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EDITORIAL

THE REAL SIGNIFICANCE OF CHRONIC DISEASES

Hahnemann was an out and out scientist. He always kept himself to the plane of phenomena, actually and correctly observed by him. All his inductions, deductions and generalisations were based on observed facts. He never started with pre-conceived notions and ideals. True to the spirit of the "New Philosophy" of the 17th century Hahnemann sought to deal with those ideas or concepts which arose from controlled experiments or observations and in turn led to further experiments and observations. He regarded science as a series of interconnected conceptual schemes which arose originally from experimentation or careful observation and were fruitful of new experiments or observations. According to him the test of a new concept is not only the economy and simplicity with which it can accommodate the then known observations but its fruitfulness. He studied the nature of chronic diseases not with a view to acquire more knowledge about the essential nature and functioning of the Life-principle but for the sole purpose of finding a better way for treating and curing these cases. To him the concepts of Psora, syphilis and sycosis and their respective miasms—were sufficient for the discovery of such a desired method of effectively treating

those cases. But as the facts accumulated there grew a necessity for evolving other sets of concepts which would be adequate and relevant for the category of life. His observations ratiocinations and logical inferences led him to accept the existence of an entity like Life-principle; but as it turned out to be an immaterial, imperceptible substance (not falling under the category of matter which is perceptible to our senses) his intensely realistic mind dared not advance farther lest it might land him in the domain of unreal, imaginative speculations. But there he made a cardinal mistake. Medicine may be, primarily an art, an art of healing; but if it is attempted to build a rational art of healing it must be founded on true principles which have their roots not only in matter but in life and mind as well. Our 'Organism' is an apparently indivisible triune whole of body, life and mind. We cannot make a complete study of one aspect only—ignoring the rest; this, in the long run, is always found to be incomplete and misleading. The complete study of the 'phenomenon' is impossible without a corresponding study of the 'noumenon'. Hahnemann wanted to make a scientific study of diseases and drug-actions and therapeutics—without attempting or ignoring the scientific study of life and mind. May be, the proper study of mind and life may require techniques and concepts totally different from those applied to the study of matter. But that is no ground for leaving those out of our considerations. Science and scientific attitude of mind do not bind ourselves to a particular technique or a particular set of concepts. On the other hand science advances not by the accumulation of new facts (a process which may even conceivably retard scientific progress) but by the continuous development of newer and more fruitful concepts.

Let us attempt to make a critical estimate of Hahnemann's concepts underlying his study of chronic diseases. He observed that the diseased processes might be classified into two broad divisions *viz.*, acute and chronic. The acute cases lead to either recovery or death; while the chronic

cases lead no-where except life-long suffering unless they are counteracted by application of medicines discovered by Hahnemann. By the time Hahnemann talked of acute and chronic diseases he came to form a clearer and more definite conception of the Life-principle as having a substantial entitative existence though belonging to an order of existence different from that of matter. It is the force of the Life-substance which animates the body, keeps the different parts of the body in a harmonious functioning order, preserves the body from death, disintegration and decay and automatically reacts with an attempt at repair, against any inimical factor threatening the integrated existence of body, life and mind etc. Disease *per se* consists in the disorderly functioning of the Life-force of the Life-substance—preceding and co-existing and ultimating in structural changes of the material parts of the organism. Thus in acute diseases, the life-force, though disordered to a great extent or even to the point of extinction still retains an inherent capacity to set itself right with or without medicinal help; whereas, in chronic diseases, the life-force of the life-substance, though altered in an insidious way, gets deranged in a somewhat peculiar manner so that it seems to lose that inherent property of self-adjustment. This was the problem which Hahnemann set for himself to solve. In acute cases, the life-force is changed but that is a more superficial change compared to what happen in chronic cases. Here we may note also Hahnemann's conception of 'Infection' which he developed later (as is evident from his writings in a long foot-note to the sec. 11 of the sixth edition of *Organon*.) We discussed the subject in our earlier publications to which we refer our readers to refresh their memories. We would, here, try to explain the matter with help of an example from physical science. Every student of physics is aware of 'induced' magnets and 'permanent' magnets. Any soft iron-rod behaves as a magnet (*i.e.* exhibits the general properties of a magnetised body) so long as it placed and kept in front of a permanent

magnet. But it loses its magnetic properties as soon as the inducing magnetic piece is withdrawn. But if that piece of soft iron-rod is permanently magnetised by a magnet (stroking across it in a particular manner) it retains its magnetic properties even when the other magnet is withdrawn from its presence. This shows a more or less permanent change in the configuration of the molecules of that piece of soft iron-rod, has taken place and it requires a special process to demagnetise it. Might it not be an analogous case with acute and chronic infection?

With the passing of years and growth in experience Hahnemann came upon to regard man more as an organism than as a machine. A machine is composed of many parts, originally separate. Once these parts are put together, its manifoldness becomes unity. Like the human individual, it is assembled for a specific purpose. Like him, it is both simple and complex. But it is primarily complex and secondarily simple. On the contrary, man is primarily simple and secondarily complex. He originates from a single cell. His growth means multiplication and self-differentiation of the primitive cell to form diverse tissues and organs. Thus an organism is not artificially made, but grows—not put together by the force from the outside, but evolved by a single power working from within—a self-evolving, self-realising unity. The plan or idea contained in the evolving force from the beginning, manifests itself as the energy of Life—the unifying and controlling power of the whole over the parts—differentiating and co-ordinating the parts and making them co-operate together for its own more perfect realisation. The parts derive their form and function from the whole; and the whole makes itself to be what it is by evolving and sustaining the parts as its organs. In other words, the evolving power reacts from the whole upon the parts, making them subservient to its own plan or idea and thus raises itself into being the life of the organism. Therefore, the life is both the beginning and resultant of the organism. It is its beginning because

it is the power which evolves it from the primordial cell onwards. It is the resultant, because the organism is the system of means by which it completes and perfects itself and makes itself to be concrete life. As there is a central life-mechanism corresponding to the whole, there is life in the parts, tissues or organs and there is life in every cells. Life is a scale of energy forming a sort of hierarchy from cell-life to collective or central life. Disease is disorder in any plane—material, vital or mental—as a whole or as a part constituting or conforming to the whole. In acute diseases, the disorder starts from a lower scale of life in the tissues or organs and this disorder acts on the whole or central life ; here the disease process is the resultant of the action of the part and the reaction of the whole to it. Here the disease-process seems to start from outside to within or in the ascending order in the hierarchy of life. The central life-mechanism is disturbed eventually but the change is of more a superficial nature analogous somewhat to the condition of "induced magnetism". Whereas in chronic cases, the whole or central life is attacked and disturbed first by some morbidic agent of a miasmatic nature ; this central disturbance leads to disturbance in the life of tissues, organs or cells. Here the disease process seems to start from within outwards or in the descending order in the hierarchy of life. That is why, in chronic diseases, constitutional symptoms (i.e., symptoms indicative of the disturbance of the central life-mechanism) are more marked ; whereas in acute cases, the structural and functional changes of the tissues and organs overshadow the constitutional symptoms. Herein we get a clue for evaluation of symptoms in case-taking to treat a patient homœopathically. Hahnemann's description of symptoms corresponding to what he calls as Latent psora, secondary psora and tertiary psora, becomes intelligible if we bear in mind the course of evolution of the disease-process from the centre to the periphery or from the whole to the parts. At first we find the disturbance located in the central life-

mechanism, which is manifested through perceptible sensorial and functional changes of the body as a whole; here nosology fails to be applied as the symptoms do not refer to any particular organ or tissue; and the man, though showing deviation from the perfectly healthy state, is not termed as specifically diseased. This is the stage of Latent Psora. In course of time the disharmony of the whole or central life is reflected on to the disharmony of life in the tissues or organs; and the disorder is manifested more on the functional plane related to tissues or organs. This is the stage of secondary psora—when the disease is predominantly functional in nature without proportionately structural changes in the tissues and organs. This is followed by the tertiary stage of Psora where the gross structural changes in the tissues or organs appear—the domain of pathology proper and nosology. Central functional changes—functional changes of individual tissues or organs—gross anatomico-pathological changes of individual tissues organs; this seems to be the order of progression in chronic diseases. Here the disease process starts in a simple way and ultimately develops into multilateral directions according as different tissues or organs (though originating from a primordial cell) are affected simultaneously or successively in course of time. Hahnemann contends that the miasms responsible for psora, syphilis and sycosis are of such a nature as they attack the central life-force at the outset and the primary derangement of the central life-force thus produced, makes the organism susceptible to many other agents to develop functional and structural changes in individual tissues or organs—thus providing occasions for diverse naming or labelling of diseased conditions corresponding to diverse tissues or organs damaged. So in chronic cases, the central life force is primarily disturbed from within (notwithstanding the cause being exogenous) similar to the condition of a permanently magnetised piece of soft iron-rod. Hahnemann further maintains that there are three fundamental ways

in which the central life-force may be deranged—psoric, syphilitic and sycotic; and there are three specific miasms corresponding to each of them.

The idea delineated above is corroborated by Hahnemann himself in Section 72 of *organon* (Sixth Edition) wherein he describes acute and chronic diseases as follow: "The diseases to which man is liable are either rapid morbid processes of the abnormally deranged vital force, which have a tendency to finish their course more or less quickly, but always in a moderate time—these are termed *acute diseases*; or

they are diseases of such character that, with small, often imperceptible beginnings, dynamically derange the living organism, each in its own peculiar manner, and cause it gradually to deviate from the healthy condition, in such a way that the automatic life-energy, called vital force, whose office is to preserve the health, only opposes to them at the commencement and during their progress imperfect, unsuitable, useless resistance, but is unable of itself to extinguish them, but must helplessly suffer (them to spread and) itself to be ever more and more abnormally deranged, until at length the organism is destroyed; these are termed *chronic diseases*.

Thus we see the difference in the evolution of symptoms in acute and chronic diseases. It is the difference in the mode of development of symptom that distinguishes an acute case from a chronic one. This difference cannot be explained unless we assume the existence of the central life-mechanism and the life-mechanism in every tissue-cell. In other words, in acute diseases it is the tissue-cells which are deranged first (of course through their cell-life) and the life-force inherent in each tissue-cell reacts on the central life-mechanism; whereas in chronic cases the central life-mechanism is affected first and the tissue-cell affections follow later. It is difficult to distinguish an acute case from a chronic one when full pathology is established in either case—but here the history of the case,

anamnesis as it is called, will put us into the right track.

We, also find corroboration of these ideas in the ancient Indian Ayurvedic system of Medicine. According to the Ayurvedic text-books *e.g.*, Charak and Sushruta Sanhitas, there are two modes or forms in which the causes of disease may exist in relation to diseased-conditions. *E.G.*

(1) In "Nija" or "Samanyaja" form (endogenous) the extrinsic cause first sets up abnormality of Dhatu-equilibrium (Vayu, Pitta and Kapha) which results in the painful condition called disease.

(2) In the Agantuja form (exogenous) the painful condition is first produced and is followed later by the manifestation of abnormal Dhatu-equilibrium. Injury, poisoning, parasitic germs, etc., come under the latter heading.

Though diseases are first classified as Nija and Agantuja, yet after disease is manifested, they are similar in their clinical manifestations; for unless Agantu causes set up abnormality in Dhatu-equilibrium, the disease cannot have any real or continued existence. It is not every injury (even though painful for the time) that produces disease; some may be quite ephemeral and pass off without eventuating any disease; it is only when body conditions are such that the Agantu cause actually produces the manifestations of the Dhatu-morbidity that it can be spoken of as being the cause of disease. Hence it follows that abnormality of Dhatu-equilibrium is the essential feature of both Nija and Agantuja diseases.

Thus we find that Hahnemann re-discovered the truth which was long known in ancient India. Herein we also find explanation of the fact as to why the recent discoveries of so-called wonder-drugs of modern medicine, though efficacious in many acute diseases, fail to radically cure the chronic ones. In acute cases, where the central life-mechanism is not primarily affected, these drugs serve to remove the obstacles to recovery (to talk in Hahnemannian language) and indirectly give the central life-force a chance to re-adjust itself to the original normal condition.

So the treatment with these drugs are at best indirect medications more against the offending morbidic agents than against the diseased-conditions of the human organism. This procedure is fraught with dangers and uncertainties as the specific reactions of the human organism to these drugs cannot be predicted beforehand. These chemotherapeutic and antibiotic measures seem to be of great help in certain cases but they have certainly complicated matters which the allopathic physicians are slowly but surely on the way to realisation much at the cost of the patients.

This plane of central life-mechanism is the dynamic plane according to Hahnemannian terminology. This is the plane of sensations and functions relating to gross material body as well as of thinking, willing, feeling, desires and aversions (though, according to correct psychological ideas these are a mixture of mental and vital phenomena as they appear in the surface being). As disease is nothing but altered life—it, in its primary condition and intimate nature, is also dynamic; it precedes, underlies, evolves, determines, embraces, transcends and rules the anatomical state. So disease in its primary condition, consists of altered ideas, emotions, feelings and physical sensations. These are things which we cannot measure by our most sensitive balances invented as yet; measure by our finest scales; split up by our crucibles; or describe in any terms save those which are peculiar to themselves, and which we cannot analyse. These symptoms are often disregarded and set aside; and the patient whose story of disease is made of them, is thought fanciful, hypochondriacal, hysterical, nervous or unreal; because, after we make him undergo any physical examination, a clean bill of health is granted to him because of absence of any visible or demonstrable change in the structure of his tissues or organs. At this stage he is supposed to be suffering from no disease as the condition may not yet admit of being labelled with a particular name from the stock of nosology.

Still he is miserable, in spite of placebo and assurance that there is nothing organically wrong! Somehow he feels below par—a feeling which cannot be measured with mathematical exactitude and with all the technique (employed in relation to the physical sciences) that are at our disposal. So these deviations from health are disregarded and with them those warnings which come to him from the very centre of his life. But do we not observe that these apparently trivial deviations from health often lead to some terrible catastrophe? Do we not see minds gradually breaking down while we say there is no organic change in the brain? Hearts suddenly ceasing to do their work, when after careful auscultation and reading of the electro-cardiographs we have said there is nought to fear? Suicide or sudden death sometimes disturbs the calm surface of our scientific prognosis of no danger! We may be started, and may then see all that we ought to have seen before. But if the upsurging waves that such unforeseen events have occasioned on that smooth-surface subside, we go on as we have already done, and still pay but little attention to what the patient feels, and delight ourselves in the precision of our knowledge with regard to physical conditions of which he may know nothing and may care still less. But Hahnemann draws our attention to the subtle fact that the structural change is not the disease, it is not co-extensive with disease; and even in those cases where the alliance appears the closest, the statical or anatomical alteration is but one of other effects of physiological forces, which acting under unphysiological conditions, constitute by this new departure the essential and true disease. That is why Sir Andrew Clark spoke in his presidential address at the Clinical Society of London in 1883:

“Disease may consist of mere changes in the relations of parts, of re-arrangement of atomic groupings, of recurring cycles of vicious chemical substitutions and exchanges, of new conditions in the evolution and distribution of nerve-force; and any or all of them may be invisible to

the eye, inseparable from life and undiscernible in death. Undoubtedly the appearance of a structural alteration in the course of disease introduces a new order of events, sets in action new combinations of forces and creates disturbances which must be reckoned with, even as mechanical accidents of the pathological processes. But always behind the statical lies the dynamic condition; underneath the structural forms are the active changes which give them birth and stretching far beyond the limits of pathological anatomy, and pervaded by the actions and interactions of multitudinous forces, there is a region teeming with manifold forms of disease unconnected with structural change and demanding the investigation which it would abundantly reward. It is in this mysterious and fertile region of *dynamic pathogenesis* that we come face to face with the primitive manifestations of disease, and learn how much knowledge from all sources is needed to understand it aright; it is here that we see how, without help from physics, chemistry and biology, collecting, converging and meeting in a common light, no single problem in disease can be completely solved; it is here that we are made to comprehend how the nature of a pathological product cannot be determined by its structural character, but by the life-history of the processes of which it is only a partial expression; it is here that we observe how, in therapeutic experiments, the laws of the race are conditioned and even traversed by the laws of the individual; and it is here that we discover how *clinical medicine* is to become a science, and how she is already, beyond all question, at once the mother and the mistress of all the medical arts." (*Vide*, Hughes' Principles and Practice of Homœopathy).

It is a mystery and a thousand-fold pity how some distinguished so-called 'Allopaths' came so near to the Homœopathic truth but guided by a mysterious and inscrutable Divine plan retraced their path and lost themselves in a jungle of facts which they could neither interpret properly nor correlate and integrate successfully.

Hahnemann's genius and intuition led him to discover this mysterious dynamical plane, the seat of health and disease—the two conditions which baffle all analysis and defy all attempts at naming and classifying. But, any way, a name has got to be given for this original diseased-condition for expressing and communicating our ideas and Hahnemann, according to the usage of his days, picked up the term "Psora" and used it with a special connotation and denotation to which we devoted so much time and so many pages in our journal.

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HOMŒOPATHY

FROM THE PATIENT'S POINT OF VIEW

The therapeutics of Homœopathy is of little concern to the patient, and it is well that this should be so. The practice of medicine is too intricate a science for the amateur, and the consequences of error may be so serious that it is always better for the patient to be the patient and to leave doctoring to the doctor; that is, of course, provided he is a properly qualified physician.

Even so, however, a patient may quite reasonably inquire into the difference between the homœopathic and orthodox systems of treatment.

These differences are discussed in great detail in many publications: most patients have neither the desire, nor possibly the knowledge, to make a proper appraisal of each individual point, yet may naturally want to know what are the main differences between the two systems.

One of the main differences is that orthodox medical practitioners aim at identifying the disease by which the patient is affected, and then applying the prescribed treatment for the particular malady.