

KOCH'S INFECTION

DR. V. SUNDARA VARADHAN, Madras

Koch's infection, commonly known as Tuberculosis, is known to be one of the greatest killers and the mortality rate, while decreasing in the Western countries, is increasing in our country. Thousands of people were dying annually before the advent of Streptomycin, P.A.S. and I.H.N. These bacteriostatic and bacteriocidal agents along with the newer chemicals have helped a great many cases of Koch's infection. When Dr. Koch revealed about the use of Tuberculin for this affection, it was then hailed by the medical profession and was thought of as a specific. It may be pointed out here that before Dr. Koch revealed about Tuberculin, the nosode Tuberculinum was used in Homœopathy with success and Dr. Burnett furnished excellent case reports in this connection. Before going through the Homœopathic therapeutics, certain findings in Koch's infection, are worth mentioning.

It has been estimated that 7 million persons suffer from tuberculosis in India. Each year, 5 lakhs of people die of tuberculosis, which is 10% of the total death rate in our country. Approximately 2½ million patients require urgent treatment for Koch's infection whereas in our country, there are only 30,000 beds available till May 1963.

So far as Madras is concerned, only 2,961 beds are available for the 25,600 patients in the city.

Regarding Kerala State, about 2% of the population, or approximately 4 lakhs of people are suffering from Koch's infection.

5 lakhs of people are having Pulmonary tuberculosis in the Madras State. Out of every 5 patients having tuberculosis, one dies every year. The death rate from pulmonary tuberculosis is 1 per minute. In Madras State alone, about 1 lakh people die of tuberculosis every year.

Even in U.S.A., more than 53,000 suffer from tuberculosis each year but a strange thing observed is that the tubercle bacilli from human patients in India produced much less disease when

inoculated into Rhesus monkeys than did germs from American patients.

A survey carried out by the Employees State Insurance Corporation, India, revealed that 18,967 persons were actually affected by tuberculosis of all forms during 1960-61, among industrial workers. This worked out the incidence of the disease at the rate of 12.6 per 1,000 persons as against 11.5 in the previous year.

A 9-man Committee set up by England Royal College of Physicians observed that smoking could cause pulmonary tuberculosis especially in the middle aged and elderly.

It is interesting to note that the Indian tubercle bacilli is a biological paradox since they infected and caused tuberculous disease in human beings, whereas they had little effect in the guinea pig. No other tubercle bacilli behaved in this manner in the Western nations.

Dr. Rissmann, Chairman of the Commission for problems of the prevention of Epidemics, German Democratic Republic, said the incidence of tuberculosis in German Democratic Republic had come down considerably and he would place it at 2 or 3 per 10,000 population including old cases.

The theme of the World Health Organisation for this year is 'No truce with tuberculosis' which itself reveals the urgency and intensity of meeting this scourge.

By establishing a number of tuberculosis centres and clinics throughout the country, the Government is trying to eradicate this affection, by instituting mass X-ray, educational programmes, improving sanitation and encouraging domiciliary treatment and providing better sanatoria facilities wherever possible; prophylaxis is aimed by administering B. C. G. to the masses, but its efficacy has been questioned by eminent medical men in the world, yet the immunization is going on.

Dr. Lekisch, a Fellow of the American College of Physicians, observed that tuberculosis control should start in villages since 82% of the population live in villages. He said that tuberculosis sections in the 12,000 established rural dispensaries with extensive domiciliary treatment would reduce the tuberculosis carrier by

about 50% in 20 years. The Central Government plans to eradicate tuberculosis in 25 years.

A few observations at the bedside by eminent Homœopathic Physicians are noted below:—

1. Calc. Carb is indicated late in phthisis when large cavities are forming; it acts particularly upon the right lung about its middle third. (Dr. Farrington, M.D.)

2. Boehr claims that Digitalis is to be the most reliable to subdue the hectic fever of phthisis. (Dr. Dewey, M.D.)

3. I am myself very fond of Lycopodium in cases of suspected phthisis in young women, where yet there is no evidence of tubercular deposit. (Dr. Hering, M.D.)

4. In the opinion of Moll of Brixan, Tuberculin is not only a specific for pulmonary tuberculosis but it is also a good remedy for bony suppurations specially in cases that have been rebellious to other remedies. (Dr. Francois Cartier)

5. Bryonia and Gelsemium for continued and profuse sweats: Nothing has answered so well with me in the colliquative sweat of phthisis as the 2 remedies. (Dr. Douglas)

6. Sulphur is indicated in tuberculous lymphadenitis complicated by caseation, breakdown and multiple sinus formation with superadded secondary infection—a condition described as scrofula and met with in emaciated, older subjects where tuberculosis is rife. [Dr. D. M. Gibson, F.R.C.S., F.F.HOM. (London)]

7. I find Insulin very useful in sinuses formed after suppuration of the tubercular glands of the neck. In the first stage of inflammation of the tubercular glands, Calc. Iod, Tuberculinum etc. in high potency are very effective in curing the enlargement without allowing it to go into the stage of suppuration. But when we get cases where the glands have already given way and draining pus for a long time, or they go on to suppuration in spite of treatment, with gradual emaciation and anæmia, Insulin in potencies from 30th to 200th is very efficacious. It not only cures the sinuses but regenerates the health of the patient within a very short time. Two drugs which are worth mentioning here and on which I have great confidence in scrofulous ulcers and sinuses are Bacillinum in very high potencies and Oleum Jecoris Aselli

also in high potency. Insulin can be tried when all these remedies fail to improve. (Dr. Ghosh, M.B.)

8. Silica has proved of value in tuberculosis of lung, skin, bone, abdomen, lymph nodes, but in advanced disease, should not be given in too high potency. The remedy possesses an ability to stimulate an absorption of fibrosed and scar tissues. It should therefore be avoided in old cases of pulmonary tuberculosis, where there may be encapsulated pockets of tubercle bacilli which might be released to cause fresh active disease.

[Dr. D. M. Gibson, F.R.C.S., F.F.HOM. (London)]

9. I have wasted much time, trying to find a remedy in cases with tuberculosis in the family. Now I give a dose of Tuberculinum and miracles happen. I like very much to augment Tuberculinum with Syphilinum. (Dr. Wilbur K. Bond, M.D.)

10. Phos, Silica and Lachesis are three very dangerous remedies if there is a pre-tubercular tendency. The wrong potency or too frequent repetition may drive the patient into an active tuberculosis. (Dr. E. W. Hubbard)

11. *Tubercular Meningitis*: As a prophylactic measure, which has been widely practised in cases where there is a tubercular inheritance, Bacillinum 10M, 50M and CM at 6 to 8 weeks interval, will frequently eradicate this tendency. (Dr. Kent, M.D.)

12. Zofy recommends Kali Hydroiodicum and Cannabis Sativa in tuberculosis: his 60 years experience verified their use. He used the 1x of each in alternation and asserts that no remedy in the entire Materia Medica has such an influence in lessening the cough, the expectoration, the colliquative sweats and the hectic fever. (Dr. Dewey, M.D.)

13. Phellandrium aquaticum is an excellent remedy in the last stage of phthisis when the expectoration is terribly offensive. (Dr. E. A. Farrington, M.D.)

14. Few medicines are so valuable in pulmonary phthisis as Lycopodium when perseveringly used. The cough, the gastric irritation, the exhaustion, and the intercurrent attacks of pleurisy are wonderfully mitigated by it. (Dr. Pope)

15. Pulsatilla is often a valuable palliative in nocturnal loose coughs, as of phthisis. (Dr. Hughes, L.R.C.P.)

16. *Pulmonary tuberculosis*: *Tarentula cubensis* soothes the dying sufferer as I have never seen any other remedy do.

(Dr. Kent, M.D.)

17. I found that the prolonged use of *Drosera* induces tuberculization in animals and its power to cure tuberculization never failed me.

(Dr. Curie)

18. I use *Bacillinum* 30 in incipient tuberculosis. In early cases, it is my custom to give a dose once every 10 days to 2 weeks. I have had many early cases that cleared up after a few months treatment with this preparation. In late stage of tuberculosis, *Bacillinum* is of no benefit.

(Dr. W. S. Mills, M.D.)

19. Do not use Phosphorus in late stage of phthisis above 200: generally kills in 2 or 3 weeks; use Phos Iodide 30 or Tri-iodide 3 for cases with cavities in lungs when Phosphorus is indicated.

20. *Rumex* in advanced stage of phthisis is a great palliative. *Arnica* relieves the soreness, aching bruised feeling in phthisis. If *Arnica* be insufficient, *Pyrogen* will help. *Tarentula cubensis* will relieve the dyspnoea due to short space in lungs. Acetic Acid and *Ferrum* relieve the diarrhoea.

21. In a chronic case of phthisis, *Sepia* corrects the aggravation due to a wrong remedy. For a non-descript case, begin with *Pulsatilla* or *Sepia*.

22. *Kali Carb* in *pulmonary tuberculosis*: The trouble has spread from catarrhal origin and from the lower portion of the lung upwards. It is not so commonly indicated where the dullness has begun at the apex of either or both lungs. It will very often ward off future sickness when the family history is tuberculous. *Kali Carb* is often suitable and will often act as an acute remedy in the advanced stages of phthisis, in cases in which it was not indicated primarily as a constitutional remedy. In such instances, it will act as a palliative in phthisis, whereas if it were indicated primarily as a constitutional remedy, it will do damage in the last weeks.

(Dr. Junkermann, M.D.)

23. *Calc.* is also indicated late in tuberculosis with large cavity formation especially in right lung. *Calcarea* patient is always tired, becomes quickly exhausted and takes cold easily. These colds settle in chest and ultimately tuberculosis develops.

Calc. c. would have cured this tendency to take cold and prevented the development of phthisis. It encourages the calcification of tubercular areas. In even advanced cases, it arrests them and stimulates calcareous deposits. (Dr. Junkermann, M.D.)

Tuberculinum Bovinum may be administered in 1M or CM potency, 1 or 2 doses at 3 months interval for preventing Koch's infection.

Hydrastis fattens the patient after tuberculosis.

The use of Tuberculinum in pulmonary tuberculosis is well illustrated by Dr. Nobel Montreux in the Pocket Manual of Homœopathic Materia Medica by Dr. Boericke, vide page 657 which is worth a study.

Dr. Curie states: (1)

"Drosera causes the production of tubercular elements in the lungs and *at the same time on the lymphatic system in general.*"

We know pretty well about its efficacy not only in pulmonary tuberculosis but in Tabes Mesenterica and tubercular cervical glands. So far as tubercular cervical glands are concerned, Drosera works wonders, the breaking down is regular and heals very quickly with no ugly scar formation.

(To be continued)

—*Souvenir, W. B. State Homœo. Practitioners' Conference, '64*

RECOGNITION OF HOMŒOPATHY

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Homœopathic Drug Act, it would not have been so annoying and repugnant as it is at present.

Will the state Government, therefore, kindly impress upon the Union Government that 'Health and Medicine' are solely the responsibility of state and that rules, for the purpose, proposed by the Board shall suffice? Let Homœopathy be governed by Homœopaths and Homœopaths alone, lest they are forced to decide to revoke the state recognition of Homœopathy.

—*The Homœopathy, Lucknow, U.P. March, 1965.*

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DISCUSSION

The advent of Streptomycin, P.A.S., I.N.H. and other newer chemicals now offer better therapeutic effect and many patients are brought back from the clutches of death. But the doses used are high and since treatment has to be a prolonged one, toxic effects sometimes follow. This is true especially of Streptomycin which damages the auditory nerve, resulting in deafness. Further, if this treatment is discontinued, even for a short time, or if these drugs are administered singly, the micro-organisms become resistant to these drugs later on and thus these drugs will have no effect, forcing to use other newer chemicals. Further, in Allopathy, only bacteriostatic or bactericidal effects are aimed and the treatment of the constitutional factor is altogether neglected. Tonics etc., are prescribed with the idea of helping the patient to recoup his strength. No doubt, the use of the above drugs certainly convert the positive sputum into a negative one very quickly, subdue the temperature and enable the patients to gain one's self; even then strict rest is essential.

Resistance to all the 3 drugs, Streptomycin, P.A.S. and I.N.H. are known. For these cases, the newer drugs like Cycloserine, Pyrizinamide, Ethionamide etc., are used when absolutely needed, but even these are not so efficacious and these cost more, have high toxic effect and possess weak anti-tubercular action. In our country, where the majority of the patients are poor, who cannot afford to spend more for this kind of therapy, even then with doubtful results, Homœopathy offers efficient therapy at a lower cost than Allopathy. These are some of the shortcomings in Allopathy.

In Homœopathy, the individual with the disease is considered and treated, based on the principles of Similia Similibus Curentur, minimum dose, and single remedy, arrived at by considering the totality of symptoms. Not only the constitutional part is treated

but also that pathological side, thus curing the patient in the real sense. Further, the predisposition to tuberculosis can be removed, even from childhood, thus saving the individuals from being affected at a later date. This covers the preventive aspects. Even in advanced cases, palliation is possible. If caution is observed, there is no side effect or toxic effect and no aggravation will follow. The bedside verification furnished above reveals beautifully the efficacy of Homœopathy in this scourge of humanity. Homœopathy lacks no case reports in this connection. The role of surgery for tuberculosis can be minimised to a great extent. But there are some difficulties in Homœopathy. Statistics have not been compiled extensively, and if this is done, we will be able to show the comparative results between Allopathically and Homœopathically treated patients, which will give confidence and enthusiasm. The exclusive use of nosodes like Tuberculinum, Bacillinum in the acute phases of the disease has been strongly advocated especially in incipient cases by Dr. Burnett and other Doctors, but a quarter of the Physicians state that these nosodes should be used intercurrently only and other indicated Homœopathic remedies should be administered, and these Doctors advocate that during the acute phase of the disease, these nosodes have no place at all. This is somewhat contrary to the idea of Dr. Burnett and his contemporaries. Dr. Burnett cured a number of cases in their acute phases and in the incipiency with these nosodes and at the same time stated that there are cases where these should be used intercurrently and other remedies may be given with advantage when indicated. More light in this regard is needed.

Further, case reports should be furnished in detail, giving the number of weeks taken for the sputum conversion, the subsidence of temperature, sweat, etc. Cure ratio has to be worked out. Radiological findings should be incorporated. From the provings of the Homœopathic remedies, laboratory and animal experiments with potentised Homœopathic remedies and from bedside verifications, it has been amply proved that Homœopathy possesses effective approach to the therapy of Koch's infection, either equal, if not superior, to Streptomycin, P.A.S., I.N.H. or other latest chemicals, avoiding some of their toxic and speculative effects. But it is

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"The characteristic microbe of a disease might be a symptom instead of a cause."

Environment as a source of disease fills a major chapter in the book, as it is from environment that micro-invaders are assumed to come. This idea typifies the tendency in recent times to look for a precise external cause. But Dr. Dubos marks it as odd that lately the more vague and abstract idea of harmony is beginning to supplant the idea of precise cause as a way of distinguishing between a state of illness and a state of health. This is a change that he thinks seems to be swinging medical thought back once more to Hippocrates.

In the center of the book comes the heaviest chapter, where Dr. Dubos considers the gods of healing, and here he diverges most strenuously from the line of accepted doctrine. After tracing through history the assumptions made about the origins and nature of sickness, he presents the philosopher's search for health and this brings him to something of a slap at modern custom. He remarks that according to Hippocrates there would be a good chance of escaping sickness if men lived reasonably. On that theory, certain social philosophers came to think that in a well-governed society physicians would be little needed, and Plato so long ago thought the need for many hospitals and doctors was a mark of a bad city.

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—*The Layman Speaks, Sept., '59*

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not claimed that Homœopathy will cure all cases but the Homœopathic profession well acknowledges the role of Surgery and other methods absolute necessary.

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