

As well as this difference in the preparation of homœopathic remedies, the method of recording the effects of provings is also different from that of the orthodox materia medica, in that the patient's own words are used. You will appreciate that this is most helpful because you are then able accurately to compare the patient's own words with those of a prover, which would not be so if the provings were translated into technical medical language.

(To be continued).

LIVING PATHOLOGY

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The introduction of a foreign substance into the living body invariably induces a reaction or response on the part of the cells and tissues of the individual, whether plant or animal.

This reaction is in almost every instance both rapid and widespread, involving not merely the port of entrance and its immediate environment but the tissues of the body as a whole.

An example of the widespread nature of cell sensitization—one form of reaction—is the effect produced by a primary tuberculous infection on cells as remote from the portal of entry of the foreign agent as those situated in the skin. The evidence of the alteration of sensitivity of these cells is the positive reaction obtained by the injection of a minute dose of tuberculous antigen intradermally.

Various exogenous agencies may gain entrance to the body: should the entrant be a hostile agent, bacterial, chemical, or other, the result will be a toxic reaction—a reaction accompanied by a greater or lesser degree of damage to tissue cells and disturbance of function.

The nature and extent of this reaction and response is of far greater import than the identity of the agent which

gives rise to it. On the nature and degree of the reaction depends the health, even the life, of the individual.

It is worthy of note that the same causal *agent* may produce widely differing responses in different individuals, or, perhaps, in some no pathological reaction at all.

Conversely, quite similar reaction effects, or symptom complexes, may be produced by *several different casual agents*. It is becoming increasingly clear that many fairly well-defined "diseases" such as diabetes mellitus, disseminated sclerosis, hyperthyroidism, to mention but a few, may be induced by a variety of casual factors which, despite their disparity, or apparent disparity, of origin, bring about a similar type of response in the cells and tissues of a susceptible individual.

The host-parasite relationship is one of fine balance between the antigenic action of the parasite and the vital reaction of the host's cells and tissue fluids. The health of the individual depends on the maintenance of this balance and in this connection the efficient reactivity of the tissues of the host is of primary significance. The identification of the pathogen present is probably of quite secondary importance and, indeed, only too often is a matter of great difficulty owing to its diversity and elusive nature. A pathogen may be found to be present but it is often a matter of uncertainty as whether it is the actual causal agent or merely a casual onlooker as it were. In a recent address on influenza virus research the distinguished professor early in his discourse was at pains to point out that recent researches "have gradually led to the recognition that the ætiological agent of influenza is no a single virus but rather a large group of viruses of great complexity and diversity", and again, that "even within each major type wide variations of infectivity behaviour are encountered". And a few years back we were happily handing out Pfeiffer's bacillus (*Hæmophilus influenzae*) to our examiners as the accepted casual agent in influenza!

It is indeed becoming more and more apparent that what should be our chief concern is the nature and extent of the reaction in the cells and tissues of the body as a whole: for it is these changes and alterations in reactivity, possibly without any observable alteration in structure, that constitute the basal pathology responsible for the body's state of disease, distress, and disability.

PART OR WHOLE

Unfortunately many laboratory tests and pathological investigations only afford information on isolated bits and samples of morbid material. In the academic thrill of finding some abnormal state of blood, urine, marrow, C.S.F., or other tissue sample, attention may easily be diverted from the vital question as to "what is going on, and possibly, going wrong", in the body as a whole—the whole sum of morbidity that constitutes the sick state of the individual.

When such "findings" are post-mortem, as is often the case, they are obviously of meagre value as a guide to accurate therapy in life. Moreover, many of the isolated items of laboratory findings, even during life, are on tissues removed from the body or obtained under other-than-natural circumstances: if interpreted out of context with the mass of other information that would be needed for an overall pathological picture they may even mislead the unwary and suggest a line of treatment that, if followed, would lead to further metabolic imbalance and disturbance of vital function.

Again, many of these findings only afford information about the end results of the deep-seated and widespread pathological changes that constitute the basal sick state of the ill person. Treatment aimed at or based on these isolated fragments of morbidity is, in the very nature of the case, likely to be unsatisfactory and inadequate; it may even be harmful as tending to further metabolic upset.

We read, for instance, that Cortisone alleviates the subjective symptoms in a number of diseases. We also read

that in some cases its introduction into the body increases the liability of the tissues to infection, that it appears to interfere with the normal healthy activity of the adrenal cortex, that its continued employment may be responsible for a long list of undesirable "side-effects" (toxic reactions), and finally that in many diseases, when its use is discontinued, the symptoms recur. Quite obviously, therefore, in this particular instance the exhibition of the drug, its introduction into the body, has failed to reach or alter in the direction of cure the basal sick state responsible for the illness. Indeed in some cases by its use, especially if prolonged, a further disturbance of vital function may have been induced that is of quite questionable advantage to the dosee.

VITAL REACTION

There is, undoubtedly, inherent in all living tissues the capacity to maintain life and defend that life against the harmful effects of hostile agents. The introduction of a toxic agent into the body stirs up this defensive reactivity. If the reaction is adequate, no damage, or at least only transient damage, is done. If, however, the reaction is inadequate from one cause or another then a sick state of the body will be induced and become apparent sooner or later in the shape of symptoms of which the sick person is aware. These symptoms are evidence of something wrong; they constitute "the outward and visible, or observable, sign of an inward metabolic disturbance". In the absence of any more satisfactory means of detecting early and occult tissue changes these symptoms may assume a very poignant therapeutic significance.

INDICATOR OF BASAL SICK STATE

Symptoms in their entirety provide more than a symptom-complex to which can be appended a diagnostic label. They are the manifestation of, and an indicator pointing to, the deviation from normal function that is causing the

sick state of the body. The actual changes associated with this early deviation may be extremely difficult of detection: they may be, probably often are, changes in electrophysical or paraphysical potentials, changes in enzyme activity, changes in vibratory wave-force, changes in a sphere as yet poorly understood, the sphere of the invisible or non-visualizable.

Yet it is just these early changes, this initial and basal pathology of the living tissues, that should constitute the target at which adequate therapeutic measures should be aimed.

It is here that the symptoms of the sick person in their minute peculiarities and in their individual and personal character may prove a reliable guide to treatment, for do they not provide an indicator of the way in which the body of the sick person is reacting? The total symptoms studied in detail and in relation to the whole personality and background of the patient can afford an indicator of morbidity that is specific, individual and of immense value as a guide to accurate therapeutic aim.

AIM OF TREATMENT

What should be the primary aim of all adequate therapy? Undoubtedly to assist the normal defence reactions of the body, to co-operate with nature, not to coerce nature and, possibly, interfere with vital function at the same time, certainly not to merely control symptoms at the risk of inducing fresh tissue damage and further disturbance of metabolic balance.

The cells and tissues of the body are delicate and easily damaged; the finely poised balance of vital function, endocrine, autonomic, biochemical, biophysical, is readily disturbed. Drug therapy is always accompanied by the risk of drug toxicity, by the unpleasant possibility that in obtaining relief from symptoms, often only temporary relief, the underlying basal sick state may be left unchanged or

may even be aggravated. Never, perhaps, was this more the case than at the present time when the drug market is being constantly flooded with a deluge of new remedies, for the most part synthetically prepared and often of very questionable character both as to efficiency and harmlessness. This is a state of affairs fraught with much frustration and perplexity for the physician and also with serious menace to the sick.

SIMILAR REMEDY

The principle of immunology is generally accepted today—viz. that (a) if a toxic bacterial substance is introduced into the living body it will excite a reaction in the cells and tissues of that body which is defensive and detoxicative in character; that (b) if this reaction is inadequate a state of illness of greater or lesser severity will ensue; that (c) it may be possible so to aid and boost this defensive reaction by the administration of very small and very attenuated doses of the same toxic agent that the body either will not become ill or will cure itself of the sick state induced by that agent. In other words, what, under some circumstances may be a toxic and disease-producing agency may by reason of alteration in attenuation and in carefully controlled dosage become a successful therapeutic agent for the prevention or cure of disease.

SAMUEL HAHNEMANN

Over 150 years ago Hahnemann, a young, keen, scholarly physician in Germany invoked this same principle. After several years of patient reading and study, covering the medical literature available at the time in many languages, associated with prolonged and meticulously careful experiment, he postulated the theory that disease might be cured by the exhibition of drugs that would cause similar symptoms in healthy persons. He applied the principle to the whole field of disease and morbidity.

He suggested in effect that :

(a) Disease was due to the presence in the living body of morbid or hostile agencies: he called them miasms: we call them toxins.

(b) The state of illness so produced could only be cured by the reaction of the body itself.

(c) The sick state was one affecting the body as a whole rather than the isolated part or organ.

(d) The sound and sensible way to assist the body in its efforts to cure itself was to provide it with a specific vital stimulus or, as we would say, to "boost" the body's natural defences.

(e) That this could best be done, perhaps only be done, by applying the "Law of Similars", or, as we would say, by applying the principle of immunology—namely, that what a toxic agent could cause, that same agent, in suitable form and dosage, could also cure.

This is a physiologically reasonable hypothesis. The introduction of a drug or other foreign agent into the body induces a tissue reaction and response: this reaction carried to a certain degree will produce symptoms as the result of altered cell activity and disturbed function: this alternation in tissue activity can be corrected and the disturbance of function can be reversed, provided that the changes have not proceeded too far, by the *enhanced reactive capacity* of the body itself.

The one agent ideally suited for this enhancing stimulus, or boosting effect, is the *same agent* as can cause those symptoms, administered in attenuated form and in carefully controlled dosage. This therapeutic agent, as it has now become, will provide a stimulus of such similarity as to facilitate the defence reaction of the body and aid it in its effort towards cure. Modern research in plant and animal physiology has demonstrated again and again that a variation in stimulus can produce exactly opposite effects, facilitation in place of inhibition, hyposecretion alternating with hypersecretion.

Hahnemann in his penetrative wisdom and intuition forestalled the findings of present day research. He said in effect that the body became sick because its defence forces were fighting a losing battle, and he applied the principle of immunology—the law of similars—to cover the whole range of drugs and substances available for medicinal purposes.

The efficacy of the Similar Remedy skilfully selected and wisely administered has been proved abundantly by 150 odd years of clinical experience. This is not surprising as the treatment is aimed at correcting the basal sick state responsible for the patient's symptoms. It is concerned primarily with living pathology, the disturbed state of the body metabolism as a whole, rather than with isolated "findings" provided by laboratory or post-mortem room. These latter are welcomed when relevant, and by no means despised or discounted.

In the matter, however, of specific guidance in therapy Homœopathy depends mainly on the symptom picture presented by the sick individual, believing this to be, when properly interpreted, a trustworthy indicator of the underlying pathological changes responsible for the sick state. With this guidance the homœopathic physician then seeks for and administers the Similar Remedy that is the remedy that shows a similar symptom picture in the homœopathic *Materia Medica*, compiled by drug provings on healthy persons over a large number of years.

Such, then, is the philosophy of Homœopathy: its art consists in the application of its principles and covers a wide range of practical detail beyond the scope of this short article.

—*The British Homœopathic Journal, Jan., 1952.*