

CONCEPTION OF INFECTION—HAHNEMANNIAN  
AND MODERN

Modern text-books on pathology describe infection as a process whereby micro-organisms gain entrance into the animal or human body, multiply and produce an abnormal condition or disease *i.e.*, it must be a progressive phenomena where they must be able to reproduce and injure the tissues of the host.

It has been established by experimental proofs that a specific illness can be produced by inoculating an organism with a strain of virulent bacteria. But is this artificial laboratory experiment necessarily an exact duplication of the average clinical infection? The story of a tussle between Robert Koch and Pettenkofer over the question of the absolute pathogenicity of the cholera vibrio, reminds us how the latter swallowed a culture of cholera-vibrios and emerged from the experiment without any symptom or damage whatsoever. More or less constantly, we are exposed to pathogenic organisms (streptococci, staphylococci, Koch's bacillus), but only occasionally an infection develops. Many individuals pass through epidemics without harm in spite of being as fully exposed as others who succumb. Thus experimental and clinical evidence appear contradictory, in part, at least. This apparent contradiction is explained away by the variable factor of individual disposition and resistance. Let us enquire what determines this resistance and what is the specific relationship between the inner factor of disposition or resistance and the outer factor of the infective agent.

"The material history of the development of the animal and human body has left it bound to a minutely constructed and elaborated system of organs and a precarious order of their functioning which can easily become a disorder, open to a general or local disorganisation dependent on an easily disturbed nervous system and commanded by a brain whose

vibrations are supposed to be mechanical and automatic and not under our conscious control." Thus Tagore writes that in life a multitude of cells are bound together into a larger unit, not through aggregation but through a marvellous quality of complex self-adjusting inter-relationship maintaining a perfect co-ordination of functions." Our organism is thus in a condition of unstable equilibrium. But it is the inherent property of Life principle that whenever a factor tends to modify the equilibrium, there occurs a reaction that opposes this factor in order to restore the original condition of equilibrium. Life is a continuous process of self-adjustment of the inner being with outward circumstances. Illness expresses the adaptation of the organism to a pathogenic agent or its passive destruction by this agent. The accommodation to pathogenetic agents assumes two different aspects. On one side, it opposes their invasion of the body and tends to bring about their destruction. On the other hand it repairs the lesions the organism has suffered and causes the poisons generated by the bacteria or by the tissues themselves to disappear. Disease is nothing but the development of these processes. But it may be, as in cancer or insanity, the expression of the passive decay of an organ or of consciousness.

Normally life maintains its integrity, which we call health, by steadily opposing, and within the borders of the organism, reversing the processes of outer nature. Whenever these forces of outer nature are permitted to extend themselves unchanged or insufficiently opposed into our interior, pathology results e.g., a burn, poisoning or infection. All factors of outer nature physical, chemical and biological alike over the ones we commonly consider harmless, are potential disease producers merely by virtue of being a part of extra-human nature. In this respect, there is no principal difference between drugs, poisons or micro-organisms. Disease or death occur when the extra-human impulses which they represent, prevail over their polar, opposing counter-processes of our human formative forces.

Illness occurs under one of the three following circumstances:

1. An external invading factor of overwhelmingly increased strength or virulence may unconditionally override the body's resistance: Exogenous origin of illness irrespective of endogenous factor *i.e.* susceptibility on the part of the human organism.

2. One or several of the specific resistance factors is weakened somehow thereby allowing for the invasion of the corresponding outer infective agent: Exogenous factor joining hands with the endogenous factor—here the question of susceptibility of the human organism comes in.

3. Any function of our system, of itself, may be altered in such a way as to become similar instead of opposed to any of the outer extrahuman processes; thus it spontaneously would create an enclave, as it were, of an extrahuman, health inimical functioning: Endogenous factor predominating irrespective of the exogenous factor—here the question of susceptibility overrides all other considerations.

Thus we find that under average circumstances the exogenous factor is held in check until somewhere our defence breaks down or something within us invites the invader (*i.e.* the living germs *e.g.* germs, parasites, bacteria etc.). On the other hand, in some exceptional circumstances the life-force is so permanently changed as regards its constitutional response that the physical environmental factors (minus the contact and presence of microbes) are alone sufficient to bring about altered internal functioning of the organism similar to those known to be causally connected with specific micro-organisms or leading even to non-infectious types of illness *e.g.* insanity, epilepsy etc. Now it may be construed that Hahnemann's miasms for chronic diseases were of such nature—*i.e.* they permanently changed the life-force to make it susceptible to infection with tubercle bacilli, spirochæta pallida or Gonococci etc. According to this idea the psoric miasm is not the Koch's bacillus, the syphilitic miasm is not the spirochæta pallida

or the sycotic miasm is not the Gonococci but they are separate and distinctive pathogenetic micro-organisms infecting the life-principle to make an organism susceptible to tubercular, syphilitic or gonorrhœal infection. So these miasmatic states of Hahnemann are the predisposing conditions which may or may not ultimate in actual tubercular syphilitic or sycotic diseased-conditions. And that these altered conditions of the organisms may exist are experimentally verifiable and clinically demonstrable by the Drug-proving according to Hahnemann's instructions and methods. We find the corroboration of these facts by the proving of nosodes (e.g. psörium, medorrhinum, tuberculinum etc.) and their effective therapeutic applications to diseased-conditions where the specific germs are not demonstrable by any known method of Bacteriological science. Syphillinum is used in cases not because the patient had actual infection with *Spirochæta pallida* but because his altered state of health manifests such symptom-syndromes which are often found in the actual syphilitic condition. Or in other words he is the type of patient with whom contact with *spirochæta-pallida* would at once bring about the infection and the stage will be set for playing the successive 'Acts' of the drama of syphilis. That is why, these nosodes are used in varieties of cases falling outside the range of actual infection with specific micro-organisms. In this sense Hahnemann's miasms are something far more subtle and wider in its field of activity than what are construed by Koch's and Pasteur's ideas about bacteria and infection.

Hahnemann's idea is further corroborated by our modern investigators in the field of Allergy. The following facts are worth noting :

(1) An organism, once inoculated, remains forever in a state of hypersensitivity and responds with varying symptoms of local and general nature to renewed contact with even minute doses not only of the original but also of a similar or related antigen (e.g. a typhoid fever serum

agglutinates also paratyphoid bacilli, an infection with measles predisposes to tuberculosis; sensitization by the Koch's bacillus increases the susceptibility to strepto—and staphyococcal infections).

(2) The pathologic (anaphylactic) type of response may be likened to what happens when the sensitized organism responds with symptoms of illness to a renewed contact with the exogenous pathogenetic factor.

(3) In the immunity type of response, an analogy to the effect of the isopathic or homœopathic remedy.

In the light of these facts Hahnemann's contention appears quite logical and understandable that in the train of one original infection a never-ending stream of all sorts and kinds of ailments ensues, particularly so when factors of mixed infections and the effects of drugs and suppression add their complications to the picture.

So we can take psora in the sense of an original sensitization which results in various phenomena of hypersensitivity one of which happens to be a lowered resistance of the skin to an invasion of the 'Acarus Scabii'. Hahnemann emphasizes that the abuse of drugs also establishes a disturbance of the human economy quite analogous to the effect of the three chronic miasms.

All extra-human factors, drugs, improper foods, bacteria, physical forces alike, being potential disease producers are also capable of creating what Homœopathy calls the miasmatic state: namely a continued steady progression, under various guises, of the original pathology or a weakened resistance to the original or a similar infective agent.

There must also be a cause within us, to stop our counteraction against the outside force process thereby allowing for what we may term the first or primary illness or infection, which prepares the ground for others to follow.

Our mental personality (consisting of thoughts and feelings) sets up an inner state which is similar to the potential effect of the outer energy: Since the inner and

outer resemble each other, we no longer may oppose the outer. The barriers are down for an extension of the extra-human process into our interior. The bacillary invasion is secondary to the miasmatic disposition derived from the mental and emotional configuration or from the chronic hypersensitivity resulting from earlier sensitization.

Thus the very flexible balance and polarity of endogenous and exogenous disease origin, complementing each other, seems more adequately encompassed in the idea and homœopathic description of the miasms than by the narrower one of infection, which really does justice only to the gross invasion of the external bacterium and completely overlooks the endogenous origin of illness.

Bacteria, as we know them, are only a small physical part of a greater dynamic force complex which again is more adequately described, though not necessarily defined in the recorded symptoms of the miasmatic concept.

In the case of what we may call secondary acute exacerbations of the chronic miasmatic illness the internal hypersensitivity is the pertinent factor; only a constitutional treatment can be of real help. Thus the term "miasm" can be taken in the sense of a sum total of all the factors (exogenous and endogenous, psychological, biological and chemico-physical etc.) in the production of diseased conditions, of which the living micro-organism factor can, of course, never be excluded in case of acute or chronic diseases.

In corroboration of these ideas we may conclude this discussion with the apt remarks of Sir John Weir, which runs thus:

The miasm came before the microbe. All the evidence would support the theory that the first unbalance was in the host, that the patient suffered from a miasm—an unbalance—a disease—which allowed for instance, the *B. Coli* to mutate and become a *Gonococcus*. He would however, also point out that once the mutation has taken place with the formation of a *Gonococcus*, it must be

accepted that the transference of this infection carrying organism to a healthy person could give rise to Gonorrhœa, but even then one must also consider that there is such a thing as a miasm which could favour the growth of Gonococcus..... The Pasteur theory of infection is only a part of the much greater and more scientific doctrine of Hahnemann regarding the true relationship between micro-organisms and disease or Miasm.

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N. B. The writer has incorporated many passages from an admirably lucid article from the pen of Dr. E. Whitmont, first published in the February 1948 issue of the Journal of the American Institute of Homeopathy.

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## RHEUMATOID ARTHRITIS

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### *Description*

Rheumatoid arthritis is commonly of greater incidence amongst the poor, hence we may not be wrong in deducing from this that poor nourishment, poor housing and clothing with exposure to weather inclemencies, overwork and emotional disturbances are all strong etiological factors.

The onset is usually acute, subacute, or slow and insidious and chronically progressive, often developing fully only over many years and usually during the third to fourth decades. In the acute variety, there is reasonably quick onset of periarticular swelling and pain in one or sometimes more joints. This may run for days or weeks, slowly abating into apparent complete resolution, or may continue in a subacute state, with more acute exacerbations following, or other joints may be affected progressively in