

# THE HAHNEMANNIAN GLEANINGS

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## EDITORIAL

### ACUTE AND CHRONIC DISEASES: THEIR RECOGNITION: AN ESSENTIAL PRE-REQUISITE FOR EFFECTIVE MANAGEMENT OF A CASE IN HOMOEOPATHIC PRESCRIBING

Diseases are acute or chronic to a homoeopathic physician not by their duration, but by their characteristic expression: the mode of onset, intensity of the signs and symptoms, the speed of progress and the manner in which they terminate. Those diseases which have a sudden onset, an intense expression, and which travel at great speed ending either in death or total recovery of the patient are termed acute diseases. They are described as often caused due to the acute miasms. The chronic diseases, on the other hand, have insidious and often imperceptible beginnings, they are relatively less intense in expression, they progress slowly but surely ending in death of the patient.

It took nearly four decades for Hahnemann to arrive at the above classification of diseases. Time and again he observed in his practice groups of symptoms more or less similar in expression repeating at periodic intervals and was puzzled by them. In fact, they shook the very foundation of Homoeopathy because, there was a time Hahnemann seriously doubted whether the law of similars had an universal application. But his keen analytical mind perceived the source of the problem as not so much due to the limitations imposed by the law as much as due to a deep seated constitutional cause, which he preferred to call chronic miasms.

Homoeopaths have been debating after Hahnemann what precisely the term miasm meant because of many connotations the word has. The confusion has been worst confounded because of his attempt to correlate the concept of miasm with the itch (scabies), gonorrhoea and syphilis. Why Hahnemann should have indulged in theoretical speculations about the origin of miasms, after deprecating others who did it in his time in strong words, is a myth. But the fact remains, that there is some kind of interference which obstructs the process of cure and needs to be tackled with more deep acting remedies in practice.

As someone has put it, if one doesn't get lost in the 'Black Forest' of Homoeopathy and chooses to keep company of Hahnemann only at the conceptual level the science would sound more meaningful and the practice more effective. Especially with the advent of knowledge of modern pathology, if the concepts evolved by Hahnemann are re-examined, one can establish a logical similarity between the two. The whole concept of chronic miasms beautifully unfolds as a balanced, evolutionary and integrated pathological process from psora to syphilis. Unfortunately, the homoeopaths' attitude towards the subject has been conservative making it difficult for the science to evolve and keep pace with the progress made in other fields. Even the practice of Homoeopathy seriously suffers from being capable of demonstrating an effective correlation between its philosophical tenets and the results it produces.

Every homoeopath professes a radical cure to his patients. He doesn't mince words in decrying his brothers in allopathic practice for providing only palliative therapy. Yet, when it comes to his own field of operations, he finds he is not able to do better. Take for instance tonsillitis. Most of the homoeopathic physicians unflinchingly abort an acute expression of the disease but, fail to prevent its recurrence from time to time. Why?

Diseases which appear periodically or as episodic disorders, despite their suddenness of onset and violent expressions, are not acute diseases but, they are the acute exacerbations of a progressive chronic disorder underlying them. Between two acute episodes some of them leave no evidence of the disease creating thereby a time aberration in a physician who is not alert enough to perceive the intervening chronic phase linking them. Every episode appears to him as disjointed from the other and gets individually treated, often very successfully, by such acute remedies as would hold the expression under bay for some time only to return once again when the system is exposed to the influence of the precipitating causes. Migraine, epilepsy, bronchitis, urticaria are some of the examples of episodic disorders that leave no trace of the disease in between the episodes. While, there are also chronic diseases such as eczematous eruptions, bronchial asthma, amoebiasis etc. that throw up acute manifestations from time to time but, leave evidence of the disease process even during the dormant phase.

Most failures in homoeopathic practice are due to a faulty recognition of these disorders which get treated like the acute diseases. To manage them successfully it is essential for a physician to receive the case in its totality and after a careful analysis of the data arrive at both, the acute remedy to abort the acute episode, and the chronic remedy that has to follow the acute phase as the curative. Here again, the time element is most important. Unless the chronic remedy is introduced just when there is a change from the acute phase to the chronic, the morbid susceptibility of the system which is at its peak at that moment of time is not met with adequately and consequently, a repetition of a fresh attack cannot be averted.

A second problem of management is the choice of the appropriate acute

remedy which, apart from being similar to the signs and symptoms presented by the patient, has to be similar to the underlying miasmatic expression. All drugs in homoeopathic materia medica do not express the miasms to the same degree. While some drugs are predominantly psoric, others are sycotic or tubercular in their expression. Take for instance *Rhus tox* or *Bryonia*. Both these drugs have a preference for fibro-muscular tissues which is the favourite seat of sycotic miasm; the acute expressions of *Kali bichromicum* or *Hepar sulph* have a predisposition to affect the glandular or bone tissue, thus recognized as acute tuberculars. The location of action of the drugs indicates a strong evidence of their peculiar pre-disposition to affect certain tissues in the human system in preference to others, and therefore, it becomes an important criteria in perceiving the totality. A case of tonsillitis where the tissue involved is glandular and the cause of inflammation is a streptococcal infection, clearly points to an acute tubercular remedy like those cited above rather than to the remedies like *Rhus tox* or *Bryonia*, which have more of a sycotic predisposition than tubercular. Here the argument is not that the latter remedies have no seat of action on tonsils or that they have no tubercular expression in them. But the degree to which that expression is manifest in the earlier remedies is not found in the latter. Thus it becomes essential to know the underlying mechanism responsible for the acute expression and it can only become known to a physician when a detailed case taking is done.

Having selected the drug, the next point is about the choice of the right potency and repetition. This can be argued with the aid of a suitable example. Take haemorrhages for instance. The haemorrhages accompanying a fibroid uterus is sycotic, while epistaxis or other vicarious bleeding comes under tubercular. A cancer also bleeds and has all the four miasms mixed with one another. If the pathology underlying these diseases is studied does it indicate the same gravity. If it is different, what are the implications in terms of the susceptibility of the individuals suffering from them. In what manner does the appreciation of susceptibility vary the potency selection and repetition of doses. These are issues amply discussed by the various authors of homoeopathic philosophy. For the purpose of this writing, it is sufficient to know that a cancerous haemorrhage provides relatively less scope for the choice of a high potency in repeated doses whereas, a sycotic bleeding permits both. And the haemorrhages in both the conditions can present to a homoeopathic physician as acute emergencies!

From the above discussion, it is obvious that a homoeopathic physician cannot compartmentalize cases into acute and chronic for the purpose of saving the 'trouble' of recording a case in all aspects. Yet the 'love of ease and comfort' which Hahnemann has deprecated in strongest terms for the physicians has plagued even the highest body for homoeopathic research in the country when it makes the following observation:

"In acute conditions or in acute manifestation of chronic miasms the

relevant spheres will have priority and comprehensive recording will be limited to the extent feasible and practicable."

The homoeopathic profession in India welcomes the stalwarts in Homoeopathy, Dr. Diwan Harish Chand, Dr. B. N. Chakravarty, Dr. B. N. Paul, Dr. M. Kutumba Rao and Dr. T. N. Laddha, who have been appointed as members of the newly constituted Governing Body of the Central Council for Homoeopathic Research and while offering its felicitations to them, it urges upon them to give a fresh thought to issues such as the above, which are patently fractured with the philosophical tenets of Homoeopathy, and restore to it the pristine glory of a scientific system of therapeutics.

*The views and opinions expressed by the authors of articles published in this journal are not necessarily those of the editor and publishers.*

### LETTERS TO THE EDITOR

*(Continued from page 460)*

by itself can perceive a phenomenon as a whole. What is needed for is a totality, a fine blend of the two!

#### CLARIFICATION BY W.H.O. TO DR. TAPAN KANJILAL

Dear Mr. Kanjilal,

Thank you for your letter dated 21 January 1979, which was received in the office yesterday.

Thanks to the excellent work of the Indian national health service, after a long country-wide campaign smallpox was eradicated from India in 1975. The International Commission certified this fact in 1977.

Since then, numerous rumours have come from many localities, on the suspected smallpox cases. All these cases were examined by health staff, and none of them proved to be smallpox.

Such rumours will continue to be reported, and one of them was the one from Moga, which was mentioned in your letter.

Thank you for your interest in smallpox eradication in India.

Sd/- (Illegible), For J. P. Ziegler,  
Regional Adviser

Expanded Programme on Immunization  
for Regional Director.

**Editorial comment:** This letter received by Dr. Tapan Kanjilal in reply to his letter addressed to W.H.O. published in May 1979 issue of THE HAHNEMANNIAN GLEANINGS, has been received for publication. Since the letter answers the query made by Mr. Kanjilal fully, this issue now stands closed and further correspondence on it shall not be entertained.