

## Author's reply

Sir,

I am extremely happy that my article could evoke such an interesting philosophical debate. I profusely thank the learned author of the letter for the same. The Oxford Dictionary defines hypothesis as a "supposition made as basis, for reasoning, without reference to its truth, or as starting point for investigation." The question would be when a hypothesis would turn out to be "true science." In general science, this is commonly done through repeated experimentations, and in clinical medicine, through repeated observations and confirmations. There lies the importance of observational studies irrespective of the number of observations made. Clinical trials do indeed start with a hypothesis followed by observational studies. But they are often criticized on design, methodology, etc. The author of the letter introduces a new term "metahypothesis" when a hypothesis is made on another hypothesis, in relation to my article.<sup>[1]</sup> So, are the building blocks on which my article (hypothesis) is made themselves only hypothetical? I agree not. Enough evidences have been put forward in favor of the concepts of two visual systems (now increased to three or more systems by Ramachandran); the concept of the seat of artistic creativity and lastly the phenomenon of paradoxical functional facilitation. The proponent of the latter, Narinder Kapoor, did not discuss this in relation to art but to other facets of brain dysfunctions. And his recent chapter<sup>[2]</sup> in the fascinating book *The Paradoxical Brain* lists over 100 references, all very relevant. Furthermore, if diaschisis (a 100-year-old concept) can be a neurological reality (demonstrated by structural changes also<sup>[3]</sup>), why not the reverse of the same? In neurology, the very root of localization and clinical diagnosis, lesion-deficit relationship, has been originally made on very limited observations (e.g. Paul Broca's motor speech area), and hence could have been labeled as hypothetical; now, centuries later, these are hard science. But exceptions to lesion-deficit concept are not too uncommon in clinical practice. Does it mean that we would discard them? We try to make compromise with some more hypotheses!

Much of cognitive neurosciences and neuropsychology is somewhat abstract, and hence very pragmatically can be

called philosophical. Brain is a mysterious organ – we shall never understand with science that we practice today or perhaps we would be practicing 20 years later. So, why not turn a little philosophical and suggest hypotheses (and perhaps metahypothesis as the writer of the letter uses) if we can peep a little "inside" the brain and stare at its Divine Banquet as Mcdonald Critchley called it.

**Ambar Chakravarty**

Department of Neurology, Vivekananda Institute of Medical Science, Calcutta, West Bengal, India

**For correspondence:**

**Dr. Ambar Chakravarty**, 1E 1202, Avishikta II,  
Calcutta – 700 078, West Bengal, India.  
E-mail: saschakra@yahoo.com

### References

1. Srijithesh PR. Hypothesis and Metahypothesis. *Ann Indian Acad Neurol* 2012. [In press]
2. Kapur N. Paradoxical functional facilitation and recovery in neurological and psychiatric conditions. In: Kapur N, editor. *The Paradoxical Brain*. Cambridge; 2011. p. 40-73.
3. Chakravarty A. MR evaluation of crossed and uncrossed cerebral-cerebellar diaschisis. *Acta Neurol Scand* 2003; 108:60-5.

#### Access this article online

Quick Response Code:



Website:

[www.annalsofian.org](http://www.annalsofian.org)