

**GLOBAL PREVENTION AND CURE OF HUMAN
AILMENTS THROUGH DIRECT PRESCRIPTION
OF HOMOEODRUGS ON THE BASIS OF
HOMOEOMMUNOTYPE CHARACTER—II:
THE ARSENIC-TYPE****

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INTRODUCTION

Earlier in this series, the author had dealt with the prevention and cure of ten ailments of the Nat. sulph homoeoimmunotype (Ramayya, 1977b.) This paper is intended to present information about the Arsenic homoeoimmunotype regarding the same ten ailments as discussed earlier (Ramayya, 1977b), along with their characteristics and remedies followed by a discussion on the importance of the findings.

TERMINOLOGY AND ABBREVIATIONS

The terms and abbreviations here used are mostly the same as were introduced from time to time by the author (Ramayya 1977a, 1977b & 1978), with minor modifications where considered necessary. Since the usages have not become popular, they are given below:

Cold—I: Rhinitis

Cold—II: Sinusitis

Cold—IIIa: Tonsillitis-laryngo-pharyngitis

Cold—IIIb: Discomfort of the throat associated with a feeling of tingling or scraping sensation (see for more details given in the text).

Cold—IVa: Tracheo-bronchitis

Cold—IVb: Dry cough

Cold—IVc: Asthma

Homoeoimmunogenes: Genes which regulate the homoeoimmunity system of the body. If they are in active state, the homoeoimmunity is maintained or else it is lost. The existence of *homoeoimmunogenes* is indicated by the individualistic nature of human response to homoeopathic treatment. In immunology also genes of a similar kind called 'immuno-response genes' are recognised, which respond to immunogenes in substantive doses (Weissmann et al, 1978).

Homoeoimmunogenetic system: This represents the entire set of

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homoeoimmunogenes of a person, and it is transmitted as a 'unit' in heredity (Ramayya, 1970).

Homoeoimmunity: This represents the capacity of a person's body to remain resistant to agent(s) causing an ailment. The homoeoimmunity induced by homoeodrugs may be comparable to the 'active acquired immunity' of immunologists, being attributed to development of antibodies in the body (Abramoff & La-via, 1970). But the nature of the homoeoimmunity activated by homoeodrugs is not so far known.

Homoeoimmunity system: The sum total homoeoimmunities of a person regulated by one's homoeoimmunogenetic system.

Homoeoimmunotype: (Syn: Homoeoimmune-type; see Ramayya 1978). It represents a category of homoeoimmunity system, or an individual possessing it. Currently it is determined by the homoeodrug that gives lasting relief against cold-I of the primary type in a person. So far eight homoeoimmunotypes have been detected (Ramayya, 1977a). viz., (1) Bryonia, (2) Hepar, (3) Lyco., (4) Nat. mur., (5) Nat. sulph., (6) Silica, (7) Arsenic, (8) Merc.

Recently determination of homoeoimmunotype has been shown on TPT characteristics of the human body (Ramayya, 1977a). Thus, the homoeoimmunotype, like a blood group, represents an unalterable body character of a person regulated by hereditary factors.

Direct prescription: Prescription to a homoeoimmunotype of a homoeo-remedy (centesimal), without repertorisation and which had earlier cured that ailment in another person of the same homoeoimmunotype.

The following abbreviations are used where considered necessary.

TPT: Temperature-posture-taste characters of a person

LT: Low temperature (i.e. 97.0° to 97.6°F in mouth in sitting posture)

HT: High temperature (i.e. 98.0° to 98.6°F, in mouth in sitting posture)

LT-type: Low temperature type

HT-type: High temperature type

Type: Used in place of homoeoimmunotype in association with homoeo-immunotype designations, viz. Arsenic-type, Hepar-type etc.

ATP: Adenosine triphosphate.

MATERIAL AND METHODS

On the basis of the patient records with the author since last 9 years, homoeoimmunotypes of in all 720 patients were established by TPT characteristics, as well as their curative response to earlier established homoeo-medicines against cold-I (Ramayya, 1977a). In many of the cases the homoeo-immunotype was also confirmed by their cure with already established drugs for other respiratory complaints (see Table III in Ramayya 1977a).

It should be pointed out here that the TPT method (Ramayya, 1977a) of determining the homoeoimmunotype is now the general approach in the practice of the author and hence the treatment of most of the cases for the ailments under consideration has been through 'direct prescription' or what

was earlier described as the 'Phase III' in the development of homoeotherapeutics (Ramayya, 1977b). However, in treating the first instance of malaria the repertorisation method or the 'Phase I' approach (Ramayya, 1977b) was followed. The curative remedies established in nine of the ten ailments (i.e. excluding malaria), for the Arsenic-type have been confirmed in many patients and so often more than once in the same patient on repeated occurrence of the concerned break-down.

All cases have been treated with centesimal homoeodrugs, the potency initially being usually 30, and the maximum potency being CM. Very chronic cases do not show recovery even by CM potency; there are also cases wherein the indicated remedy brings forth a poor response or none. Further, often the resistance developed in some does not become stabilised. In all these situations, antimiasmatic and complementary medicines were used to get the desired results. The author's experience with 50 millesimal doses though not extensive has not been satisfactory as claimed by many. As intended by Hahnemann, that their use would obviate 'reaction' is not true, but what is really experienced is, the reaction is produced belated (see also Kanjilal 1978), but in no way reduced, indeed sometimes being quite severe. The problem of overcoming reaction for which this new method was developed thus remains as it was, and hence only centesimal doses are preferred by the author.

A break-up of the different homoeoimmunotypes in the 720 persons analysed is as follows:

TABLE I

BREAK-UP OF THE DIFFERENT HOMOEOMMUNOTYPES IN THE POPULATION STUDIED

S.No.	Homoeoimmunotype	Number	% of homoeoimmunotypes	Temperature character
1.	Arsenic	430	59.72	IIT
2.	Merc.	94	13.00	HT
3.	Natsulph.	25	3.47	LT
4.	Natmur.	2	0.27	LT
5.	Bryonia	10	1.38	LT
6.	Hepar	19	2.63	LT
7.	Lyc.	93	12.91	LT
8.	Silica	47	6.52	LT

As pointed out in the discussion, the Arsenic-type represents the dominant elements of the human population. It was therefore thought to be interesting to analyse the vulnerability of this homoeoimmunotype to selected common ailments in the light of the data the author has. For this purpose eight arbitrary ailments viz., cold-IVc hyperacidity, constipation, jaundice, neuroarthropathic ailments (including neuralgias, neuritic and arthritic troubles), skin ailments (including eczema, ring-worm, herpes, urticaria, rash etc.)

dysentery and corns were analysed for their frequency of occurrence in the cases presently studied. Particulars of this information are given below:

TABLE II
FREQUENCY OF CERTAIN ARBITRARILY SELECTED AILMENTS AMONGST 430 PERSONS
BELONGING TO THE ARSENIC-TYPE

S. No.	Name of the disease	No. of ailments	%
1.	Constipation	111	25.81
2.	Neuroarthropathic ailments	112	26.04
3.	Cold-IVc	85	19.76
4.	Skin ailments	84	19.51
5.	Hyperacidity	64	14.88
6.	Dysentery	33	7.72
7.	Jaundice	19	4.41
8.	Corns	5	1.16

OBSERVATIONS

The general characteristics of the Arsenic-type and of its ten ailments are as follows.

General characteristics: The 'set-point' temperature of this type in health is 98.0° to 98.6°F or it represents the HT-type (Ramayya, 1977a), when measured in mouth in sitting posture; some may show about 97.6°F in the morning while 98.0° to 98.6°F in evening onwards. Felt warm on contact usually, but few may be felt moderate or cold. Pains of ailments generally better on sitting or walking than on lying, and also better on pressure and fomentation. Inclined to enjoy unsweetened sour dishes, plain items, and hot foods (salted and pungent); some also relish sweets over-sweetened. Generally thirsty. Aggravations usually by evening onwards. In health highly active, being not able to sit idle.

(1) *Cold-I* (rhinitis or common cold): Sneezing, coryza, followed by white to yellow phlegm. Feverish, lachrymation, face flushed or without any of these characters. Better while in work, but some prefer rest. As primary, ubiquitous, or as secondary in association with flu, sunstroke etc., caused by warm or air-borne infections or by water, cooled in fresh earthen pots, various fruits like banana, guava, custard-apple, unripe grapes, fresh coconut products, woodapple etc.

(2) *Cold-II* (sinusitis): Naso-pharynx or posterior nasal region stuffy, inflamed and burning sensation in extreme; no sneezing. Expectoration initially watery, later white and mucoid, in some purulent and offensive. Bleeding in extreme situations. Sometimes associated with irritation or pain in eyes. Lachrymation, burning in eyes. Feverish or not, voice becoming often 'nosy'. Better on lying, in some on motion. Usually primary, or secondary with flu. Causatives as under cold-I.

(3) *Cold-IIIa* (tonsillitis-pharyngo-laryngitis): Tonsils and pharynx inflamed; larynx affected or not. Swallowing painful, voice altered when larynx involved. Expectoration thick, white to yellow, offensive in extreme, expelled spontaneously or with cough from throat. Feverish or not. Better in motion, or even on rest. Primary, or secondary with flu, typhoid etc. Causatives as under cold-I.

(4) *Cold-IIIb*: Throat with tingling or scraping sensation inside. When further affected, exudation of watery fluid, sometimes felt as if raining in throat; in some mucus occurs which may be spontaneous in emission or difficult. Neither pain in throat, nor voice impaired as in cold-IIIa. Sometimes inflammation and bleeding. Feverish or not. Primary in origin. Causatives as under cold-I. As far as the author is aware, this ailment has not been described in the past. It affects the pharynx involving inflammation and/or hydration (oedema). For communication purposes it is here named as 'hydropharyngitis'. It may be made clear that this has nothing to do with cold-IIIa, as the two afflictions in the same individual in each of the homoeo-immunotypes respond to two different homoeomedicines.

(5) *Cold-IVa*: (tracheo-bronchitis): Trachea and bronchi affected. Exudation of watery fluid or white to yellowish mucus, expelled through cough from lungs, or spontaneously, often associated with rales. Chest may be painful. Fever mild to high or absent. Amelioration on sitting or in motion, also on rest. Primary usually, secondary with flu, measles etc., or as a sequelae of cold-I or cold-II. Causatives as under cold-I.

(6) *Cold-IVb*: (Dry cough): As above, but without expectoration and rales. Coughing often in close succession. Amelioration usually on sitting or in motion, rarely on rest. Primary usually. Causatives may be the same as under cold-I; initiated especially by consumption of stale butter or ghee or their products.

(7) *Cold-IVc* (Asthma): Insufficiency of breath, wheezing, in extreme bellowing of the chest for prolonged periods. Phlegm scanty, aqueous or in thick yellowish scabs, relieved on its expulsion. Fever mild or absent. Sweating or dry skin. Thirsty or comatose after the termination of the attack. Better on sitting, in rare cases on lying. Primary usually, in some sequel to cold-I or cold-II; some are highly sensitive and show up on exposure to varied factors.

(8) *Flu*: Fever rapid and high. Burning in eyes and lachrymation. Face flushed. Body painful. Headache often present. Restless. Invariably associated with cold-IIIa, besides cold-I, cold-II, and cold-IVa. Primary in character; invariably incident after rains, in humid weather, on consumption of turbid water or its ice products.

(9) *Jaundice*: Fever with or without thirst, more by evening. Tongue coated, bitter, pasty taste or insipid. Appetite reduced or lost. Urine yellow to dark coloured; in extreme condition body turned yellowish; plain neon light seen greenish or yellow. Comatose or not. Dragging pains in limbs.

Constipation with often grey to dark or brownish stools. Often sensation of nausea and reeling. Better on rest or motion. Primary in character. Caused by infections, also due to stale butter, curds, bananas, ghee, when consumed in large quantities.

(10) *Malaria*: Sensation of cold and shivering followed by fever and thirst. Fever remittent. Headache, nausea and vomiting; may feel reeling. Taste bitter. Dragging pains in limbs. Constipation. Caused by infection.

The ailments described and their curative homoeomedicines are as follows.

TABLE III

DISEASES AND CURATIVE HOMOEOMEDICINES OF TEN DISEASES IN THE ARSENIC-TYPE

S.No.	Name of the disease	Curative medicine	Number of times the disease treated
1.	Cold-I (Rhinitis)	Arsenic alb.	Many times
2.	Cold-II (Sinusitis)	Bryonia	—do—
3.	Cold-IIIa (Tonsillitis-pharyngo-laryngitis)	Silicea	—do—
4.	Cold-IIIb (Hydropharyngitis)	Rhus tox	—do—
5.	Cold-IVa (Tracheobronchitis)	Sulphur	—do—
6.	Cold-IVb (Dry cough)	Sepia	—do—
7.	Cold-IVc (Asthma)	Merc. sol.	—do—
8.	Flu	Pulsatilla	—do—
9.	Jaundice	Sulphur	—do—
10.	Malaria	Bryonia	4 times

DISCUSSION

(1) *Unique characters of the Arsenic-type*: This homoeoimmunotype is unique from the rest in TPT features. Firstly its temperature in healthy state generally varies between 98.0° to 98.6°F and in this respect it is comparable to the Merc-type (see Ramayya, 1977a). But unlike the latter, it shows during ailment, amelioration of pain on movement rather than in resting position. Further, this type favours hot and non-sweetened sour dishes; besides some can also enjoy sweet dishes excessively sweet. Due to its capacity to show amelioration to pain in motion, in healthy condition also this type bubbles with energy and hence is highly active. Obviously this type could have excess reserve energy or ATP, which must be responsible for his peculiar homoeoimmunotype characters and the faculty of high agility.

The temperature, characteristic of the Arsenic-type, is interesting due to its variation in certain cases. Though this type generally maintains a set-point temperature of 98.0° to 98.6°F, both in the morning and evening, some show it only in the evening, being between 97.0° to 98.0°F in the morning. The author considers that human body temperature is ultimately gene regu-

lated (unpublished information; genetics of human body temperature optima to be dealt with elsewhere) and hence the above difference in Arsenic-type could be due to the number of active thermogenic doses inherited.

Less often, cases have been encountered who, while showing 98.0° to 98.6°F, did not tolerate low temperature conditions and required more coverings. This anomalous situation was found to be due to faulty peripheral circulation as their skin was cooler than expected. It is interesting that the condition is apparently similar to the adaptation against cold displayed by some Australian aborigines and others in whom, though the body core is maintained warm, the limbs remain cold in night due to poorer peripheral circulation (Coon, 1963). However, this anomalous thermal condition could be corrected in several cases after homoeopathic treatment and as a result the persons became tolerant to low temperature conditions with their skin becoming warm.

The proportion of Arsenic-type in the total population studied seems to be also of particular interest. From the Table I, it could be seen that nearly 60% are of the Arsenic-type and another 13% are of the Merc-type, the two together making up about 75% of the population, and being HT in character. If the population studied is taken as a sample of human population at large, then this would indicate that HT-type human beings are dominant over the LT-type in the globe.

(2) *Modality behaviour of specific ailments in the Arsenic-type:* The Arsenic-type as discussed above has TPT characters peculiar to its own. But like the anomalies in the temperature character, the pain symptom has also been found to show inconsistency in some cases. Though the Arsenic-type normally feels better regarding pain on motion, cases have been seen in the ailments presently described (also in other ailments not described here) wherein relief was felt against pain in resting position. For example the pain, associated with the various respiratory complaints was felt better on rest than on motion in several cases, as mentioned under 'Observations' in describing these diseases. This was found to be equally true in ailments like arthritis, neuritic troubles etc.

These anomalous situations indicate that some persons of the Arsenic-type deviate from the typical modality behaviour of this homoeoimmunotype. This is considered to be due to a basic variation in the character of the concerned tissues in some persons. The author regards 'better on motion' as a normal character of the Arsenic-type in general and it would have mutated to 'better on rest' in certain persons. Further, for certain ailments 'better on rest' character might be natural even in the Arsenic-type. Thus the body of the Arsenic-type suggests to be heterogeneous in modality behaviour when a wider spectrum of ailments is considered, though predominantly it shows 'better on motion' condition.

Unlike in relation to motion or rest, the symptom of 'pain' show in general a stable behaviour to 'fomentation'. The latter usually has ameliora-

tive influence on pain. Amongst other things here the level of ATP and related factors of the afflicted parts are, important as a source of heat supply. Therefore, if levels of these factors in healthy and ailing condition of the tissues or body parts were determined, it should be possible to have a deeper insight into the modality behaviour of the human body to thermal application.

(3) *Vulnerability of the Arsenic-type to selected ailments*: From the analysis given in Table II, it will be seen that in descending order the incidence of the diseases is neuroarthropathic ailments, constipation, cold-IVc, skin breakdowns, hyperacidity, dysentery, jaundice and corns.

Incidence of neuroarthropathic ailments and constipation is nearly of the same order and is the highest. In so far as the occurrence of constipation in a higher percentage is concerned it is understandable, because this is in conformity with the HT character of the Arsenic-type which could promote dryness of stools due to generation of greater heat within, leading to constipation. But, frequent occurrence of the other ailments, however, is not explainable due to any of its TPT characters. The author attributes them to be ultimately related to an inbuilt time-related susceptibility or lack of resistance in the Arsenic-type in general which had been favoured by natural selection in consonance with its general objective of eliminating the aged individuals in favour of the perpetuation of race. The situation is, however, now different as these ailments are curable through homoeotherapeutics. For this if the homoeoimmunotype of an individual is determined in healthy state, preventive therapy can be provided to maintain continued health in such persons.

(4) *Geographical distribution of the HT and LT population on the globe*: Temperature of a healthy person is of a 'set-point' character and is normally recognised to be about 98.6°F in mouth in sitting posture. It was however earlier shown (Ramayya 1977a) that there are really two normal temperature levels or 'set-points' viz, 97.0° to 97.6°F, and 98.0° to 98.6°F, the two being called as LT and HT conditions. While the population studied here is of the tropical area, extensive information is available on the temperature of the people of temperate regions. For example, the body temperature of 276 medical students of a temperate climate taken in morning hours was found to be between 96.0° to 99.4°F and amongst them those with about 98.0°F or more were about 70% (Bell et al, 1972 p. 876). The author considers that the percentage of HT would have been more if the readings were taken in the evening. In the above study few showed a temperature above 98.6°F also, which could have been due to abnormal, but undetected health conditions, since in the experience of the author such smaller high temperatures were invariably connected with certain mild respiratory, urinary or other complaints. What is interesting here is that the HT:LT ratio in this example is nearly comparable to the one found in the tropical population presently studied. However, as far as the people of very high altitudes and near polar latitudes are concerned, they should be mostly of the HT-type.

Though HT and LT-types differ by an insignificant difference of about

0.5°-1.0°F and thereby its importance has come to be overlooked, it should be stressed that this has a vital role in the adaptive distribution of human populations especially in relation to extreme climatic conditions, besides its value in the determination of the homoeoimmunotype of the individual. Persons with LT character, the author considers would be unfit for continued periods in extremely colder regions like Iceland or Tibet except with heavy coverings. Further, even amongst HT persons, the Eskimos and Tibetans and alike should be possessing greater number of thermogenic gene factors than those inhabiting the mid-latitude temperate zones and tropics. The point of significance is not the negligible temperature difference observed between the HT and LT persons, but it is the capacity of the two categories to maintain particular set-point temperatures on a *steady basis*. Therefore it might be true to say that the HT persons of extreme cold latitudes and altitudes can produce greater amounts of radiation heat per unit time than the HT persons of the mid-temperature latitudes and altitudes, of tropics and LT persons in general. Accordingly the former HT people frequently suffer from sunstroke and nose bleeding in the tropical latitudes, whereas the latter and the LT persons, from frostbite and hypothermia in the extreme upper latitudes and altitudes.

Origin and evolution of homoeoimmunotypes and especially of the Arsenic-type constitute interesting aspects of human study, which would be dealt with elsewhere. Here it would be sufficient to remark that the Arsenic-type as well as the Merc-type both of which represent the HT elements in the human population, probably originated as mutants of the *Homo sapiens* sometime during the Pleistocene period. This was an adaptive response to combat the lower temperatures prevailing on the globe due to periodical glacial advancements (Tullar, 1977).

(5) *Benefits of homoeoimmunotype approach in protecting the health of the Arsenic-type*: Before dealing with the benefits of the 'direct prescription' approach in homoeomedicine either concerning the Arsenic-type or the other homoeoimmunotypes, it is necessary to clear the confusion generally felt about the names of homoeoimmunotypes designated by the author and similar usages already in vogue in the literature. It should be stressed here that the two usages are least related. The terms like the Sulphur type or Arsenic-type applied by Kent (1972) and others was intended to convey that such patients display the salient characteristics of those drugs. On the other hand the names given by the present author to homoeoimmunotypes were governed purely for convenience; they could as well have been named as A to H or 1-8, representing the eight homoeoimmunotypes.

Coming to the question of benefits to be derived by the 'direct prescription' method, as also discussed in relation to the Nat-sulph-type (Ramayya, 1977b), they are quite obvious. Since the Arsenic-type constitutes about 75% of the population, it is now possible to organise preventive as well as curative treatment to more than two billion peoples for the ten ailments dealt with.

People suffering from such tenacious diseases as cold-II and cold-IVc which sap the lives of millions, can be saved; so is the case with suffering from malaria. What is needed is that populations should be screened for their homoeoimmunotype character and consequently preventive steps can be taken to stop incidence of the concerned diseases. Gradually as medicines will come to be established against larger number of ailments, more and more of them can be brought under the purview of preventive treatment. The approach would thus help in saving the human race from the increasing scourging effects of antibiotics, alkaloids, cortisones and different biocides used as medicines.

There are other implications of having a knowledge of the homoeoimmunotype of a person. The Arsenic-type would be most appropriate for jobs requiring reserve energy and stamina. Therefore this type would be relatively suitable for recruitment to army, especially to serve in colder climates, travelling jobs, in sports, for driving heavy vehicles etc. Obviously, this type would not be appropriate for jobs involving exposure to high temperatures, like in mining, forging work and alike situations.

(6) *Arsenic-type as a leader of human race*: Among the eight homoeoimmunotypes, the Arsenic-type is unique in having a favourable combination of TPT characters possessing the capacity to generate high energy coupled with agility and feeling generally "better on motion", and being the dominant element in the world population. The type has the potential to be a leader in any field of activity, if it is endowed with creative ability and determination. It is unfortunate that in human autobiographies no information is provided about the TPT characters; indeed this cannot be expected because so far there has been no knowledge that human being should be analysed for such features. The author could not get information even about normal body temperature in the autobiographies of such recent personalities as Mahatma Gandhi, Hitler, or Subash Chandra Bose. The fallacy of the situation is that people generally take it for granted that their normal temperature would be near about 98.6°F, but this is not true as already stated. It may be relevant to state here that great leaders of the world like Buddha, Ashoka, Christ, Mohammed, Vivekananda, Alexander, Napoleon, Sankara, Shivaji, Tulsi, Ghalib, Tolstoy, Lincoln, Hahnemann, Milton, Einstein and many others were all probably Arsenic-type because of unlimited energy combined with positive creative ability and determination inherited by them. Doubtless most of the leaders now existing and known for great achievements whether in humanities, fine arts or material sciences, would be found to be Arsenics if analysed for TPT. It is equally true that great antisocial elements would also belong to the Arsenic-type.

SUMMARY

The paper deals with the prevention and cure of 10 ailments of Arsenic-type, studied in 720 persons of this type through 'Direct prescription' method. The ailments dealt with include 7 respiratory complaints (viz. cold-I, cold-II,

cold-IIIa, cold-IIIb, cold-IVa, cold-IVb, cold-IVc), flu, jaundice and malaria.

The unique nature of the TPT characters of the Arsenic-type and some of their anomalies have been discussed. The regulation of the set-point nature of the human body temperature is interpreted to be ultimately polygenic in control. The human population is characterised by two set-point temperatures rather than one and they are the HT and the LT categories earlier proposed by the author (Ramayya 1977a).

Regarding vulnerability to disease an examination of the Arsenic-type to 8 common ailments showed their incidence to be in the descending sequence of neuro-arthropathic complaints, constipation, cold-IVc, skin diseases, hyperacidity, dysentery, jaundice and corns. The susceptibility of the Arsenic-type to these ailments is considered to be due to its inbuilt weaknesses favoured by natural selection for perpetuation of the type against its aged individuals.

Arsenic-type is the dominant element in the human population being 65% and along with the Merc-type, the two are considered to be adapted primarily to cold climatic zones over the globe, and to have probably originated in response to the Pleistocene glaciation.

The present findings are significant in providing preventive and curative treatment to over two billions of the human population against the 10 ailments dealt with and hence a larger segment of humans can now be saved from the scourging iatrogenic effects of antibiotics, corticosteroids, sulphamides and others. The information is also useful in indicating that the Arsenic-type is suited to all such jobs where he is not exposed to high temperatures.

The Arsenic-type is interpreted to represent the leader of the human population due to its peculiar TPT characters. Most of the people with great achievements are supposed to belong to this homocoimmunotype.

CONCLUSIONS

(1) 'Direct prescription' method (see Ramayya 1977b) has immense applied value and it represents the Phase III in homoeotherapeutics which would gradually come to include more and more ailments for treatment on its basis.

(2) To realise the above objective in a shorter period national and international agencies should establish 'homoeo-cure' information monitory centres, so that additional ailments come under the purview of direct prescription.

(3) Since preventive treatment can now be made into a reality through the direct prescription method in homoeotherapeutics it is necessary that homoeoimmunotype of every individual, like blood group, is prior determined. Not only should the homoeoimmunotype be analysed on TPT characters, but also chemical parameters should be evolved for this purpose. The latter method is especially essential in the preventive treatment of the children

whose TPT analysis being difficult, does not allow determination of their homoeoimmunotype.

(4) It is time that national and international medical institutions recognise the value of the advances made in homoeotherapeutics and initiate collaborative work between the latter and immunology. Such an effort has potential leading to development of a science of 'natural therapeutics' that can provide preventive and curative therapy against most of the human health breakdowns.

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Editorial comment: The learned author postulates a 'homoeoimmunogenetic system' as the basis for defining the concept of individualization in Homoeopathy and categorizes groups of individuals on the hypothesis of the type of homoeo-immunity they possess. Thus far the philosophy sounds logical. But he has dragged it into the folds of needless theoretical speculation on methodology suggested for identifying those categories basing the conclusions drawn on the strength of a statistical norm derived rather hastily, from within the gambits of a small section of the society. It would not be surprising that if this theory is extended to study wider and wider sections of the society the eight types now listed multiply manifolds and cover the entire homoeopathic materia medica! If the learned author examines the mathematical proportions of the types that can be produced by the permutations and combinations of the different immunogenes he envisages, he would necessarily have to agree to the multiplication of the types of homoeo-

immunogenetic systems they result in. All one needs to remember at this juncture is the warning Hahnemann gives in the footnote of §1 in the *Organon of Medicine* (a warning even though he issued, he himself could not resist the temptation of trampling it by writing a long exposition on how homoeopathic remedies act in the subsequent aphorisms of the same work) in our anxiety to give homoeopathic therapeutics a modern scientific look.

A CASE HISTORY AS CONTRIBUTION TO HOMOEOPATHIC METHODOLOGY

(Continued from page 36)

teristic individual symptoms to the symptomatology and diagnosis of the disease.

(3) From the law of similars to arbitrary choices of any potentized remedies, which are incorrectly named homoeopathic.

What such a proceeding doesn't reflect is that Homoeopathy without these three conditions ceases to be scientific, and becomes what medicine before Hahnemann was: pure guess-work. So the most important evolution in the history of medicine is inexcusably abandoned. But the exponents of this kind of Homoeopathy are pleased to denounce the Hahnemannian method as old-fashioned, puristic, intolerant, arrogant, and usurping of the truth. I do not intend to dwell upon their ignorance of the essential difference between scientific Homoeopathy and guesswork. But I do contend that after Hahnemann, patients have the right to a cure by certainty, not by the hazard of chance.

—*Homoeopathy*, February 1978

INTERMENSTRUAL PAIN—ONOSMODIUM

(Continued from page 37)

PROGNOSIS

Improvement set in within two minutes. Slight relapse after half an hour as the patient walked about. Repeated a second teaspoon after which she was perfectly normal and active.

REFERENCES

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