PREVENTIVE MEDICINE AND HOMŒOPATHY

(Answer to Dr. Pai's Article)

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I have carefully perused the article of above caption by Dr. P. N. Pai. Dr. Pai deserves hearty thanks for making up a very vital problem in the science of medicine in general and of homœopathic medicine in particular. This problem is full of so many unsolved questions, the settlement of which brooks no further delay. I mean the problem of preventive medicine by means of immuno-prophylaxis vaccination, inoculation and homœo-prophylaxis (as distinguished from other hygienic methods of preventive medicine). It must be clearly understood at the outset that all the varieties of immunoprophylaxis is based on the principle of like prevents like. Questions of the problem devolve upon the dose method of administration and result thereof, and certain associated principles.

While appreciating the sincerity and keenness of Dr. Pai I am, urged by sense of duty and justice, constrained to point out certain fallacies in the statements and observations of Dr. Pai, while placing my views on the problem for due consideration of the medical public in general.

1 **(a) The question of Natural immunity and**
(b) Varying procedure.

(*a*) As the question of **vis medicatrix nature** introduces fallacy in all curative treatments so the existence of natural immunity introduces fallacy in all prophylactic treatments. Solution of this question lies in:—

(*i*) Carefully and accurately noting the clinical features, time and intensity of suffering and convalescence, under various methods of treatment, prophylactic as well as curative, and

comparing them with those remaining untreated in various sections of Society. Any investigation not fulfilling these requirements cannot be called properly scientific and dependable.

It is obvious that this sort of investigation is absurd in the present set-up of the Society and administration. Even if Scientific investigation would have been possible there would have crept in various fallacies in the average statistical results from personality factor of both the patient as well as the investigator. Only alternative to such ideally accurate but practically impossible accuracy is to depend upon carefully taken statistics of various methods of treatment with the mass average.

(*b*) The question of varying procedure—it is a real problem in homœopathic practice. This problem is remaining open due to lack of co-operation and organised work amongst homœopaths in general. The problem is further complicated by the necessity of individualisation of potency, dose etc. in curative therapeutics with Homœopathy. But this necessity need not so much complicate the problem in homœo-prophylaxis where, as suggested below, the problem is much simpler. In homœo-prophylaxis the problem can be considerably solved or atleast much simplified if only all the homœopaths of the world worked in an organised way, scrupulously publishing the results of the different methods adopted with respect to potency, dose and repetition in using their Genus Epidemicus and allow of their proper statistical and scientific assessment.

2 (a) Homœo-prophylaxis and
(b) Susceptibility :

Here Dr. Pai seems to have confused the issue by raising certain points which have little bearing on the problem, proving or disproving nothing.

(*a*) The Law of Similars is applicable to, or rather rules both homœopathic therapeutics as well as homœo-prophylaxis. Homœo-therapeutics is based on the principle—Like cures like —**Similia Similibus Curentur** and **homœo-prophylaxis is** based upon Like prevents Like—**Similia Similibus Prœvenieutur.** Even in the orthodox medicine prophylaxis is based upon nothing

other than the Law of Similars—Vaccinia for preventing small-pox, different sorts of attenuated or altered vaccines or serums for preventing corresponding disease e.g. rabies, tetanus diphtheria, cholera, typhoid and so on.

The only difference between homœo-therapeutics and homœo-prophylaxis is that, in the former there is little scope of generalization as it is based on strict individualization, whereas in the latter there is enough scope of generalization as it is based on the Genus Epidemicus.

(*b*) Susceptibility is known to all homœopaths as the primary factor necessary for the action of any disease as well as of medicine. Environment conditions are of secondary importance. Whatever may be the environmental condition, a subject cannot be influenced by a disease nor by a medicine (in therapeutics or prophylaxis as well as in proving) if he is not already susceptible. We also know that this susceptibility is not uniform nor general there is great amount of specificity in it. The more intense the susceptibility of the vital force to a particular drug or disease the more easily and deeply is it responsive to the corresponding drug or disease. This fact long known to homœopaths is being gradually recognised by allopaths and is being accepted in general medicine as allergy, anaphylaxis, idiosyncrasy etc.

But there seems to be difference between the nature of susceptibility in sporadic disease and in epidemic disease. In sporadic disease the susceptibility to disease and drug seems to be far more specific and individualistic similimum to rouse the vital force to fight the disease which has already over-powered it. But in Epidemics large mass of people (but still a small percentage of the total population even in worst epidemics) seems to become susceptible to a particular disease as well as the Genus Epidemicus. The Genus Epidemicus must be the similar-most to the epidemic as whole, but need not be so to particular individual cases. Fair amount of similarity to individual is sufficient both for preventive as well as curative purpose. Experience of any practising homœopath will corroborate this view. One point must be remembered in this connection—no epidemic however virulent can affect all people so

all people are not equally susceptible to the Genus Epidemicus. Dr. Pai has raised certain irrelevant points in this connection which must be dealt with here in order to make the issue clear.

1 TIME FACTOR IN GETTING RESPONSE FROM MEDICINE :—

It is far from fact that homœopathic medicine necessarily takes long time to act. In many acute and emergency cases the action of homœopathic medicine is almost instantaneous, atleast far quicker than any shortest-acting injections. No allopath can claim to cure (?) a case of malaria before atleast 60 to 75 grs of **quinine** is administered in 3 to 5 days, whereas any practising homœopath has experience of really curing bad cases of Malaria with one or two doses of the similimum in high potencies in course of 24 to 48 hours. The time required by homœopathic medicine to act depends upon many factors, most important of which are:—

(*i*) **Degree of Similarity :** The more the similarity the surer and quicker the action. It may be remembered by the way that the more similar the remedy the more is the susceptibility of the case to that particular remedy.

(*ii*) **Nature of Medicine :** There are certain long acting medicines like Sulphur, Calcarea, Lycopodium, Sepia, Silicea, Thuja etc. and there are shorter-acting medicines like Aconite, Coffea, Ipecac, Opium etc.—taking correspondingly longer or shorter time to start their action.

(*iii*) **But more necessarily on the nature of the case :** The acuter is the case the quicker is the action of the similimum irrespective of its intrinsic nature. Even medicines like Lyco., Sulphur, Thuja are known to act within some minutes in acute cases of pneumonia, uremia, cholera etc. On the other hand any chronic cases where the pace of the disease is long, the pace of the medicine irrespective of its nature is seen to be longer.

Even medicines like Aconite, Ignatia may not start their action immediately as they should do ordinarily.

In epidemics the more similar is the Genus Epidemicus to the particular epidemic—i.e. covering most of the symptoms of the different cases-quicker should be the action when used as a prophylactic so there need be no worry about it. In any case the cruder methods of prophylaxis (vaccination, inoculation etc.) take some days (for small pox, cholera etc.) to some weeks or months (for tetanus, rabies, diphtheria etc.) to immunise the case. So the question of time factor does not go much in their favour.

2 Lack of action of non-similar remedies :

It is a well-known fact that no case is susceptible to non-similar medicine except in physiological or crude dose. And it is a piece of good luck that medicines like Phosphorus, Syphilinum, Silicea, Hypericum etc. were not similar to the cases on whom they were applied. Had there been any amount of symptom-similarity, havoc might have been created due to the too frequent repetition of the doses. Very often we escape danger in this way, and even when we fall in danger for the abuse of inadvertenly selected similimum, we do not care to learn from our mistakes and try to explain away the event by various forms of sophism.

3 Cases of failure with homœo-prophylaxis :

It must be made clear at the outset that in no system of medicine the prophylactics are cent percent effective. Even the vaccination of the orthodox school on which Dr. Pai has so much reliance is far from being cent per cent effective. Many people including my humble self bear personal witness to a good number of small-pox cases mostly with fatal results after vaccination or nay revaccination. Very little official record is available to substantiate this assertion, because in most countries including our own the official records are very poorly kept, specially with respect to villages, and cases of small-pox not ending fatally are hardly ever reported to the authorities and so **morbidity rate** has ever remained uncertain. Inspite of this situation I may refer to some official records which ought to be sufficient to establish my assertion.

. . . . . the percentage of vaccinated persons in the small-pox hospitals increased, until in the '80s of last century from 90 to 100% of small-pox cases were vaccinated persons . . . . . In the London small-pox outbreak of 1901-2 there were 274 revaccinated cases with 27 deaths. Hospital records revealed that small-pox has developed as recently as 19 days after successful revaccination. The official statistics regarding diseases in our Army in Mesopotemia discloses that 287 recently vaccinated Soldiers took small-pox and 29 of them died in 1916-17" (vide **Small-pox** and **Vaccination** by Dr. Dewan Jaichand and Dr. Chandra Prakash page 10). More such records can be cited but that will unnecessarily lengthen the article.

On the other hand in the experience of homœopaths, amongst myriads of cases of successful homœo-prophylaxis many of which are difficult to explain away as natural immunity, there are cases of failure also. As a matter of fact, I reported some such cases in Editorial Article of "Hahnemannian Gleanings" (March, 1963), and such failures are quite possible in view of certain unsolved problems in prophylaxis in general and homœo-prophylaxis in particular, some of which may conveniently be mentioned here:—

1 Incubation period:

It is well-known fact that any sort of prophylactic, potentised or crude, falling within the incubation period of any infection often not only fails, but leads to virulent, even fatal aggravation. In order to obviate this danger we have to settle up the question of how to ascertain whether the subject is already in the incubation pediod. So far we have no sure method for doing this. Further investigation in sero-biological tests and electrical reactions like Radiesthesia etc. may throw some light on this problem.

2 To ascertain the dose and potency and method of administion (olfaction, dry globules, solution in distilled water) as well as repetition—optimum for individual cases including those suspected of being in incubation period. This can only be done by pooling, compiling and then assessing the experience of vast number of practising homœopaths in the field of homœo-prophylaxis with respect to various epidemics. This huge task may

be accomplished by mobilising the active homœopathic organisations for the purpose, as we have been trying to start in West Bengal.

3 To find out the surest, i.e. the similar most prophylactic for particular **epidemic.**

Homœo-prophylactics are generally selected by two methods:—

(a) **Finding out the Genus Epidemicus.**

(b) **Isopathy—Potentised nosode from the virus of the particular epidemic.**

(a) The finding of the Genus Epidemicus has become today far more difficult than in older times owing to the changed constitution of the people, thanks to the vitiated environment, adultedated living conditions and most importantly the mass use of highly potent allopathic drugs of the so-called modern school (i.e. modern edition of the old school). At present it almost always happens that, more than one Genus Epidemicus demand their selection in any epidemic. The main solution of this problem seems to be a fresh proving of older drugs in the present situation (eliciting not only the subjective symptoms but also objective symptoms including sero-biological and electrical symptoms), as well as proving of new drugs (in the same manner). Only after that, we may expect to find the single similar most Genus Epidemicus for any epidemic whatsoever.

(b) **Isopathy:** Our nosodes had been prepared from disease matter collected so many decades or about a century ago. But we know that the strains of any particular virus constantly change. And in any epidemic there is often a combination of different strains of virus. In order to meet this difficulty we are to prepare fresh nosodes from the disease matter of each fresh epidemic both for therapeutic and prophylactic purposes.

4 Failure to prevent reaction of cowpox vaccination with the nosode of Small-pox—Variolinum:

While appreciating the sincere urge and enthusiasm of Dr. Pai, as manifested in his laborious experiments, still I am constrained to confess that I fail to find any evidence of mature reason and judgement in them, rather I am duty bound to point out the following fallacies in his experiments:—

(a) Firstly I know of no authority who ever pointed to Variolinum as an antidote to cowpox vaccination except, perhaps one symptom—"Keratitis . . . . . after vaccination" (H. C. Allen's Nosodes, 1st Indian Edition, page 544), Rather, the universally recognized and first-grade antidotes of Vaccination are: Maland., Sili., Sulph., THUJA (vide Kent's reportory, Indian Edition, page 1423; the capital letters for 'Thuja' is due to emphasis of J. C. Burnett and C. M. Boger, as well as my personal experience. And I like to add further **Mezerium** from Bœricke's Pocket Materia Medica and Repertory, corroborated by my personal experience). With all humility I would best request him to take some more labour with any of these first-grade antidotes.

(b) But we must remember all the same, tha antidotes against cowpox vaccination need not necessarily be sufficiently effective against small-pox (nor antidotes against cowpox or smallpox at all effective against chicken pox).

(c) We must remember further that prophylaxis against natural epidemics and prophylaxis against artificially created diseases are totally different phenomena. During incidence of an epidemic there seems to develop—as already suggested—mass susceptibility to the epidemic, when the susceptibility to dynamic prophylactics in high potencies also is likely to increase.

That is why prophylactics in high potencies can grip the individuals. Whereas in artificially and crudely induced disease e.g. vaccination, the element of natural susceptibility is very little with corresponding little chance of being influenced by dynamic antidotes, used prophylactically.

Apart from all these problems there still remains a vital problem which is difficult to solve at the present stage of

Scientific development. As we have no cent per cent dependable method of ascertaining the genuineness of a homœopathic medicine above the 12th centesimal potency, so we have no authentic method of apprehending whether a prophylactic in high potency has gripped an individual or not. Till now our main source for the estimation of the genuineness of a particular remedy is the effect on the patient so our main or almost only measure of effectivity of the dynamic prophylactic is its ability to protect the particular individual other factors of the case remaining in favour of infection. Here also further progress in sero-biological investigation and electrical reactions (Radiesthesia, Emanometer etc.) are full of promise.

After this review of some of the different aspects of prophylaxis in general, and homœo-prophylaxis in particular—one may get cynic and lose all faith on all methods of prophylaxis. But problems there are, and each of them is very vast and are complicated, still none of them are insoluble. I have humbly tried to suggest some solutions for each of them. In any case, we need not disheartened. As already pointed out, unlike therapeutics, in prophylaxis exact similarity, though desirable, is not absolutely indispensable. Some, at least partial, salutary effect can be expected from any homœopathic prophylactic if it has any amount of similarity with the epidemic. At least one thing must be remembered that if used with only ordinary circumspection a potentised prophylactic is far less likely to cause any harm to the subject. This must be taken as a great advantage of dynamic prophylactics in view of authentic reports of great dangers (acute, chronic and constitutional) after vaccination. I refer here only to one of such reports—"Official answers in the parliament (British) reveal that during the last 20 years more than twice as many children under 2 years of age have been killed by vaccination as have died from smallpox". (Ibid page 5). We should remember further that, countries like Holland, England etc., have given up their fad of compulsory vaccination after giving it full and bitter trial.

It is unfortunate that our authorities are taking up the fad with full enthusiasm when the pioneer countries after mature

experience are rejecting it and our Dr. Pai wants us to follow that stale, outmoded fanaticism. We would rather request our homœopathic brethren to gird up their loins to remedy the shortcomings of homœo-prophylaxis while using it on mass scale instead of running after a havocing fad.

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modified Homœopathic principles of producing a disease in a healthy human in order to prevent a similar disease and high potencies cannot obviously be employed under this principle with certainty.

It is worthwhile to find out whether our remedies excite antibody formation by undertaking the necessary tests before and after the administration of the remedies. Research on these lines would be useful.

It is thus quite clear that until further research establishes the optimum potency and frequency of repetition required to produce definite immunity against every preventible disease it would appear to be safer to follow the present methods of immunisation at least in countries like India where general hygienic conditions are not good and nutrition poor.

—The Indian Jourl. of Homœopathy, Oct. '62-Jan. '63.