

the drug and the patient with a mind not narrowed by prejudice nor overcome by slothful habits shall more nearly arrive at the individuality of the drug and the patient—than he can possibly do by any of the modern methods which so-called scientists have adopted.

Therefore we should not ignore the very important relation that exists between the Homœopathic Materia Medica and Physiology, but at the same we should not allow the relationship to become so great as to blind us to the true and only scientific method of drug-study—symptomatology, the science of semiology.

B. K. S.

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### “WHAT IS HOMOEOPATHY”?

BY DR. JOHN PATERSON, M.B., CH.B., D.P.H. (CAMB.)

I began my talk by telling you of my personal experiences in Nottingham as an apt illustration with which to open the subject of this evening, i.e., “What is Homœopathy?”

The physicians of the dominant school said “You are ill”, while the single physician—the heretic—enquired “How do you *feel*?”

Herein lies the first basic difference between the dominant and the homœopathic schools of medicine in their methods of recognising disease.

The members of the dominant school are taught to identify disease by what one might call the pathological diagnosis. They must find something abnormal in their examination of the patient or by the aid of one or more of the “gadgets” or laboratory tests now available to the modern physician.

A duodenal ulcer is only a duodenal ulcer when it has been demonstrated by an X-ray plate. If there is no

pathological evidence the conclusion is that there is no duodenal ulcer.

Is that the last word in such a case? Very often it is not, and although there is a negative diagnosis by X-ray, the patient may still have that feeling of ill-health. He feels ill.

The homœopathic physician is trained to listen to the patient's description of his symptoms, upon which he places prime importance in his diagnosis and treatment. If one uses the power of observation of the sick person, many finer details of the disease may be noted, and it is on these details that the homœopathic physician makes his diagnosis and recognises the disease.

I would like to emphasise this point as it is the basis of Homœopathy and one of the points which differentiates it from the dominant system of medicine.

As an example let us take a case of acute pneumonia. An ordinary general practitioner is called in and without much delay in questioning the patient, he proceeds to "sound the chest" and discovers that a part of the lung area gives evidence of being solid instead of full of air. From this pathological discovery he makes his diagnosis of the disease—*Pneumonia*. (Acute Lobar). Having made his diagnosis, on this pathological basis, he feels justified in prescribing treatment for the disease.

To the homœopathic physician that is not sufficient. He has got not only to recognise the pathological condition, but also to ascertain the details of the patient's reaction to this disease. Anyone with experience in nursing pneumonias will tell you that it is possible to recognise peculiar reactions of individuals with pneumonia. Go round a ward of pneumonias, all of which are pathologically alike, and observation will show that there are variations in the individual cases.

Note the appearance of the patient's facial expression—  
anxious or resigned, his attitude in bed—passive or restless,  
preferring to lie on one side, the affected or the unaffected

side. Enquire at the nurse as to the patient's desires, thirsty or not thirsty, for small or large quantities of hot or cold liquids.

In a patient suffering from high fever, one would expect a desire for fluid, a thirsty patient, but you would consider it a strange symptom if a patient in a high fever resented fluids—a thirstless fever. These are only a few points by which one may recognise different types of Pneumonia—that is the patient's reaction to the disease.

Here then is one of the basis differences in the recognition of disease.

The dominant school recognises the disease "Pneumonia" by its pathology, by objective symptoms discovered by physical examination of the patient. The homœopathic physician accepting the pathological basis, builds up a clinical picture of the patient's reaction to the disease—subjective symptoms—and so is able to identify varieties of the disease—pneumonia. Is there anything at all in the discoveries of modern medicine which will bear out this clinical variation? Yes, there is, and I shall explain it to you in this way. When I was in practice as Bacteriologist in Nottingham at the Basford Hospital, I used to demonstrate 'the pneumococcus' as the cause of Pneumonia.

Now that is not sufficient, in the light of recent discoveries, I would require to identify not only the type of germ, but also the variety in any particular case, in other words demonstrate "*a pneumococcus*". It is now accepted that there are at least some 30 odd varieties of the pneumococcal germ, distinguishable by laboratory test, so that it can be truly said that there are at least 30 odd kinds of pneumonia.

The homœopathic physician is taught how to recognise the finer variations of disease, he acquires additional knowledge to that based on the common pathology of a disease.

Having recognised the disease, the next job of the physician is to treat the disease and this will depend upon the knowledge of the action of drugs. The student in the

dominant school of medicine is taught something of the action of drugs but the homœopathic physician requires to have a more extensive knowledge and acquaintance with the finer details of their action.

If you study the text books of *Materia Medica* used by the students in the dominant school, you will find that the picture of drug action given there is dependent upon the crude action on animals or on the human being, accidental or suicidal. That is, the *Materia Medica* of the dominant school is based on the pathology of a drug action. Now I am not entering into any discussion as to whether there is benefit to be got from animal experimentation or not. I happen to know, from my experience here, as to the convictions of many Nottingham people, and all I will say at this moment is that Homœopathy is based upon experimentation upon healthy human beings, and that the drug action of the Homœopathic *Materia Medica* is from "provings" on the human subject.

You will appreciate the point that it would be dangerous to give large doses of any drug capable of producing pathological change to healthy human volunteers. In the "proving" of drugs in our Homœopathic School, small doses of a drug are given and each volunteer is asked to keep a daily diary of his sense of well-being or otherwise, and in this way it is possible, from the recorded symptoms, to build up a composite picture of the finer action of any drug. Note that this "proving" is obtained from the patient's subjective symptoms, not from the physical examination of the volunteer by the doctor.

I shall amplify this point by an example in the comparison of a drug picture as presented by two standard text books in *Materia Medica*.

First, one used by the students of the dominant school, *Dilling's Materia Medica* (1948), presents the action of Sulphur in 12 lines of type, with a remark as to its main action as a laxative. That is all the information to be obtained from that source. *Homœo-therapeutics* (Neatby

and Stonham, 1931) is a text book used by students of Homœopathy. Look up the presentation of Sulphur in this text book. There are twelve pages of details concerning the action of this drug—Sulphur—and a concluding summary of 26 leading symptoms which have been produced in the healthy volunteer by the action of Sulphur.

The knowledge acquired by the physician in the dominant school of medicine on the action of drugs is limited to the crude pathology, whereas that of the homœopathic physician is greatly enhanced by the extensive and detailed action of drugs from which it is possible to build a "drug picture" before the crude pathological symptoms develop.

The homœopathic physician is "a specialist" in the action of drugs in the treatment of disease. Each drug has its own distinctive clinical picture.

A little time ago I offered you the disease Pneumonia as an example of the possible variation of a common pathology.

Once again I take this disease—pneumonia—and would refer you to a little booklet edited by my colleague—Dr. Borland of London, and published by the British Homœopathic Association—where you will find a description of at least 22 clinical types of pneumonia, with 22 homœopathic remedies.

If you have followed my arguments so far, I trust you are now aware of two fundamental points which characterises this thing called 'Homœopathy'. It is based upon clinical observations of the finer symptoms of disease, and an extensive knowledge of the action of drugs. So far I have not offered you any theories but facts—facts which can be observed by anyone who takes the trouble to study the sick person, and makes reference to the standard text books on *Materia Medica*. From such a study there could be but one conclusion, that it is possible to match the disease picture in the sick person, with a drug picture in the *Materia Medica*.

If you are prepared to accept this conclusion—based as I have said on actual facts—then you may be prepared to accept the theoretical proposition that “like will cure like” which is the therapeutic law of Homœopathy. If you can match disease with a drug, that drug will have curative action in the treatment of that disease.

That is the answer to the query, “What is Homœopathy.”

As always, I would like to emphasise one very important point at this stage. Homœopathy is the practice of matching drug picture with disease—that and *nothing* else. The question of the size of the dose or method of preparation of the remedy is not the basis of Homœopathy; it is not the smallness but the similarity which characterises Homœopathy.

I trust therefore that my lecture to you this evening will prevent you from taking part in the ignorant criticism of Homœopathy on this question of the “small dose” which fundamentally has nothing to do with the basic principles which I have tried to put before you.

I have no desire to escape from discussing this question of dose, and I should like to put one or two points before you to help you to appreciate the rationale of the small dose.

If you are going to accept this “law of similars” as a therapeutic law in treatment it would be a commonsense action to avoid giving crude doses, capable of producing pathological symptoms, and thus to give doses of such a nature as to avoid unnecessary reaction. You would give smaller and smaller doses until you found what seemed the most efficient, but the least disturbing quantity. That is exactly what Hahnemann, the founder of Homœopathy, did. He mixed, or, as we say, triturated, his remedy with some inert substance—sugar of milk—and experimentally found that he got better results from the smaller the dose.

In his endeavour to obtain the smallest or “optimum dose” he discovered by his clinical observations that curative action was obtained by dilutions in mathematical degrees

which went beyond the possibility of any material quantity of the drug being present—as ascertained by any type of chemical analysis—as known in his day. Since these preparations had power to act as demonstrated in treatment of the sick person, they became known as “potencies.”

I must make open confession to you, that I am not able to give you any scientific proof or description as to the nature of the energy which is present in these potencies, but I can recall for you the statement of the late Sir Oliver Lodge when he addressed a public audience at an International Homœopathic Congress held in London in 1927. He stated that, in his opinion, this method of preparing remedies by the process of “potentising” was one which released energy, something which the scientists had been trying to do for a long time, without much success.

From the success of these “potencies” in the treatment it must be conceded that with the disappearance of the material substance there is an increasing release of energy which has curative power, when applied according to the “law of similars.”

To return to the more material proof of the action of the small dose, I would remind you of the Arndt-Schultz law—a physiological observation—that large doses have the opposite effect from that of small doses on living tissues.

While that may be true in general, it has now been shown that there is another factor which determines the result of a dose, large or small. Only recently, our Faculty of Homœopathy in London had an address from a professor of physiology of Lucknow University, reminding us of certain observations he had made in his experiments which had direct bearing on the practice of Homœopathy. He pointed out that the action of any given dose depended not so much on the size of the dose, but on the state of the actual cell or living body.

In carrying out experiments on strips of frog muscle, it is necessary to keep them bathed in solution which represents the natural juices of the living body. It was found

that any deviation from the normal standard of the solution caused a variation in the action of a small dose. Under the action of the normal solution, the frog muscle did not respond to a small dose of a stimulating remedy, but where there was a deviation in the normal standard of the bathing solution, a small dose was followed by a vigorous response in the frog muscle, and furthermore this response was sustained over a period of time. It did not drop with the withdrawal of the dose.

These observations are in keeping with fundamentals as expressed by Samuel Hahnemann in his "Organon of Rational Healing" upon which the practice is founded. It is a remarkable tribute to the clinical acumen of Hahnemann, that by his observations he concluded that "a sick person was more sensitive to the action of small doses" and that such reaction was sustained over a period of time. Hence the practice of giving a *single* dose and not repeating until the period of reaction has ceased.

The homœopathic physician has to determine by his observations in any particular case, whether after a single dose of medicine that time factor may be every hour, every day, every week, every month, or for all time, this latter being the ideal, complete recovery after but a single dose.

Modern physiology supports the observations of Hahnemann and the practice of Homœopathy on this question of small dose.

What then, one may ask, is the position of Homœopathy in the present day School of Medicine? As I have tried to indicate, Homœopathy is based on an extended knowledge in the recognition and treatment of disease, and the application of a therapeutic law. *It is not a substitute for the knowledge acquired in the dominant school, it is an addition to the knowledge of the Art and Science of General Medicine.*

The homœopathic physician has been taught to rationalise, to reason concerning the interpretation of signs of disease, and the application of his treatment. He must



be prepared to give a reasoned argument for the adoption of his line of treatment.

Almost invariably when I have opportunity of addressing medical students on Homœopathy, I am asked the question, "What is your attitude to the use of Insulin in Diabetes?" They expect to catch me out on this question of dose. They wrongly consider that Homœopathy uses only small doses, and that I might contemplate giving a diabetic an infinitesimal dose of Insulin.

That, of course, is quite irrational from any point of view. What is behind the action of Insulin, what is the rationale of this form of treatment? If, as is the case the pancreatic cells are destroyed and cannot function, the only thing left to do is to appreciate the advances of modern medicine and apply substitutional therapy—to give insulin in doses sufficient to make sure of the metabolism of sugars. The law of similar does not apply, nor does the question of small dose. If, however, the pancreatic cells are not functioning, but still capable of being restored, then the homœopathic physician might be able, from the clinical picture, to prescribe a remedy and prevent the ultimate damage and necessity for the substitution of insulin for the pancreatic secretion. In complete destruction there is but one form of treatment namely *Insulin*.

Now I would consider with you the question of small-pox vaccination, and from my previous experience in lecturing to my St. John's Ambulance class in Nottingham, I am fully aware that there are many who hold very strong views on this subject, and I shall require to be very careful in framing the language of my first statement—that the rationale of small-pox vaccination is based on homœopathic principle. It is one of the earliest examples in this country of the use of a "similar" to create a beneficial reaction, preventative or curative in disease. The product of the similar disease, Cow-pox, is used as a remedy against Small-pox.

Please note that I said the "rationale" of small-pox vaccination is homœopathic, not the practice by the use of calf-lymph.

Nevertheless, I would repeat what I said to that Ambulance class over 30 years ago—that if I were faced with a choice between the risk of contracting small-pox and that of vaccination, I would choose vaccination by calf-lymph, with all its risks, because I believe that it can produce a degree of immunity to the disease, small-pox.

Now if you offered me a choice between calf-lymph vaccination by inoculation through the skin, and a dose given by the mouth of Variolinum, I should choose the latter. Variolinum is a "potentised" preparation made from the small-pox virus. I consider it offers as much protection as vaccination, and is not attended by the dangers of inoculation of calf-lymph.

Vaccine-therapy has often been put forward as an example of homœopathic principle, and relative to that it is worth noting that in the dominant school, the use of vaccine-therapy in treatment has been given up, owing to lack of success in practice. In contrast to this evidence of failure, considerable success is claimed for the prophylactic (preventative) use of vaccines in the production of immunity against certain diseases.

As an example, I would mention the propaganda put out by the Public Authorities for the practice of immunisation of children against Diphtheria.

Once again, one finds in this modern practice the basic principle—the use of a modified and small dose of the toxin from the *B. Diphtheriæ* to cause a beneficial reaction in the child, and the production of a degree of immunity to the disease.

The principle may be homœopathic but the modern practice by inoculation is not without certain risks. The homœopathic school has at hand a potentised preparation of the toxin, called "Diphtherinum" and there is experimental evidence which was collected during the war at our

Homœopathic Hospital for Children in Glasgow, to show that a degree of immunity can be obtained by the oral administration of "Diphtherinum".

The homœopathic school is the only one which claims success in the use of vaccine products in *the treatment*, as well as in the prevention of disease.

As a last example of this let me turn to the prevention and treatment of Tuberculosis. Considerable attention has been given in the Public Press to the introduction of preventive inoculation against Tuberculosis by the use of a vaccine called B.C.G. What is this substance? It is prepared from an actual culture, of the tubercle bacillus, grown in the laboratory, modified and reduced to very minimal doses for injection. The idea is to stimulate a mild reaction resulting in the production of a degree of immunity against tuberculosis. Unfortunately, in the earlier experiments the results were so disastrous as to ban its use for a considerable number of years, but now after further careful experiment it is being tried out in various countries and an attempt to introduce it into this country is afoot.

The homœopathic school is rather interested in this return to favour by the dominant school of the use of a vaccine in the prevention of tuberculosis, because it is historic fact that a Dr. Compton-Burnett, a homœopathic physician, prepared a potentised remedy, which he called *Bacillinum*, from tubercular diseased tissues some 5 years before Koch discovered the tubercle bacillus, and made his first vaccine. As to dosage, it is recorded that from his clinical experience he advised that nothing lower in dosage than the 30th centesimal potency should be used, because of the risk of severe aggravation. With many of my colleagues, I believe that a great deal could be done by the rational use of "Bacillinum" according to homœopathic practice in the eradication of tuberculosis, and accordingly we give this to children at a very early age in doses devoid of danger and productive of a degree of immunity.

Time is short, but I cannot conclude this address without making some reference to the attitude of the homœopathic physician to the use of the so-called 'anti-biotics'. There is much I would like to say to you on the subject of the Sulpha-drugs but I shall limit my remarks to the general term of "Anti-biotics".

The term is self explanatory—"anti-biotic"—against life, and indicates the rationale behind the treatment of disease by the use of these substances. The main object is to lead an attack against the offending organism. It would seem that the physician of to-day is more concerned with the killing of a germ, than in the curing of a patient. In theory he must concentrate upon the germ; he must find out the particular type, and by laboratory test discover to which of the anti-biotic remedies the organism is sensitive. In the killing of a germ he is required to "individualise" which is in striking contrast to the homœopathic physician's individualising of the disease in the patient in order to cure.

Sir Arthur Fleming, the discoverer of penicillin, has said this concerning the rationale of the anti-biotics—"it has one great advantage, if you are out to kill a germ, one cannot use too large a dose".

That may be true, but there are certain consequences in the use of large doses, to patient and germ.

I wonder if any of you happened to listen to a B.B.C. broadcast recently on the experimental work which has been carried out to eliminate the dangers of disease from the 'tropical flies' in man and beast? If you did, you must have heard about "the skeleton in the cupboard", how, when progress seemed certain with a new drug, the question of dose cropped up, and it was found that to kill the germ, a very large dose had to be given, but this caused harm to the man or beast and so it had to be discarded. The dangers of too big a dose is always before the experimenter in the use of anti-biotics. If consideration is given to the host by reduction of dose, another danger becomes

apparent—that if the organism is able to survive the smaller dose of anti-biotic, it develops an immunity and becomes resistant to the attacking drug. That is in strict accord with the basic principle of immunity therapy as practised in the prevention and treatment of disease in the human, but no longer is it desired to cure; the object is to kill the germ.

If the object is achieved—that of killing the germ—there is a further possible danger from the use of antibiotics, namely that the patient's body cells are not called upon to put up any defence and thus no immunity is developed against any future attack by the germ.

It must be freely admitted that there are circumstances in which it may be necessary to use "anti-biotic" remedies to save life, but in so doing the physician must be rational and fully appreciate what he is doing, that he is out to kill a germ and lessen the force of the attack, but he must also remember that it is his duty to assist the weakened resistance of the patient, by appropriate treatment, to return to normal functioning, that is, to assist the return to health.

There is evidence to demonstrate that the homœopathic remedy acts as a "biotic"—that it is capable of stimulating the diseased body cell and restoring normal function.

The homœopathic attitude to the use of anti-biotic drugs should be apparent to you from the facts I have just put before you. The homœopathic physician considers it his prime duty to do all he can to assist the vital force in its struggle to overcome disease—and this he does by the administration of a homœopathic remedy which has the power to stimulate the living processes—homœopathic remedies act as "biotic" remedies.

—*Homœopathy, Jan., Feby., and March, 1952.*