Homœopathic Medicine take this to be the cure according to the Law of Similars. But far from it. By this kind of palliation they seem to be curing the patient, till they are disillusioned by the recurrence of the disease and ineffectiveness of the drugs.

But the fact is that they never cure the patient, because they can not fit the remedy homœopathically to the disease.

All of them will shout at the top of their voices : "Well we have selected the remedy according to the similarity of symptoms. Then why does it not act permanently ? There must be some thing wrong with the art and principles of Homœopathy."

The question is, "What should we understand by Symptom-similarity ?"

First of all we must bear in mind that the symptom-similarity is the most vital thing in Homœopathic prescribing. It is expressed by the totality of symptoms, which should not be interpreted or understood in its ordinary significance, but it has acquired a special meaning in the technique of Homœopathic drug administration.

Now the totality as defined in the Organon means not the sum total of the common and diagnostic symptoms or of all the symptoms jumbled together in a patient. On the contrary all those symptoms which are characteristic of the patient—his peculiar and uncommon symptoms, in a word constitute the Totality for the purpose of Homœopathic prescription. This totality indicates the direction of the polarity of the patient's vital force and hence is important to determine the remedy for correcting the disequilibrium in his vital economy.

The question is how to get at the Totality ? As this is an elaborate process much skill and experience are needed in addition to the knowledge of materia medica and pathology.

Case-taking in a systematic manner and according to the principles of Homœopathic drug-selection is really a painstaking task. Any one who is not quite conscious of this important fact will make a poor prescriber. It is only by taking the case well and correctly that we can expect to get at the Totality

which in the ultimate analysis determines the choice of the remedy, Knowledge of Anatomy and Physiology is the first stepping ground here, for without this knowledge one has only a very vague and hazy idea about the meaning of the symptoms. Therefore it is important that we must first know the normal structure and functions of the body so as to understand their abnormalities and morbid conditions. The physician must in addition acquire the capacity to analyse intelligently and grasp properly the anatomic and physiologic significance of each and every symptom, subjective or objective.

The most important thing in the record of a case is the localisation of the disease which may manifest itself as a visible sign or symptom, as a mere sensation or pain, as a mental disorder or an organic change. Whatever shape and character it may assume and however slight and insignificant it may be it originates from some part or organ of the body. With our present inadequate knowledge we may not always be able to find the exact locality of the disease, but the fact remains that there is some fixed locality, organ or system in which lies the primary lesion. Unless and until the disease can be precisely located no prescription can be rightly made, nor can the patient's condition be assessed accurately and his future prognosticated with confidence.

The cause is a contributory factor. In chronic diseases it is either acquired or hereditary. Its importance lies in the fact that it is a very valuable concomitant if it be ascertained with definiteness. The causes like Psora, Syphilis and Sycosis, may be in combination and their character should be determined, their depth and intensity and duration must in the same way receive due analytical consideration and investigation. Mere knowing that the patient is of a Psoric constitution is not enough as we can not prescribe medicine for a psoric constitution alone.

In acute diseases exciting causes are most often of diagnostic value. In some cases of course they assume importance as factors to be reckoned with in the selection of the remedy. As for example, sudden exposure to cold resulting in the inflammation of the lungs ought to make us think of Aconite. In acute

diseases Nature has the tendency to cure even without the help of medicine, but the chronic cause changes the positive polarity into a negative and as it flows in the opposite direction we do not find in it any such tendency to spontaneous cure.

The last appearing symptoms must receive the first attention, for the patient wants their immediate alleviation. In chronic diseases these last symptoms are nothing but the acute aggravation of the continuously progressive miasm and as such they assume great importance as indications for the right remedy for the time being.

After a thorough investigation of the cause the physician's task is to consider the sensations of which the mental symptoms have the highest value. To get the mental symptoms from a patient requires a good deal of skilfulness and dexterity. To acquire the habit one must learn it from a successful diagnostician and prescriber. The hurdles can, however, be overcome by developing intuitive faculties and a sympathetic understanding of human nature.

Here again he must discriminate; his mind should always remain open and unprejudiced as he forms his estimate of the value of different symptoms. His knowledge of pathology helps him easily distinguish the symptoms which are diagnostic of the disease from those which are characteristic of the patient.

In this way he builds up the record of the case in which the Totality is revealed—characteristics of the patient, the uncommon and peculiar symptoms which belong to him and the disease.

This Totality should be so rounded out as to show the constant relation between the psychic condition of the patient and his somatic illness, infectious, functional or organic. So we have to take into account not only the affected part or organ but also the whole organism, the whole man, in a word his body and mind with a view to finding the simillimum.

At first sight it seems to be a frightening work, but with those who have learnt the art it is not slow and tedious; it is often quicker than we can possibly imagine. It is said that Dr. Lippe was so quick in prescribing as if he would smell at the remedy as soon as he was at the bed-side of the patient.

And he was one of the most successful Homœopathic prescribers.

Before concluding I want to emphasise the fact that the skill and efficiency in taking the case can hardly be acquired by a private study of Homœopathic literature and by experience in an un instructed practice. A persistent drilling and exercise in Hospital practice or under the supervision of a good prescriber can alone make one perfect in homœopathic prescribing, especially in chronic diseases.

The difference between the trained Homœopath and the self-taught Homœopath who does not know the technique lies in the fact that when the former fails, he knows he has not been able to touch the vital force, but the latter thinks he is correct and Homœopathy is wrong and helpless. This latter class of physicians then take to the Allopathic method in which quackery is easy and successful, but they lower Divine Homœopathy in the estimation of the world.

CARBO VEGETABILIS AND THE RESPIRATORY TRACT

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One way to distinguish between the ordinary method of drug administration and the homœopathic might be this: In the ordinary method the drug is confined to the diagnosis and unlimited as to patients. In the homœopathic method the drug is confined to the patient and unlimited as to the diagnosis. So we shall see that *Carbo vegetabilis* is unlimited as to coryza, laryngitis and pneumonia as long as it fits the patient.

To begin with, let us consult Dr. Harvey Farrington as to what kind of a patient *Carbo vegetabilis* fits.

It is often suited to sluggish, obese and lazy people. They are venous individuals tending to varicose veins and tend to