

Theoretical Examination of Homoeopathy and Allopathy in Bengal Medical Print of the Late Nineteenth Century

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Abstract

A common assumption in South Asian medical history is the existence of fixed, unified, coherent, and well delineated medical systems. The presence of a medical "mainstream Research Institute" they often assume. This article contends that Bengal was the birthplace of both the "mainstream" or "orthodox" allopathy and its "alternative" homoeopathy. It highlights how the so-called "fringe" (homoeopathy) helped define and structure the "orthodoxy" of the period. Important spaces for the formation and reinforcement of such binary identities as "homoeopaths" and "allopaths" emerged in the joint pharmaceutical and printing markets. This article examines a variety of medically-themed polemical works published in Bengali from the 1860s. These mostly addressed the scope, definition, and character of "scientific" medicine and were published in popular medical publications in the late nineteenth century. This article argues that the critical letters and written disagreements between doctors in Bengali print were crucial in developing the terms "allopathy" and "homoeopathy" at the same time. It deconstructs the ways in which modern theories of nationalism, racism, and culture shaped these debates over medicine. It goes on to examine how these medical contestations—which are often nastily called "debates"—have become a staple of modern discourse when it comes to talking about "science" in everyday language.

Keywords: Scientific Medicine, Debate, Vernacular, Medical Correspondence, Medical System, Orthodoxy.

Introduction

Medical "sectarians" such as mesmerists, herbalists, and hydrotherapists gave conventional (or "allopathic") medicine a run for its money in the US and UK in the 1800s. As a result, the medical markets in both countries became more diverse and varied. Among these rivals, the homoeopaths stood out. In accordance with the 'law of similars,' also called similia, this group of practitioners followed Samuel Hahnemann's (1) practice of prescribing extremely diluted doses (the minimum dose needed to cure) of single-drug substances (one drug at a time) at irregular intervals (often weeks or months apart). As this article shows, homoeopaths and allopaths fought a theoretical and conceptual battle during the

second part of the nineteenth century. Additionally, the study delves into the ways in which allopathy triumphed against homoeopathy in terms of theory. This article describes the gradual but steady triumph of allopathic methods against homoeopathy, culminating in their "nihilation" as a danger.

The essay does this by using the concept of "symbolic universes of meaning" as well as tuberculosis and "nosodes" (living disease products) as case models. Through the use of the language of bacteriology, this made it possible to "translate" the fundamental principles of homoeopathy into the medical understanding of allopathic practitioners.

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In addition, the essay takes a Tory historiographical stance. Historical trajectories that have been abandoned may have significant relevance, and this viewpoint supports the idea that history is not linear (2). Homeopaths, cast as the "losers" of history, have little say in how the past is remembered and even less chance of having their own historical perspective heard. Therefore, this study gives precedence to the homoeopathic archive and the account contained within it, and for the purpose of parity, the words allopathy and homoeopathy are used interchangeably (3).

Historical Background

It was Hahnemann who first codified the "law" of *similia similibus curentur* (4), which states that if a treatment can cause symptoms in a healthy person, it will also cure a sick person whose symptoms are similar. Hahnemann was the first to systematically include the idea, albeit it had been there in passing in earlier works. This was because the vital energy, or *vis medicatrix naturae*, the healing power of nature or the "spirit"-like force animating the body, was affected by the greatly diluted remedies. Old school doctors stopped using this idea since they couldn't prove it worked (5).

The term "allopathic," meaning "different from symptoms" or "different from suffering," was also coined by Hahnemann. Using this term, he expressed his belief that his colleagues were being prescribed drugs without or with the wrong connection to their symptoms (*contraria contrariis*: the use of drugs that elicited symptoms that were opposite to those of the disease). This treatment, according to Hahnemann's logic, succeeded in reducing symptoms but did not cure the underlying cause.

Because of the derogatory connotations that were attached to the term "allopath," mainstream physicians avoided using it when defining themselves (6). This was due to the fact that the name "allopath" signified that medical procedures were less than what they actually were. Homoeopathy was embraced by the elite in both nations and received institutional and epistemic backing after reports of its success in treating cholera in the mid-nineteenth century (7). Homoeopathy flourished in the British cities of Edinburgh, Glasgow, and London. In 1849, London

established its own homoeopathic hospital; thirty years later, Glasgow established its first homoeopathic dispensary, and for thirty years, Glasgow was the hub of homoeopathic activity in Scotland. A homoeopath named William Henderson and a medical and general pathology professor named James Simpson had a heated argument at the University of Edinburgh. In 1858, the Medical Act attempted to outlaw homoeopathy in the United Kingdom, but homoeopaths were able to have their way, allowing the London Homoeopathic Hospital (LHH) to stay open (8,9).

It was in America that homoeopathy really took root. Three years before the American Medical Association (AMA) was founded, in 1844, the American Institute of Homoeopathy (AIH) became the first national medical association in the US (10). In 1898, the United States of America was home to 57 dispensaries, 20 universities for medicine, 31 journals devoted to medicine, and 9 nationals, 33 state, and 85 local medical associations. On top of that, 39 lesser-known local groups were present. The number of homoeopaths in the US rose from 2,962 in 1871 to 10,000 in 1872, according to Rothstein. The outcome was a 9:1 split between homoeopaths and allopaths. In 1907, there were more than 1500 beds available to students at the Homoeopathic Medical College of New York and the New York Homoeopathic College for Women's hospitals—more than all of the city's institutions put together. One hundred and sixty-six general hospitals and seventy-four specialized hospitals were run by homoeopaths. Massachusetts, Iowa, Minnesota, Nebraska, and Ohio all had homoeopathic medical schools that were linked with universities. The homoeopathic medical community has grown to include subspecialties in many areas of medicine, such as ophthalmology, public health, surgery, otology, laryngology, psychiatry, obstetrics, gynecology, paediatrics, and medical science (11–14). Actually, one of the first antiseptic procedures in the US was performed in 1876 by Dr. William Tod Helmuth, who was the chief of surgery at the Homoeopathic Medical College of New York. The procedure was an ovariectomy. Antiseptic surgery was able to receive a positive assessment from the American Institute of Health because of this event. In the United States, homoeopathic medical schools

were among the most affluent. Two of the homoeopathic medical schools in 1900 had the most physical assets, including the best buildings and grounds, and three of the four biggest medical libraries were housed in these schools (15).

Comparative Evaluation of Homeopathy and Allopathy

The work of Tessier with chronic diseases like cholera and pneumonia laid the groundwork for a large-scale prospective comparison of homeopathy and allopathy. All patients hospitalized to Sainte-Marguerite Hospital, regardless of their clinical status, were considered for the study. The study did not exclude any specific illnesses. There may have been some influence on the Paris experiment from a similar comparison of the two conflicting systems going on in St. Petersburg. The data collected by the hospital administration during the first three years of the study were finally made public when Tessier presented them at a session of the Société gallicane de médecine homoeopathique in 1852. The tables and other experiment observations were originally included in a brochure that Tessier had created. The details of the study's methodology were disclosed shortly thereafter. A British medical writer living in Guernsey, John Ozanne, made several visits to Tessier's hospital and reported on the trial's progress. His conclusion was as follows: "... being well acquainted with the details of the management of Parisian hospitals, [I] declare it to be impossible that any "selection" of cases or other "trickery" or "cajoling" can take place." He drew particular emphasis to the safeguards that were put in place to prevent allocation bias.

In previous studies conducted in hospitals, administrators or allopathic physicians who were opposed to homeopathy's practice randomly assigned patients to receive homeopathic treatment. Research by Tessier was carried out at the Sainte-Marguerite Hospital, where the likelihood of manipulation during therapy assignment was minimized. The decision was made to establish two allopathic wards and two homeopathic wards, with 100 homeopathic beds and 99 allopathic beds, respectively. Each allopathic physician and homeopathic physician could choose one patient out

of five only while they were in the same room and, more significantly, for treatment in their own ward instead of the ward of their opposite number. An essential consideration is the large percentage of patients who were assigned to treatment independently. The administration in the heart of Paris received a list of the available beds at the suburban hospital first thing in the morning. The administration could claim that "the test of the two methods takes place as far as possible under the same conditions" because new patients were prioritized for available beds regardless of their ward assignment.

Gentle Drugs for a Debilitated Race

The nature of the medications prescribed by doctors was another topic that came up throughout the development of the two competing medical systems. Racism and nationalism were at the heart of such debates, as we will see in the following section. It was the 'heroic' treatment of conventional medicine, according to homoeopathy proponents, that inspired Hahnemann to develop the homoeopathic law in the late 18th century. Homoeopathic treatments, in their view, have always been unique due to their purported mildness. The nature of the medications provided by doctors in Bengal around the middle of the nineteenth century was a source of intense disagreement among them.

Doctors who advocated for homoeopathy made it seem like their treatment would be very easy on the body. In contrast to the medications recommended by conventional doctors, they often promoted the benefits of their own pharmaceuticals. There were negative side effects that allopathic treatments caused, they said. The Indian homoeopathic medication industry often used racial and socioeconomic concerns to legitimize its practices. Homoeopathy was touted as being particularly well-suited for Indians due to the gentle nature of the medications. The existing historical records show how the negative portrayal of Indians as physically weak originated in colonial discourse. In Bengali mythology, the image of the feeble babu has a long and storied past. A number of Bengali literates' inclinations toward homoeopathy are indicative of the many ways in which they internalized and perpetuated colonial prejudices. Author Hariprasad

Chakraborty of the widely-used homoeopathic materia medica According to Homoeopathic Materia Medica, the inhabitants of this country are getting weaker every day, as stated in the book's introduction: Homoeopathic Bhaisajya Tattwa. These people should not use the powerful allopathic medications. It is more appropriate to address their needs with the gentler homoeopathic remedies. In addition, homoeopathy is considerably more appropriate for home therapies, particularly for youngsters and for impoverished, industrious individuals.

The inappropriateness of 'allopathic' medications for Indian bodies was addressed by another homoeopathic doctor in an article about fever therapy. Patients typically do not recover after taking large doses of allopathic medications, which drastically lower their pulse rate. To a certain extent, this makes sense. Some medications that cow-eating Europeans can stomach are indigestible to rice-eating Indians.

Homoeopaths took issue with this since it led them to believe that 'allopathic' doctors were overly reliant on mercury and quinine. Among the medicinal substances administered by the doctors at Calcutta Medical College, quinine and mercury were highly regarded. Because they caused so many distinct disorders in the body, homoeopathic doctors said that taking the two medications too often was harmful. In fact, several homoeopathic guides even included treatments for the likely side effects of using too many "allopathic" medicines, such as mercury and quinine.

Because of the substantial resources that the colonial medical establishment had put into making and distributing quinine in India, the latter became a clear point of conflict. The homoeopaths always claimed that quinine was useless for fever treatment, and they did it in multiple monographs and journal papers. Some claim that individuals became "patients-for-life" after receiving large dosages of quinine from "allopathic" doctors. A homoeopath named Haranath Ray recounted in an essay published in Chikitsa Sammilani that the government had supplied quinine extensively during a malaria epidemic in Burdwan area.

"The people, who initially benefited out of quinine, ended up suffering from enlarged spleens and

livers..." he recalled. Over time, the majority of them passed away.

Experimental Drug Proving' vs 'Galenic Hypothesis

The question of approach was the subject of the second contentious issue. Homoeopathic proponents portrayed their practice as an experimental discipline that relies heavily on data collected from patients. Many of their assumptions about themselves were founded on their rejection of rationality as a reliable means of information gathering. As more and more Bengali homoeopathic literature were out, the genre known as "allopathy" emerged to symbolize the shortcomings of logical science. Homoeopathy, on the other hand, distinguished itself from what it called "allopathy" by prioritizing rigorous experimentation and practical evidence over theoretical analysis. It was emphasized over and time again that an integral part of scientific therapies is experimental "drug proving" on healthy human bodies. In contrast to the "rational hypothesis of the Old School," the homoeopaths put out a compelling case for empiricism. They argued that conventional medicine relied on assumptions rather than the meticulous inductive approach that they had taken. An author writing about Hahnemann's theories in the homoeopathic publication Calcutta Journal of Medicine stated: [T]he spirit of hypothesis is the second rock upon which all the attempts to constitute therapies have come to break. Medical science's "evil genius"[Hahnemann] suggests trying things out. [He] says, "Listen, young gentlemen, I don't want you to turn into homoeopaths just because I say so. What I want is for you to really commit to the experimental approach that we teach you, and to not put up with it when your teachers, who are still acting like positivists, use the cliched language of Galen's hypothesis.

Biharilal Bhaduri, MD, wrote in Homoeopathic Chikitsa Bigyan, "Homoeopathic Medical Science," that doctors prior to Hahnemann relied on patient trial and error when prescribing medications. Homoeopathy, in his view, was distinct from the prevailing orthodox methods because of the phenomena of "drug proving," or the administration of drugs in accordance with prescribed protocols on

healthy human bodies. Those homoeopaths who came after Hahnemann asserted that they could improve upon his original *Materia Medica Pura* by drawing on his experiments. Bengali homoeopathic doctors described Hahnemann's trials with several medicines. 35 Like the Bengali *materia medicas*, the English ones claimed to be the product of years of medical research. Speaking at the annual conference of the Bengal division of the British Medical Association, the most famous Bengali homoeopath, Mahendralal Sircar, underlined this point in a famous speech he gave to commemorate his "conversion" to homoeopathy. Following the lecture, a booklet was issued detailing his detailed account of his drug trials in which he actively participated.

Sircar maintained that he had personally tested medicinal concoctions and that they had worked wonders in curing various illnesses. Aconite, Belladonna, Nux Vomica, and other treatments were tried by me. I have to admit that when given following the symptom similarity concept, I saw their undeniable effect on illness.

Particularly supportive of exploring different "native" medicines were the homoeopathic doctors in Bengal. In the esteemed *Calcutta Journal of Medicine*, edited by Mahendralal Sircar, a homoeopathic physician, this matter was extensively debated.

The doctors who claimed to follow the tenets of conventional medicine flatly denied that this was an experimental and superior science. The idea of conducting homoeopathic drug trials on healthy individuals in order to determine the ideal dosage for every patient was derided. An example of this is the significant pushback against the suggested approach to recording a broad variety of mild symptoms brought on by various substances in the body. Charcoal in dosages less than one millionth of a grain is extensively discussed in Hahnemann's *materia medica*, including the French translations by Jourdan, which occupies at least 46 octavo pages, according to an article published in the *Quarterly Journal of the Calcutta Medical and Physical Society*. The same dosage of *carbo animalis* is associated with 190 symptoms, whereas the same dosage of vegetable charcoal (*carbo ligni*) is associated with 720. Put simply, 720 symptoms are detailed for the

1/5,760,000,000 dose that has been determined to be completely inert.

The homoeopathic literature that were heavily critiqued kept stressing the importance of inductive approach and the notion of empiricism. As the "medicine of experience," homoeopathy was heavily promoted. A heated debate raged amongst the practitioners of the day on what exactly constituted rational scientific medicines. Proponents of homoeopathy argued that it was the only rational practice since it was supported by substantial empirical data. A Viennese homoeopathic practitioner in Calcutta in the late 19th century named Leopold Salzer published a monograph titled *Rational Practice of Medicine* in 1871 that expanded upon this idea. He maintained that empiricism and experience were the most reliable techniques of knowledge formation and that they would save us from our theoretical and practical issues.

We are informed that firsthand experience is the best way to learn the principles and facts of treatments. Here, we go forward in the construction of our principles by means of the induction approach, which entails drawing a particular truth or statement that encompasses all of the information we have about a certain class of events.

Discussion and Conclusion

The paper traces the development of ideas about competing medical traditions in Bengali literature from the middle of the nineteenth century onwards. Prolonged back-and-forth between doctors professing to use different kinds of treatment made it possible. It was not enough for homoeopathy to impose itself scientifically. What it called "orthodox medicine" was thoroughly investigated for its features and reasoning. There was a lot of backlash from doctors who were part of the state medical system, posing as 'allopathic' doctors. As a result, the approach precisely defined the characteristics and boundaries of the two healthcare systems. Because of this, the allopaths in late nineteenth-century Bengal were defined in part by the self-projection of Bengali homoeopaths. This article has highlighted how homoeopathy, a so-called "fringe" practice, helped define and structure the prevailing "orthodoxy" of its day. By doing so, it has demonstrated how the interconnected print and

medical markets formed and maintained the binary identities of "homoeopaths" and "allopaths" under one roof. As indicated in the introduction, this movement reached its height in the medical print industry in the 1860s and 1890s, which is the latter half of the nineteenth century. Due to the broad adoption of bacteriology and the passage of the Medical Registration Acts 83, which basically banned homoeopathy, the character of the correspondence between the two schools of thought among doctors in print changed radically around the turn of the century.

There was a clear downturn in the frequent correspondence and arguments. When homoeopaths did, in fact, start such disputes, the tone was very different from what it had been in the nineteenth century. The potential for germs to cause disease was at the center of most arguments in the twentieth century.

Abbreviation

None.

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