

ALLEN COLLEGE OF HOMOEOPATHY



6 Contributions of Subrata to the Homoeopathic Fraternity Part-3

This will be continued in 4 Parts



By

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3) **HOW TO PRACTICE IN THIS DRUG DEPENDENT WORLD (SCOPE AND UTILITY OF ORGANOPATHIC MEDICINES):**

Drug Dependent World:

Cases without clarity of symptoms those which are on medicinal drugs (conventional chemicals):

It is necessary to perceive the uncontaminated picture of the natural disease according to aphorism §91 of Hahnemann's Organon. However in this drug dependent world the expression of the natural disease may not be visible. By gradual weaning of conventional chemical based drugs it will be possible to unveil the original picture. This can be achieved with homoeopathic organopathic medicines.

In these drug dependent cases, it is very difficult to get a clear picture of the case. The artificial, medicinally induced chronic disease is superimposed on the original natural disease, (ref. §91, Organon) therefore symptoms are contaminated or suppressed and the patient cannot give clear modalities, sensations or concomitants. In such cases, a medicine which has predominant action on the main vital organ that is affected can be prescribed on the basis of few available symptoms (according to §173--§178, Ref. Organon of Medicine) and in this way the conventional pharmaceutical drug is gradually withdrawn. A small organopathic medicine may be suitable for this purpose.

In my experience after the patient has weaned off approximately 50% of the conventional medicine, suppressed or previously vague symptoms surface and the patient can be more specific about modalities and sensation. This will lead to making a change in the plan of treatment and using MTEK as discussed in the Approach 1, a constitutional prescription can be made. Through this approach, the patient gains immediate confidence that homoeopathy is acting but has no or little requirement for the conventional pharmaceutical medication.

Logic and Scope of using Organopathic Medicines:

1) ***".....The reason why Homoeopathy swallowed up organopathy lies in the fact that Homoeopathy is organopathy an something else besides, viz., the differentiating law of similars.***

But one has to admit when the other principles cannot be applied for the selection of a homoeopathic remedy one should not and ought not to neglect the principle of prescribing on the basis of organo-therapy. Drs. John Henry Clarke, R. T. Cooper, C. M. Boger and J. C. Burnett have given in their writings and experiences the importance of selection of Organopathic remedies and their usefulness when other guiding symptoms, causations and miasms were wanting....."

(Ref.:- Page No. 486-487 of "PRINCIPLES OF PRESCRIBING" By Dr. Kailash Narayan Mathur)

2) “..... *Further, I do not regard organopathy as something outside of homoeopathy, but as being embraced by and included in it, though not identical or co-extensive with it. I would say – Organopathy is homoeopathy in the first degree. And, finally, I would emphasize the fact, that where the homoeopathic simillima agent covering the totality of the symptoms, and also the underlying pathologic process causing such symptoms, can be found, there organopathy either has no raison d’etre at all, or it is of only temporary service to case at organ in distress.....*”

(Ref.:- Page No. vii of “DISEASES OF SPLEEN” By Dr. Crompton Burnett)

3) “..... – and Organopathy

The reason why homoeopathy swallowed up organopathy lies in the fact that homoeopathy is organopathy and something else besides, viz.: the differentiating law of similars, (XX 21).....”

(Ref.:- Page No.56 of “BEST OF BURNETT” By Dr. Crompton Burnett)

4) “.....If it be asked, **What is here meant by ORGANOPATHY? my reply is, that organopathy is the specific local action of drugs on particular parts or organs**, as first systematized by Raemacher in the early part of this century. It is thus, a very convenient term in therapeutics as well as in aetiology and pathology. In pathology the term organopathy has long been in general use, particularly on the Continent of Europe. The French understand by Organopathic an organ disease, and as such it is an accepted term in pathology. The same is true of Organleiden in the German language. All this by the way.....”

(Ref.:- Page No. 2 of “DISEASES OF THE SPLEEN” BY Dr. Crompton Burnett)

5) “..... But the real father of organopathy in essence and substance is Hohenheim, an eminent and learned physician commonly called Paracelsus, for proof of which see his works, and hereafter in this little volume on *Diseases of the Spleen*, if space permits. **Organopathy is included in the wider generalization known as homoeopathy; for whereas organopathy claims only that certain drugs affect certain parts curatively, preferentially, or specifically, as, for instance, Digitalis the heart (therapeutic organopathy)**, homoeopathy claims that not only does *Digitalis*, e.g., affect the heart specifically (therapeutic organopathy), but to be curative the natural disease of the organ (nosological organopathy) must be like in expression to the therapeutic organopathy or drug action.....”

(Ref.:- Page No. 3 of “DISEASES OF THE SPLEEN” BY Dr. Crompton Burnett)

6) “.....*The tincture represents one part of this dry, crude material in each ten parts of the complete solution, i.e., 1x would represent its drug power. This is the method prescribed by the British and American Institute of Pharmacopoeias, and leads to accurate and scientific results.* At present, however, many tinctures are not made so and the mother tincture represents varying degrees of drug power, which ought to be known in each instance, in order to make an exact 1x attenuation.....”

(Ref.:- Page No. 82 of “A COMPEND OF THE PRINCIPLES OF HOMOEOPATHY” By Dr. W. M. Boericke)

7) “..... Tinctures = \emptyset = 1x = 1/10 dilution. So when tinctures are given in material dosage e.g., 10 drops, it is NOT the “Physiological action of Drugs” but it is the “*Organopathic stimulating action of medicine*” (as it is still 1/10 dilution).

As it is given in physiological or material doses, therefore it acts more superficially, hence on the patho-physiological level (stimulates the organ) but not in the dynamic plane.

By giving Homoeopathic Medicines in Tinctures, you are prescribing on proving symptoms and NOT on primary effects of crude drugs!

When giving Pothos Q by asthma, you are still prescribing on the basis of Law of Similia!.....”

8) “.....2. RULES FOR PRESCRIBING

Having found the medicine which corresponds to the case, there remains the questions of attenuation, dose, and frequency of repetition. In these matters dogmatism is out of place, and every man’s experience is his best guide. But some guidance is needed before experience is available, and this I have tried to give. In the matter of attenuation, *my own experience leads me to believe that all attenuations, from the mother-tincture upwards, are curative, provided the choice of the medicine is correct.* When the similarity is very close between drug symptoms and patient’s symptoms, the attenuation can not be too high to cure, and the higher it is the more permanent the cure is likely to be.....”

(Ref.:- Page No. 63 of “PRESCRIBER” By Dr. John Henry Clarke)

* *Bold & Italics are mine.*

Three axioms in Homoeopathy: Similia, Simplex and Minimum:

Organopathy and prescribing homoeopathic tincture follows the Law of Similia; because you are still prescribing on few available symptoms (Ref. Sections 173 and 177 of Organon); follows Law of Simplex, as you are giving one single, simple medicinal substance (Ref. Section 272, 5th Ed.; Organon) and follows Law of Minimum, as ALL Homoeopathic Mother Tincture's Drug Strength is 1/10.

How to practice in this Drug Dependent world (scope and utility of Organopathic Medicines):

In aphorism §91 of Organon, Hahnemann clearly mentions prescribing for natural disease and not for conjoint disease (where the drug induced artificial chronic disease is super-imposed on natural disease and patient cannot give us a clear picture e.g. modalities, sensation or characters of pain etc.). For example, in a pain-killer dependant migraine case, you ask the patient about the character of the pain (e.g. whether it is stitching, tearing, throbbing, dull aching, bursting, numbness, fullness etc) or you ask the modalities (e.g. if the pain is better by cold or warm application; how about the open air, warm room etc.) and the patient replies, 'whenever I have the pain, I take the pain killer; so I don't know!' Therefore, you cannot frame an uncontaminated picture of the disease, as you are unable to complete the symptoms with sensations, modalities and characteristics in order to prescribe your powerful polychrest.

In such a situation, which is very common in the present drug dependant world, on the basis of the few available symptoms, prescribe an organopathic medicine (as discussed here under Approach B) and start gradual reduction of the conventional medicine. You may be hesitant but have the confidence that the patient is tired of the ever increasing dosage of the conventional medication or its side effects. So, as soon as the patient feels more in control of their situation, this also helps them in a positive way. 'Yes, I can control the dosage, and homoeopathy is working for me!' The weaning off will be very gradual, without any distress to the patient, at all; e.g. for a 4 hourly dosage of pain killer in a migraine type of case, select an Organopathic homoeopathic medicine and the patient can take homoeopathic medicine, and thereby defer (even 1 or 2 hours) the conventional medicine. By reducing the conventional medication the uncontaminated picture of the natural disease surfaces. In this way, the pain-killer dependent patient who used to take the medication 4 hourly can, with the help of homoeopathic medicine now defer the pain-killer. In this way the conventional medication may be gradually reduced or weaned off, if this is what is required by the patient (with the consent of the

prescribing doctor). So **please prepare the patient** for receiving the polychrest (PPPP).

My experience has shown:

In **drug dependent Arthritic cases** medicines such as Actaea Spicata, Angustera Vera, Arbutus Andrachne, Azadirachta Indica (Margosa Bark), Benzoic Acid, Calcarea Fluorica, Castanea Vesca, Caulophyllum, Cobaltum Nitricum, Colchicine, Cotyledon umbilicus, Cyclamen Europaeum, Elaterium, Eucalyptus, Eupatorium Perfoliatum, Formica Ruffa, Franciscea Uniflora, Gaultheria, Gettysburg Water, Ginseng (Panax), Gnaphalium, Guaiacum, Hedeoma, Pulegioides, Helonias, Jacaranda Caroba, Kali Iodatum, Kali Muriaticum, Kali Oxalicum, Lacticum Acidum, Lithium Carbonica, Macrotin, Manganum Aceticum, Natrum Salicylicum, Oleum Jecoris Aselli, Pimpenella Saxifraga, Piper Methysticum, Piperazinum, Propylamin, Radium Bromatum, Rhamnus Californica, Rhododendron, Stellaria Media, Terminalia Chebula (Haritaki), Urtica Urens, Viola Odorata, X-Ray can successfully wean the patient off the conventional medication. By using medicine such as that listed above we can start the treatment of steroid dependent arthritic cases which have an absence of clear modalities. Such lesser known organopathic medicines have the capability to alleviate symptoms to a certain extent, thereby the patient is managing the symptoms with homoeopathy as a step to removing the conventional medication. Experience shows that after 40-50% withdrawal of the pharmaceutical drug the uncontaminated, clear symptoms of the natural disease surface and give scope for constitutional prescribing.

In the same way, for **conventional pain killer dependent Migraine cases**, the artificial chronic disease is superimposed on the original natural disease, therefore symptoms are contaminated or suppressed and the patient cannot give a clear picture for a constitutional medicine. In such cases, the following medicines can be selected on the basis of few available symptoms, e.g., Acetanilidum, Amyl Nitrosum, Anagryis, Bromium, Chionanthus Virginica, Cistus Canadensis, Coccinella, Epiphegus, Ferrum Pyro-Phosphoricum, Indium, Iris Versicolor, Kalmia Latifolia, Lac Defloratum, Luminal, Melilotus, Menispermum, Menyanthes, Oleum Animale, Onosmodium, Phaseolus, Saponin, Scutellaria Lateriflora, Turnera Aphrodisiaca (Damiana), Usnea Barbata, Yucca Filamentos. Accordingly the conventional allopathic pain killer is gradually withdrawn and after approximately 50% weaning off of the conventional medicine, suppressed symptoms surface and now the patient can give much clearer modalities.

Similarly for **drug dependent Hypertensive cases** where the following medicines Allium Sativa, Aurum Muriaticum Natronatum, Ceanothus, Crataegus Oxyacantha, Crataegus, Eel Serum, Eel Serum, Ergotinum, Lycopus Virginicus, Lycopus Virginicus, Pituitary Gland / Pituitrin, Rauwolfia Serpentina (Chandra), Rauwolfia Serpentina, Spartium Scoparium, Spartium scoparium, Strophanthus hispidus, Strophanthus Hispidus, Vanadium.

For **drug dependant Hyper-cholesterolaemia cases use of** Adrenalin, Aurum Iod., Aurum Muriaticum Natronatum, Crataegus Oxycantha, Ergotin, Glonoine, Natrum Iodatum, Plumbum Iod., Polygonum Aviculare, Secale Cornutum, Spartium Scoparium, Strophanthus Hispidus, Sumbul, Thiosinaminu are capable of gradually weaning off the conventional medication.

For **drug dependent Hayfever cases** where the following medicines Adrenalin, Allium Cepa, Ambrosia, Anthoxantum, Ars. Iod., Arundo, Brassica Napus, Kali Sulph., Linum Usitatissimum, Magnesia Phos., Naphthalene, Phleum pratense, Rosa damascena, Sinapis Nigra, Skookum Chuck, Solanum Lycopersicum, Solidago Virga, Sticta, Succinic Acid, Terpin Hydrat, Wyethia are useful in gradually weaning off the conventional medication.

In **drug dependent Asthma cases**, when the patient is on an inhaler and/or steroids. In such cases it is very difficult to get a clear picture of the case. Medicine such as Ambrosia, Amyl. Nitrosum, Antim Arsenicosum, Antimonium Sulphuratum Auratum, Aralia Racemosa, Aspidosperma, Blatta Orientalis, Blatta Orientalis, Calc. Ovorum / Ovi Gallinae Pellicula, Camphor Officinalis, Cassia Sophera (Senne Sophera) (Kalkasunde), Cassia Sophera, Dioscorea Villosa, Dulcamara, Egg Vaccine, Eriodictyon, Eucalyptus, Ichthyolum, Iodoformum, Juncus Effusus, Justicia Adhatoda (Vasaka), Kalium Nitricum, Linum Usi, Lippia Mexicana, Lobelia Inflata, Luffa Operculata, Ocimum Sanctum (Tulsi), Passiflora Incarnata, Pothos Foetidus, Pulmo Vulpis, Sambucus Nigra, Senega, Silphium Lancinatum, Solidago Virga, Strych Ars., Tela Aranearum, Viola Odorata, Viscum Album can be prescribed on the basis of few available symptoms.

Dispensing of the dose of Homoeopathic broncho-dialators:

The method I have found to be most effective is as follows: When the patient requires the conventional bronchodilator when out of breath, to sip the homoeopathic bronchodilator medicine instead and in this way tries to defer the conventional medicine as much as possible. In this way, a steroid dependent patient who used to take steroid inhaler 8 hourly,

can, with the help of homoeopathic medicine defer the steroids to 12 hourly, then 24 hourly and so on. In this way the conventional medication is gradually weaned off

In my experience after the patient has weaned off approximately 50% of the conventional medicine, suppressed symptoms surface and the patient can give much clearer modalities. *This may lead to making a change in the plan of treatment and on the basis of MTEK a constitutional prescription can be made. Through this approach, not only does the patient gain confidence that homoeopathy is acting, but has also weaned off the conventional medication to a certain extent.*

The patient is often aware of the side effects of the chemicals of the conventional medicine and wants to stop or reduce the dose. I give full control to the patient who often consults with the conventional medicine doctor. By reducing the pharmaceutical drugs in this way empowers the patient and gives confidence to the process, as throughout general well being will improve and the patient's energy level will increase. I do not advise exactly how much to wean off because that should be guided both by the patient together with the prescribing doctor. As the patient tends to make the decisions I usually recommend a disclaimer signed by the patient.