

TUBERCULOSIS AND HOMŒOPATHY

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Tuberculosis is a very dreadful disease. A few cases of Tuberculosis are referred to in the ancient texts of India. Maharaja Pandu of the famous epic 'The Mahabharat' was suffering from some 'Pandu' disease, which had definitely taken a tubercular turn. He was prohibited, as such, to indulge in sexual intercourse and when, unfortunately, he acted against the directions of the physicians, he instantaneously died. Tuberculosis was called as 'Rajyakshma'; very probably, this disease only attached those princes and aristocrats who led a luxurious indulgent and rash life.

But, nowadays Tuberculosis has turned into a common disease in this country. The big towns and their suburbs are the common play ground for this scourge, which has been doing havocs, nipping in the bud thousands and thousands of young men and women before even they are familiar with the world and its charms. Families after families have been decimated slowly but steadily under its ravaging and destructive influence.

Tuberculosis is thus proving a headache, both to the public and the Government. The Government is spending a huge amount every year to combat the forces of this monster-disease. It has opened a number of sanatoria for T.B. patients. A few T.B. clinics are also being maintained in the different States. Prophylactic measures are also being taken to prevent the spread of this disease on an epidemic level. The B.C.G. Vaccination is the accepted prophylactic against this disease in the Allopathic system of medicine. But this measure has grave drawbacks. Dr. S. M. Bhattacharjee, the editor of the Hahnemannian Gleanings has dwelt at length upon the fallacies inherent in the B.C.G. campaign. A few points raised by him deserve serious consideration. Firstly, B.C.G. entails two processes : (a) Of the Tuberculin Test which determines whether the subject has been already infected with Tuberculosis ; (b) The stage of actual vaccination with the attenuated Tubercle Bacilli.

Persons who are Tuberculin-Positive i.e. those, who have already been infected, are not given the vaccine, in the fear that the preceding infection may flare up into active Tuberculosis. Only those that are test-negative receive the vaccine. In other words while those that need protection most are deprived of it, those that need it least are given it. It is like carrying coal to New Castle. Secondly ; B.C.G. vaccine is expected to afford protection for three years only on an average. The suitability of repetition has not also been ascertained. Thirdly, the proper attenuation of the Bacilli is the only safeguard against their actively flaring up into powerful infective agents. But, the commission of Laboratory error in the act of attenuation as well as the errors of operation and judgment in the Tuberculin test, may prove a dangerous source of infection and ultimate disaster in many cases. Such things happened in Madras, which forced our Venerable Rajaji to protest vehemently. Serious reactions followed in many B.C.G. vaccinations even in Bihar. Reports of such cases were published in the Patna dailies. Fourthly, B.C.G. has been shown to be the course of total obliteration of Tuberculosis from many Western countries. The force of argument on the opposite side is not the less, when it is clearly pointed out that there have been many countries without B.C.G. in the west, where Tuberculosis is only in name. Whether B.C.G. or the improved social and hygienic condition of the country in question is responsible for the elimination of Tuberculosis is a problem yet to be solved.

It is apparent, as such, that the B.C.G. vaccine is not an unmixed blessing. The Government by putting too much reliance upon it is not acting very wisely. Moreover, the Government banks only upon Allopathy for the eradication of this mortal disease, which means clearly a prejudice against other systems of medicine. The Allopathic measures are not proving adequate to meet the challenge of this disease and hence, it is incumbent upon the Government to look to their system of treatment too, in their endeavour to fight this terrible scourge.

Homœopathy has great potentialities in the field of treating Tuberculosis. According to this science, Tuberculosis is a condi-

tion of the human system, when a continual course of wasting and destruction goes on, and the daily repair cannot compensate it. Tuberculosis has two phases of development; Tubercular diathesis and active Tuberculosis. Active Tuberculosis is the final ultimate or the finished product of the Tubercular diathesis. The diathesis is the possibility, the predisposition; whereas the active Tuberculosis, the ultimate product. A man may live up to the hundredth year with the diathesis quite dormant in him, and may not manifest the active condition or the ultimatum. But the active Tuberculosis is the imminent destructive condition from which there is hardly any escape. The diathesis stage is the latent stage for T.B. In the active stage, the pathological and structural changes occur. It is easier to treat a patient quite successfully in the diathesis-stage and prevent him from going to the active stage. It is, however, difficult to treat the active stage.

Homœopathy, however, has done and can do Yeoman's service in both the stages of Tuberculosis. For the diathesis stage, while the old school of medicine has only B.C.G., with its probable serious reactions to its credit, Homœopathy has tens of deep constitutional remedies like, Abrotanum, Arsenic, Aurum, Baryta, Calcarea, Iodine, Kali's, Lyco, Nitric Acid, Phosphorus, Sepia, Silicea, Sulphur, Syphilinum and above all Tuberculinum, which when administered judiciously can change the entire constitution of the patients. Thus, according to Homœopathy, T.B. is absolutely curable in the diathetic stage. There goes the testimony of Dr. Kent, of beloved memory, who says—'If Tuberculinum Bovinum be given in 10M, 50M, CM. and M.M. potencies, two doses of each potency at long intervals, all children and young people who have inherited Tuberculosis may be immuned from their inheritance and their resiliency will be restored'. This assertion of Dr. Kent has been clinically verified during all these years. B.C.G. vaccine is no doubt prepared in attenuated form; but it is yet highly crude as compared to the Tuberculinum 10M, 50M, or CM. of Homœopathy. It is probably for this reason that B.C.G. causes serious reactions in human body.

A homœopath has several guiding symptoms to diagnose

T.B. in the diathetic stage. Several mental symptoms, physical symptoms, vagaries of circulation, glandular derangements, condition of nails, desires and aversions of the patients lead the homœopathic physicians in diagnosing the disease at quite an early stage. It is not possible to go into details of each and every symptoms here. However, a dozen may be pointed out here. Restlessness with dissatisfaction, fear, apprehension, timidity, high grade of irritability; unusual depression; tendency to take cold; eating well but emaciating gradually, nosebleed, peculiar flushing; unhealing ulcers, palpitation specially on ascending even a few steps; nocturnal enuresis or pollutions, Tonsillitis; formation of adenoids in the throat; split and spotted nails; aversion to sweets and milk and hankering for meat, potatoes, ghee and salt are some of the characteristic symptoms in the dormant stage of T.B. But a Homœopathic physician, however, does not take out one symptom or the other singly to diagnose the diseases. He takes the symptoms collectively and the patient as a whole in diagnosing and treating the disease.

In the field of treating even the active T.B. Homœopathy has not lagged behind. With a rich store of deep constitutional remedies at its command, it has cured thousands and thousands of active cases. It will be no exaggeration to record that before the invention of streptomycin and other antibiotics, real cures of active T.B. were only effected if at all, through Homœopathic treatment; and in some cases by having recourses to the native systems of medicine. It may not be out of place to mention here that the cures effected by the antibiotics are not cures in the real sense of the term. They are only suppressions of the disease-symptoms. Homœopathy, however, aims at real cure. In my personal practice, I have cured several hundred patients of T.B. successfully-both in the diathetic stage and active stage.

It is high time that the Government and the public once again rise above prejudice and give Homœopathy a fair trial in eradicating this demon disease of Tuberculosis from our fair land.
