

## OUR STRENGTH & WEAKNESS

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In the last fifty years, intensive and extensive researches in the medical science have brought before us many problems and I am afraid the practitioners of the Homœopathic system have not made any appreciable attempt to solve them. The Old Allopathic System has undergone a complete transformation. As a result of research and investigation it has acquired new powers in the form of various improved drugs and methods for the control of diseases. In Hahnemann's time, however, and for many years after him homœopathy not only held its own but also showed its therapeutical superiority in all cases of diseases against the competition of the Old School. The Allopaths were practically helpless against the ravages of infectious diseases like Typhoid, Typhus, Scarletina, Small-Pox, Influenza etc. On the other hand, so far as the degenerative diseases of the system are concerned, it is needless to comment on the worthlessness of their medical measures. Out of this slough of despair and cheerless condition they have, since the beginning of this century, made a considerable progress in coping successfully with the infectious fevers, though not so with the degenerative processes of the body.

There is no good denying the fact that people to-day generally seek allopathic doctors and treatment for the quick relief of their acute troubles. So far as the treatment of infectious diseases is concerned, homœopathic physicians to-day suffer from a sense of frustration, for very often patients pass out of their hands to allopaths without allowing them the little time and chance to prove the greater efficacy of the potentised remedy in the control of the said infectious diseases. As a consequence we homœopaths also have begun to think lightly of the homœopathic treatment of acute infectious diseases.

For this state of things the patients alone are not to blame. We must ponder whether we ourselves are responsible for it. I shall not speak of the laity and their credulity. I shall here mention the general impression among the great majority of homœopathic practitioners that homœopathic medicines are not effective enough to control fevers like Kala-zar, Black-water Fever, acute malarial infections of severe character, etc.

Let me first state facts as they are and I propose to comment on them later. Modern medical science has investigated the causes of diseases, especially acute infections of various kinds. Although Hahnemann himself told the world that all diseases were of parasitic and micro-organismic origin, yet it was left for the later research-workers to find out their essential nature, shape, constitution, habit and movement and their causal relationship to diseases. The findings were elaborated and worked out by the modern medical men with a view to preventing and treating infectious diseases. Thus bacteriology has made things easier for the allopaths and now with the discovery of many anti-bacterial specifics they are able to tackle their patients more successfully than before.

Now-a-days almost every one knows that all acute infections are due to the infiltration of some bacteria or virus. Before this knowledge was gained and spread, people never cared for the causal relation of the disease and would not run for laboratory tests. They readily submitted themselves to homœopathic treatment, believing that the infinitesimal doses of homœopathic remedy might in some inscrutable way cure the patient. But the scene has changed. With the advent of the Microscope, X'ray machine and other spectacular laboratory instruments, any one can see the micro-organisms and their destructive activities. In the face of such observed facts it is really hard for the lay public not to be fascinated by the appeal of the allopathic system. So also it is not unusual for them

to wonder how the small sub-physiological doses of the similar medicine can kill the living bacteria and cure the patient. Our knowledge of Nuclear Physics and biologic defence mechanism has not advanced so far as to convince others of the philosophy underlying the homœopathic system of medicine.

Therefore, in the field of professional competition, our homœopathic friends are very much handicapped. In the practice of a general practitioner, fevers constitute more than 80% of his cases. The fever patient is a vexed problem, because he wants his fever to subside at-once, and he shows an extreme anxiety to join his work. Loss of working days in our industrial society means loss of income affecting the whole family. Secondly, fever is not a disease per se, but only a symptom of some disequilibrium in the economy. Therefore, diagnosis in many instances is not easy. Even when the case is easily diagnosed, the fever does not subside at the physicians' will. The fever-patient, as we know, becomes naturally anxious to be cured by the first prescription. Typhoid-fever generally runs a protracted course and the nature of the similar remedy is to carry the patient through the ordeal, without any complications, to recovery. The period may be cut short or not. But what do the allopaths do to-day in the case of Typhoid? They have discovered Chloromycetin, a specific for Typhoid, which they claim is effective enough to cut short the period of suffering and bring down the temperature in a few days. In malaria massive doses of quinine can suppress or cure the fever in a day or two in 90% of the cases. In all kinds of inflammatory fevers, Sulfa-drugs are quick to control the process and if there is any resistance to the Sulphonamide therapy, Penicillin is said to be effective in almost all cases. In the case of failure of Penicillin they have their last resort in Aureomycin or Terramycin. Their failures in many cases, the ill-effects produced by over-drugging, the anaphylaxis, the prolonged and tedious con-

valescent period and the occasional suppressive actions do not, of course, escape the notice of even the layman. We are trained in such a way as to observe a process of degeneration starting slowly and insidiously in the system, as a result of this heroic treatment with these synthetic compounds, to be developed years after into some structural changes in the vital organs of the body. Our warnings are not heard. The reports of cure by these wonder drugs of modern age are advertised in such a way that no one can be expected to have recourse to homœopathic treatment, whose superior advantage and effectiveness are not so advertised, unless of course he is too poor to afford to pay for these costly drugs. Many of my Typhoid-patients have been cured so finely and in an incredibly short time, yet I have heard them say they were unfortunate in not having the Chloromycetin treatment because of their poverty. This is a real problem facing us to-day. If we are determined to bring the benefits of harmless homœopathic treatment to the suffering and degenerating humanity, we shall have to make an effort to alter this psychological bent of the people.

Now the questions are asked: Are these wonder drugs so effective and beneficial as advertised or as we are made to believe? Are the Homœopathic remedies really ineffective in such severe acute diseases, for which people become so anxious? Or is the homœopathic cure as quick and sure as the patient desires it to be?

It is not wise to give answer to these knotty questions without going into statistics and results of observation. The number of cases that pass into our hands from allopathic treatment is of course not so numerous as to justify a generalised conclusion. However limited our observation and experience may be, it is quite relevant to say of the antibiotics that their failures are not quite negligible. It is found in many cases returned from allopathic treatment that these powerful drugs, instead of curing or suppressing,

have caused new symptom-complexes. A vicious circle is created, the severe symptoms are suppressed with the result that the remnants of the disease tend to continue requiring prolonged medication with tonics and stimulants.

The efficacy of homœopathic medicine in the treatment of fevers has been tested for over a century. They are as certain and rapid as any ideal cure may be. But the homœopaths are handicapped in the selection of the right remedy. The wrong remedy spoils the case so that all subsequent prescriptions are to become wrong, unless the physician is an experienced and skilful one. The treatment of intermittents requires a specialised skill on the part of the physician, for not only is a mastery of the *materia medica* essential here, but he must have sufficient time and patience for the thorough observation and examination of the patient, in order to be able to individualise the case and find out the homœopathic specific. As this can not be expected of the average homœopathic physician, the failures are often appalling, and unfortunately homœopathy is blamed for the failure of the physician. Besides, in these days of quick quinine treatment, our examination of the malaria patients seems to be neither satisfactory nor psychological. There must be research in this regard to improve our method of examining the patient and to find fewer specifically related remedies to combat malaria. I urge upon this for the benefit of the average homœopathic physician.

Neither the patient, nor the public, nor yet the physician himself very often does realise how quickly and radically the homœopathic attenuations eradicate the most complex and intractable diseases. The reason for this lack of appreciation is in my opinion to be ascribed to the fact that a disease is not diagnosed in homœopathic practice in accordance with modern usage. Functional disorders, however severe they may be, can not often be properly diagnosed and their pathological character well-understood.

Until there is a definite pathological change in any organ or tissues of the body and a name-label is attached to it, the allopath will hardly call it a disease worth the name. But according to homœopathic theory it is at the stage of dysfunction that all diseases are curable and if neglected it will gradually result in degenerative processes causing structural changes, in course of time.

The lay sufferer, however, attaches very little importance to the functional disturbances, for which homœopathy offers a pre-eminent scope for a radically curative treatment. The scope of homœopathic treatment narrows down as the dysfunction proceeds to the degeneration of the organs of tissues into structural changes. It is easy to diagnose these end-products and ultimates of diseases by means of laboratory instruments and chemical and physical tests. The physician and the public regard them as real disease entities. It is here that allopathy steps in with all the paraphernalia of medical treatment and in case of their failure, with all its surgical instruments. So Allopathy easily gets advertised as the only system of medicine offering cure and treatment of easily understood, yet most dangerous diseases, for which all other systems of treatment are said to be helpless.

If we carefully study the reports of cases treated by the general homœopathic practitioners, we find many end-products of diseases being successfully cured or relieved by homœopathy. Since the case reports are symptomatic, the real nature of the disease is not clear enough from them to give an idea of pathology, to the layman. As a result people do not regard them as important cures, and homœopathy does not get the credit which is due to her. This is the greatest snag in the way of popularity of homœopathy.

Now I am proceeding to deal with one of the most controversial points. Yet I shall not enter into any controversy. In the greater interest of homœopathy and,

therefore, of the ailing humanity, I think we should keep with the spirit of the time. From the homœopathic prescribing point of view diseases need not be investigated for their pathology. We study the symptoms in order to find out the reaction-trend of the patient and adapt our remedy to it on the basis of symptom-similarity. But we must go beyond this and study and observe and investigate every functional disorder and every degenerative disease for its pathology and morbid anatomy and attach a name-label to it. This will help impress upon the minds of the people and practitioners of other systems how potentially acting the homœopathic medicines are in curing or relieving the degenerative processes which are beyond the range of allopathic or such other medicines. So mere description of symptoms are not enough; it does not make others feel the weight and importance of our treatment with the minute potentised remedies.

This is one of the many important ways by which homœopathy may come to the forefront, and I think there should not be any objection to diagnosis and name-label. There are some three or four homœopathic hospitals in Calcutta, which may contribute to the enhancement of our knowledge by publishing the reports of the treated cases in the magazines. They can also furnish statistics of success and failure and thereby create confidence and assurance in all concerned. Calcutta being the nerve-centre of homœopathy in the east, the city where live and practise many great homœopaths, we hope that she will take the lead to carry on research work and publish their results in the homœopathic journals. We want to see homœopathy in the modern garb, a popular medical science devoted to the cause of the alleviation of human illnesses, yet not deflected from the basic principles enunciated in the Organon.

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