

## CLINICAL HOMOEOPATHY WITH SPECIAL REFERENCE TO ACUTE AND CHRONIC ILLNESSES (HAHNEMANNIAN MIASMS\*)

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Homoeopathic medicine connected with a clinic or sick bed is called clinical Homoeopathy. It has many facets of applied homoeopathic technology. This article is confined to acute and chronic illnesses of Hahnemannian miasms in the homoeopathic parlance—in other words all the acute and chronic diseases mankind may encounter. To understand thoroughly both acute and chronic illnesses and to know what is to be cured in the patient, a complete investigation of the patient in question and also several similar patients is essential. Hahnemann investigated thoroughly and completely both acute and chronic illnesses *in his time* and accurately defined acute disease and chronic disease with scientific precision<sup>1</sup>. He observed and investigated acute disease and chronic disease with elaborate anamnesis. He wanted to investigate chronic disease further before his wonderful career came to an end and expressed his intention in his monumental work *Chronic Diseases*.

The miasms are broadly divided into acute and chronic. In the acute miasm the reaction against the noxious agent in the patient is relatively short and, as a result, the body either succumbs to the infection or the whole disease subsides and health is regained. In some cases, a permanent immunity against the infecting agent is also established in the body. In the other group, the chronic miasm, such a reaction unaided by a drug is not forthcoming. A lifelong fight against the noxious agent is waged with progressively deteriorating defensive system of the patient.

In acute disease the miasm is fully manifested in the patient, unless implicated by 'chronic diathesis' or suppressive treatment. So to work out a similitum is easy and hence the percentage of cure is maximum. In chronic illness the manifestation of the symptoms of the miasm in the patient is less and partial and more so in the onesided disease or when implicated with suppressions. Mixed miasms with 'drug-disease' are difficult to cure.

Post-Hahnemannian research in the traditional medicine, brought out very useful investigation in the field of both acute disease and chronic disease, which can be conveniently grouped into acute and chronic illnesses, well defined long ago by Hahnemann. Thorough understanding of the clinical medicine will greatly enhance the therapeutic utility in the successful application of the homoeopathic technology to both acute patient and chronic patient.

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This author prescribed Phosphorus in an interesting case of Zollinger-Ellison syndrome, with contra-indications of desires for sweets and meat in a patient. Generally in a patient suffering from the disease of gastro-intestinal tract, desires and aversions for foods are very valuable symptoms. In spite of it, this author prescribed Phosphorus with the leading contra-indications and also with a couple of no indications of the symptoms in the patient for Phosphorus. This is mainly because in the patient of Zollinger-Ellison syndrome where there may be an overlapping of glucagon syndrome, in which desire for sweets becomes a common symptom owing to the deficiency of pancreatic secretions. Another important observation in the patient is the lack of fatty tissue in the body which can be interpreted as the defect of fat metabolism in the organism<sup>2</sup>. This is also an important characteristic symptom of Phosphorus. To the surprise of this author, after the administration of the first dose of Phosphorus, the patient did not complain of severe colic and vomiting for two weeks and put on 1kg weight<sup>3</sup>.

This is not to deny the principle of *similia similibus curentur* or the definition of the disease, namely the totality of the symptoms in Homoeopathy. It is only giving value to the more important symptoms in the patient and to match them with the drug-pathogenesis.

Miasmatic prescription or prescribing a nosode on the single symptom of the patient on the patient's past history or family history and prescribing miasmatic remedy on a few symptoms which do not cover the seemingly manifested total symptoms in the patient, is also in other words giving supreme value to the most important symptoms in the patient, so as to make a successful and curative prescription.

This type of symptom-valuation is also called in the broad sense prescribing on the homoeopathic pathology. Superficially the whole methodology looks like 'mind-boggling' but it is absolutely within the scientific approach, and consistent with the theory and practice of Homoeopathy.

Recently in an epidemic of conjunctivitis in India, this author worked out successfully Mercurius as genius-epidemicus-remedy, by studying extensively the recent text-books, and magazines on ophthalmology on the subject, and also by collecting elaborate anamnesis from many patients<sup>4</sup>.

Acute disease of sporadic nature, epidemic form and acute exacerbation of a chronic disease are the three distinct classifications of acute illness. Some of the acute diseases of Hahnemannian period like influenza and herpes zoster are to be included in the chronic disease. In the recent studies in pathology influenza virus is found in the expectoration of chronic asthmatics who had attack of flu years before<sup>5</sup>. Similarly the virus of herpes zoster is found in the patients of cerebral accidents, who had herpes decades before, in their youth. Another important aspect of acute disease management is the implication of chronic disease diathesis in the patient, in the case of protracted acute illness or its sequelae.

The scope of preventive medicine in Homoeopathy is quite interesting

and very vast. Right from the time of Hahnemann the epidemic disease is successfully treated and prevented. In the author's rich experience, in cholera, smallpox, dengue fever, influenza, brain fever and epidemic conjunctivitis, the genius-epidemicus remedy for the ravaging epidemic diseases was successfully worked out in India from time to time. This author's paper 'Acute Case Management' read in the International Homoeopathic Congress, Hanover (1966) deals elaborately with the management of acute disease in Homoeopathy.

The advantage of a homoeopathic physician over his colleagues in Allopathy is to work out an epidemic remedy both for prevention and treatment in an epidemic disease, whether the causative bacteria or virus is implicated or not in the patient. This valuable and rich experience greatly testifies, the Hahnemannian truth that the disease in the patient is not the bacteria or virus but the totality of the symptoms in the patient. That is the great significance of the homoeopathic adage, to treat the patient and not the disease.

Very interesting observation in the management of both acute and chronic illnesses is the drug disease, which assumes a separate miasm, in the homoeopathic parlance. The wonderful miracle drugs in Allopathy like steroids, powerful chemotherapeutic agents and immuno-suppressive drugs of present time have a greater iatrogenic impact on the patient than at Hahnemann's time. Even a single dose of such a dangerous drug is producing problematic irreversible pathological states in the sensitive and susceptible patients. It is more so in the unfortunate patient with multiple miasms. Recently a gerontologist of Edenburg deplored the sad aspects of multifactorial polypharmacy in Allopathy<sup>6</sup>. Thomas Land mentioning two miracle drugs for anti-virus treatment says that one of the most serious examples of bacteria-caused diseases, which have become almost totally resistant to penicillin as well as many other modern powerful drugs is gonorrhoea. Over-use of the present drugs actually triggered a genetic change in the gonococci bacteria, producing mutant strains capable of generating what is called penicillinase, a substance which is resistant to present drugs.

There is a wide gulf of difference between the pathology we study in the allopathic medical schools and the homoeopathic pathology. So we have a new physiology. Hahnemann's chronic diseases are the true pathology in Homoeopathy. The study and interpretation of provings is new physiology. The study of comparative materia medica and its application to the sick folk is the art of diagnosis<sup>7</sup>. The homoeopathic pharmacology is scientific and highly individualistic to the patient, unlike the universal principles in the allopathic pharmacology, where the dosage is according to the age, height and weight.<sup>8</sup>

The discovery of chronic miasms by Hahnemann is a landmark in the elaboration of the theory and practice of Homoeopathy. There are some who proclaim Hahnemann as the forerunner of bacteriology because he not only

described accurately, the life-long course of a chronic miasm like syphilis, and also acute illness like measles or Asiatic cholera as an epidemic disease. He also visualized a common cause for such a hydraheaded chronic disease and noxious agent for acute disease. They go to the length of identifying the spirochaeta pallida as the same thing as the syphilis, or implicate influenza virus in flu. But however correct it may be, it is putting the whole thing in the wrong way. *The point will be clear if we examine what is meant by miasm as conceived by Hahnemann and as an infection as we know it today.* The traditional system of medicine has been in search of a cause for disease with the faith that the disease will be cured if the cause is either removed, neutralised or annihilated. But scientific minded Hahnemann took his stand not on the so-called cause in the interior of the body but on the manifestations constituting the totality of the symptoms as a certain and reliable guide to his therapeutic procedure. Though the word miasm is sometimes used as a cause, *the totality of the symptoms produced by it in the individual and the humanity is signified by the term.* Though each miasm has its specific cause, the miasm is not identified by tracing the specific cause in the interior of the organism. The miasm, is diagnosed by the totality of the symptoms produced by it. So the totality, the subjective and the objective, is the miasm.

A very important question arising out of the discussion is, is it essential to recognise the chronic miasm or acute miasm when we treat a patient with a chronic disease, or acute disease or is the totality of the symptoms sufficient? Past experience shows that it is not very essential to have a knowledge of the miasmatic condition of the patient before we select a similimum. Depending on the symptoms of the patient, that is the cognitive, affective and conative changes to the exclusion of pathological symptoms, good prescriptions were made and wonderful cures were brought about. Again the emphasis on the miasm or disease as such will tend to a pathological approach from the standpoint of the patient which is a retrograde step in the technic of homoeopathic prescription. But the wide gulf between the two approaches is narrowed down if the personality changes brought about by a chronic miasm or acute miasm in the patient are closely observed and noted. This was not done in the books of pathology and in practice. Hahnemann made such an attempt in his *Chronic Diseases*. So each miasm has to be studied in its total manifestation including the changes in the behaviour pattern of the patient and thus each miasm has to be individualised as is being done in the polychrest remedies. Then there will be no differences between a pathological prescription and a prescription based on the thinking and feeling aspect of the patient. There will only be giving value to the symptoms. Hence to have a knowledge of the miasmatic state of the patient *is not retrograde but is as essential as the classification of the symptoms.*

The next question is can the chronic miasms be only three or can they be more? Any syndrome caused by a noxious agent and which is progressive in its sway over the body unaided by a drug is proper to be classified as a

chronic miasm. In addition to the three miasms of Hahnemann, tuberculosis, filariasis and amoebiasis of the tropical countries come under that group. It adds to our knowledge essential for homoeopathic prescription if we make a study of the course and extent of each miasm on the human body in its totality.

There is another point of interest. Each chronic miasm can produce in the body a new susceptibility for another noxious agent and an immunity against some others. The psora may take a filariasis and keep itself under latency and produce a mixed miasmatic picture which becomes difficult to deal with. The great clinician Hahnemann studied carefully the behaviour of the co-existence of two or more miasms on the human body. He felt that his studies on the whole subject were inadequate and he expressed it in his *Chronic Diseases* before his great career in the world came to a close.

To study the totality of a miasm on the human body is more difficult than that of a polychrest drug. When the totality of symptoms of a miasm is established a group of remedies can be assigned for it with clinical experience and further confirmation by clinical verification. To say that any remedy may be indicated for a disease will be a sweeping statement and it will not help us. Similarly to say that the incidence of acute disease is the expression of psora is another big sweeping statement. The relevancy of chronic miasm with reference to the clinical approach to chronic and acute illnesses is very great in the homoeopathic therapeutics, if they are further divided. It is of greater therapeutic utility to say tuberculinum or other anti-tubercular drugs are more indicated in tubercular patients than any anti-psoric remedy. This author successfully worked out Mercurius as frequently indicated miasmatic remedy in amoebiasis by studying elaborately 5000 amoebic patient.<sup>9, 10, 11</sup> To call a remedy or two miasmatic is only to say that they are frequently indicated in that miasm. But these miasmatic remedies may serve a purpose in the so-called one-sided diseases. In these cases, that is, where symptoms of a lower value only are available and where the infection can be traced to be the beginning of the trouble, the corresponding miasmatic remedy like a nosode may sometimes cure it or pave the way for the selection of a similimum. Such one-sided diseases may be more in the practice of the less experienced in the art. These remedies will show him a way in the wilderness.

Every chronic miasm has its own primary, secondary, and tertiary manifestations. *Unless each miasm is exteriorised, in a patient of mixed miasms or single, it is not correct to say that the patient is cured permanently*<sup>12</sup>. To say that one has cured migraine in a patient is only to treat successfully one facet of the chronic disease. Here unless the physician exteriorised, the underlying chronic disease in the patient, with the aid of a few more indicated remedies, the chronic miasm in him is not cured and it goes on, manifesting different symptom-syndromes in the Hahnemannian phraseology of *hydraheaded* chronic miasm. The sub-division of chronic miasms greatly

facilitates the scientificity of successful chronic case-treatment in Homoeopathy.

This author likes to drop a wonderful idea in this august scientific international body. Successful *prophylactic* management of acute disease in Allopathy with vaccines and inoculations is resulting in the greater incidence of chronic illnesses. Not only that, even the sexually transmittable diseases like syphilis and gonorrhoea are producing changing patterns of multiple diseases of sexually transmittable nature with the inordinate suppressive penicillin therapy.

The classical text-book pictures of typhoid fever and diphtheria are becoming changing patterns of more acute disease syndromes. A separate discipline for the 'terminal illness' has become a necessity. To avoid such a predicament the Hahnemannian Homoeopathy is a *sine qua non*.

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