

A FEW MORE POINTS IN FAVOUR OF PENDULAM HYPOTHESIS

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In a previous article¹ an attempt has been made to explain the action and reaction between a homœopathic drug and a human being on a model in which a human being is likened to a pendulum held to equilibrium by the elastic force which the homœopaths call vital force. The drug or the disease which is also like a force tries to displace it from the equilibrium. The condition of equilibrium is compared to the state of normal health. The object of this article is to show how this model can nicely explain two points of observation by two eminent homœopathic physicians. One of these observations is by Dr. Kent and we believe it as real as truth. The other is by no less a personality than Dr. E. M. Hale, that good old 'new-remedy-man'.

Dr. Kent's observation relates to the prognosis of a chronic case in many of his articles². The essence is that when a disease has progressed considerably, the symptoms of the patient almost disappear and only 'the symptoms of the disease' remain. And as these 'ultimates' are no good for the selection of the remedy, the prognosis should be withheld. This definitely points out that when the disease force *acts* upon the vital force, the latter *reacts* and in the early stage we get a picture in which the symptoms of these *action and reaction remain mixed together*. Then as the disease progresses these latter symptoms (those of reaction) disappear gradually leaving only the former. This course of a chronic disease exactly comes out of the pendulum hypothesis. Let us see how. Suppose we take two pendulums, one of which is much bigger than the other, and suspend them from a horizontally stretched India-rubber string, which is a link of communication between the two. If now the bigger pendulum is set into oscillations, its motion is transmitted via the rubber string to the smaller pendulum. And in the early stage, the motion of the smaller pendulum is a mixed one. On analysis it is found that this mixed oscillation is the sum of two types of oscillations—one is the natural (characteristic) oscillation of the smaller pendulum itself and the other is an oscillation with the natural frequency of the bigger pendulum. As time passes on, the natural oscillation of the smaller pendulum evanesces gradually and the second type of oscillation only remains. The smaller pendulum then oscillates with the frequency of the bigger one losing all its own characteristics. This is the well-known phenomenon of the forced damped oscillation of the physicists. Here the smaller pendulum is like a human being; the action of the bigger pendulum is like the action of a chronic disease. The chronic disease is 'bigger', because it always wins in the long run over the unaided vital force. Thus from the ultimate picture which shows prominently the characteristics of the disease and very faintly or

nothing of the patient, the selection of the 'similimum' is difficult.

The second point of observation is sometimes called Hale's law of dose. It runs: "If the primary symptoms of a disease are present and we are combating them with a remedy whose primary symptoms correspond, we must make the dose the smallest compatible with reason; and if we are treating the secondary symptoms of a malady with a remedy whose secondary symptoms correspond, we must use as large a dose as we can with safety". Dr. Hale explains it by his experience of Aconite in fever. During 'chill' stage of a fever, Aconite should better be given in high potency (say 200th) and during 'heat' stage in the low (say 6th). This has also been verified by some of my friends who practise Homeopathy successfully. The primary and the secondary actions of Aconite resemble respectively to the 'chill' and the 'heat' stages of a fever. To explain this from the pendulum-model, let us take a spring-pendulum whose downward and upward swings respectively stand for the 'chill' and the 'heat' stages. When the pendulum is displaced downwards and is kept there by the 'chill' stage of a fever, it can be raised to its normal position of equilibrium by a little more downward force, which is like a small dose of Aconite. Here the restoration of the pendulum is done by its elastic force and the medicine just triggers it on and its small dose is sufficient. But when the pendulum is displaced upwards and is kept there by the 'heat' stage of the fever, it can be brought back to its normal position of equilibrium by downward pull which may not be slight. This is like the large dose of Aconite. Here the restoration of the pendulum is done antipathically by the direct action of the downward pull (medicine) against the disease (upward displacement), and the elastic force (vital force) has no role here. Hale's law of dose does not get as much attention as it should, because it is not always possible to distinguish primary from secondary actions of drugs.

REFERENCES

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3. Dunham, C.: 'Primary and Secondary Symptoms of Drugs as Guides in Determining the Dose', *Homeopathy—The Science of Therapeutics*, Haren & Brother, Calcutta.