IS HAHNEMANNIAN HOMOEOPATHY STILL RELEVANT IN THE 1980s?

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As it is one-hundred and ninety years since Homoeopathy was formally launched, it seems reasonable to ascertain whether Hahnemann's principles are still applicable in 1982. If Hahnemann were alive today, how would he have reacted to modern research? Would he have altered any of his theories? And if so, in what way? These are some of the questions which we should consider. I will deal with only a few, as time is limited.

The main aim of all physicians is to restore the sick to health in the most rapid and permanent manner, without producing harm that is, to cure. But the problem has always been how to achieve this without producing injury. This has caused modern doctors to be sceptical of all drug therapy, including Homoeopathy, and encouraged their reliance on counselling, on preventive community and industrial medicine, and on physiological or replacement therapies—drugs being of secondary importance, as all those that are effective have side-effects. So far, Homoeopathy alone has attempted to harness these toxic materials to treat patients.

Hahnemann evolved two separate approaches to the management of the sick—the first deals with simple acute disease in healthy people, while the second involves the treatment of complicated diseases occurring in those who are chronically ill.

ACUTE DISEASE

How does a patient know that he is ill? What is it that brings the patient to see the doctor? Expect in so-called one-sided diseases, it is the patient's symptoms which are the first evidence of ill health. They reflect the underlying biochemical and later the pathological changes. To understand these, one must have an excellent working knowledge of anatomy, physiology, biochemistry and pathology—that is, the basic sciences.

Similarly, one must have a thorough knowledge of the pharmacology of drugs. The effect of drugs on the main target organs can be assessed experimentally, but in the final analysis the total spectrum of their action is only revealed by testing them on man.

If the symptom complex of drug and disease are similar, then I suggest it may be deduced that the same tissues are being involved. The problem is how to harness this drug effect to cure the patient with least harm. It is known that x-rays, radium and digitalis, among others, have a beneficial

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paradoxical effect on cancer cells and on cardiac irregularities, respectively. But why and how does this contrary effect work?

I think this can be explained by referring to the evidence provided by healthy young workers in T.N.T. factory. Initially they developed the usual symptoms of headaches, giddiness and flushing with palpitation, which gradually subsided over the weeks. At the weekends however, some eventually suffered attacks of angina, others an apparent coronary collapse, and one even died. The mild angina attacks were counteracted by prescribing tablets of G.T.N. to be taken during Saturdays and Sundays. But why should they develop those very symptoms for which G.T.N. is prescribed? I suggest that during the period of acclimatization the tissues mirrored exactly the pharmacological effect of T.N.T.—a contrary vaso-constriction. At the weekends the intensity of this reaction to the T.N.T. vaso-dilatation was demonstrated by intense vaso-constriction, sufficient to produce death on one occasion. Full hospital examination, including an autopsy in the fatal case, revealed completely normal cardio-vascular and coronary systems.

A similar example of the duration and intensity of reaction is noted by the development of cancer years after exposure to x-rays or radium. But these reactive effects are not peculiar to medicine. Newton's law of motion states that "To every action there is an equal and opposite reaction", and so the homoeopathic principle is merely a pharmacological example of the same law.

Indeed the Chinese have a saying that if you want to solve a starving peasant's problem you do not give him food. You teach him how to fish! Also, if you wish to make a flagging horse pull a load up the hill, do you not use the whip? It is quite illogical, but it works, provided that you do not produce too much pain and apply it too frequently. Likewise, in medicine one must not use too large a dose nor repeat it too often.

This is not a new discovery. Hahnemann stated this very principle in his *Organon*. In modern medicine the primary action of the drug is used, in Homoeopathy the secondary, reactive phase. As the total spectrum of the drug's action is used in the treatment of patients, there can be no unwanted side-effects.

In practice, homoeopathic doctors have found that using this principle, smaller doses are required, and this has been achieved by using the normal pharmacological procedure of dilution and succussion. I suggest that the potency so evolved ensures better absorption and availability. This is an aspect which merits much fuller investigation and should surely now be undertaken, beginning with the lower potencies.

Using this form of treatment, Hahnemann found that a large proportion of his cases responded. These were patients suffering from acute disease. If left untreated they would have sooner or later recovered fully, or have succumbed in the early stages of the disease. Other patients, who failed to respond satisfactorily, suffered from an underlying problem which, if left

untreated, led to progressive disability. For this group he therefore sought a method of classifying the "total body response" to disease. In a way, this is similar to the total drug response, thus leading him to the concept of complicated miasmatic disease.

CHRONIC COMPLICATED CONDITIONS

Traditionally, we in the United Kingdom are less familiar with this approach, and I often feel that it has been misunderstood. Nowadays, however, there is an increasing frequency of this type of case, and almost all of my out-patients are in this category. These diseases have unimpressive beginnings and proceed inexorably to progressive severe disability and death. The rate of progress varies from case to case, and morem therapy often retards this progress.

Examples of this group of cases are rheumatoid arthritis, sub-acute lupus erythematosus and the atopic syndrome.

Hahnemann in his day encountered cases of progressive illness, and the majority of these were venereal diseases—the *urethritides and syphilis*. In both of these conditions there was total body involvement, but the response was characteristically different.

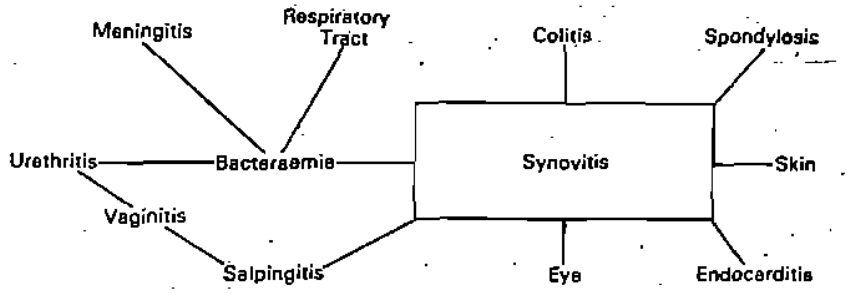
In the former group, Hahnemann differentiated between a 'thick' and a 'thin' variety. In modern terms the *'thick' group* would include the Candida and yeast infections with the true gonorrhoea, and the 'thin' variety, the N.S.U. and *Reiter's syndrome*.

In gonorrhoea for example, during the incubation period there is bacteraemia, followed by *localization* of the infection in the urethra and prostate, the vaginal glands, the cervix and Fallopian tubes. Other areas involved are *transient synovitis* of the large joints, purulent conjunctivitis and rarely endocarditis. There may be a non-irritant maculo-papular skin rash, which *becomes vesicular*, or warts.

In the N.S.U./Reiter's variety, there is polyarthritis, often of the smaller *joints*, conjunctivitis, iritis, and of the skin a keratoderma blenorrhagica (a lesion similar to a pustular psoriasis). Aortic incompetence occurs occasionally and there may be a history of enteritis and sacro-ilitis. If to this picture we add the meningococcus, a close relative of the gonococcus in the same Neisserian group, we have catarrhal involvement of the upper respiratory tract, with meningitis and, if this is severe, a vasculitis with adrenal failure. Briefly then, this group could be classified as an exudative variety, with polymorph stimulation, which affects the serous and mucous membranes througbout the body. Such a group conforms to Hahnemann's sycotic group.

SYCOTIC MIASM (SUMMARY)

The other venereal disease common in Hahnemann's day was syphilis, with a generalized involvement of the whole body during the incubation period and localizing as a painless nodule, which leads to ulceration. When



Exudative Polymorph Response

this heals there is the secondary symmetrical non-irritating skin rash with lymphadenopathy and later, in the tertiary stage, gumma with necrosis. Histologically, there is perivascular lymphocytic infiltration with the characteristic plasma cells, vascular endothelial swelling and proliferation, which leads to necrosis. It secondarily involves the nerves. During the late stage a few giant cells are noted. The sequence in which the different organs are involved depends on the time required for them to develop their immune response. It is this involvement that prevents further infection.

The well-known protection for the tertiary stage by a well-marked secondary stage has been confirmed since Hahnemann's day, and I would suggest that this is the origin of Hering's law. However, I think it remains to be seen whether this is confirmed as a general hypothesis. There is certainly no doubt that in some cases of auto-immune disease, for example sub-acute lupus erythematosus, there is a progression from skin involvement to the brain and kidneys. The histology is certainly similar to that already described in syphilis, and like that disease there is a marked immune response.

LUETIC MIASM (SUMMARY)

Bacteraemia →	chancre →	glands →	necrosis
		mucous membranes	Charcot joints
		non-irritating	neurone
		symmetrical rash	destruction

Perivascular infiltration: plasma, lymphocytes & giant cells
Endothelial proliferation
Autoimmune response
Skin → kidney, brain, lung, etc.

There is, however, a third group of cases which have an irritating skin disease, and Hahnemann noted the example of scabies infections. Here the phenomenon is of an initial vesicle, which is followed some three to four weeks later, probably, with a second exposure of an itchy vesicular eruption.

Such a picture conforms to the allergic response seen so commonly nowadays. This reaction includes the stimulation of the eosinophil, mast cell and IgE systems.

Apart from local skin conditions like scabies, eczema, pemphigoid and dermatitis herpetiformis, there are more systemic conditions like the worm infestations with eosinophilia, the type I drug reaction with penicillin, gold, curare (which liberates histamine), cocaine, heroin and morphia. There are the intra-hepatic cholestatic group associated with pregnancy, thyroid disease, diabetes and drugs including the contraceptive pill. There is the chronic renal variety with secondary hyperparathyroidism, and lastly the blood group with hyperchromic anaemia, polycythaemia and leukaemias, and the reticulo-endothelio affections and viscero-malignant disease.

Such a long list of diseases would certainly underline Hahnemann's view of the complexity of this group which he called psora. It may, however, involve the two other mechanisms of body response, as Hahnemann has asserted. It is interesting that the present-day theory suggests there are two main mechanisms for the reduction of the itch—the histamine-cosinophil-IgE mechanism and the protcasemucunain mechanism. These pharmacological actions are reflected by our drugs Apis and Urtica urens and Dolichos pruriens respectively.

PSORIC MIASM (SUMMARY)

Vesicle — delay — itchy eruption — eczema 'allergy'

Mast (histamine)
Eosinophil >cells —— immune system —— IgE

Protease mucunain—(e.g. Dolichos pr.)

Drugs: penicillin, gold
curare (liberates histamine)
cocaine, heroin, morphia, etc.
Haematology & RES polycythaemia leukaemia visceral malignancy
Renal failure
Intrahepatic cholestasis 'the pill' thyroid diabetes etc.

Hahnemann described clinical syndromes to conform with these three concepts His followers enlarged these pictures, but among them, Dr. Paterson alone had bacteriological evidence corroborating certain basic pictnres, which he described in his paper on the bowel nosodes. I would suggest therefore, that his clinical features form a more reliable basis for the understanding and management of chronic disease. An example of the need for such corroboration is seen in the case of Medorrhinum. This traditionally has been included in the sycotic group, hut Dr. Paterson was unable to confirm this relationship and found it to be related to psora. There are many features in the materia medica which would confirm Dr. Paterson's classi-

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no one adequately covers the case, Carcinosin should be considered." (*Br. Hom. J.* 47: 203).

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fication. Clinical medicine is so complex that it is not surprising that these discrepancies arise. Indeed, it is surprising that so few have been unearthed by Dr Paterson's work.

By harnessing the toxic effects of drugs to induce reactive recuperative stimulus, Hahnemann has demonstrated a revolutionary approach to the treatment of the illness which is in accord with the modern theories and pharmacology. His three classical stereotypes of response to chronic disease are confirmed by recent histological and auto-immune advances. As both concepts remain so far in advance of present-day thought, they are not fully accepted. After 190 years it must surely be the aim of homoeopathic physicians to achieve this.

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