

THE ACUTE EXACERBATION OF CHRONIC DISEASE

DR. P. C. SRIVASTAVA, M.A., L.T., H.M.D.S., Port Blair.

DEFINITION

By acute exacerbation of chronic disease, we mean an outburst of a sharp severity of symptoms running a short course, either immediately preceding or during the course of chronic treatment, by means of homoeopathic remedies. This phenomena is more and more important from homoeopathic viewpoint inasmuch as we cannot mix up the treatment of an acute condition with that of the chronic condition for during the course of acute exacerbation, the chronic disease remains latent, and therefore a complete picture of the disease cannot be comprehended at this stage.

What are we to do at such critical junctures, when we are called upon to treat the patient? Are we required to take the full history of the patient on the lines suggested in the *Organon* and prescribe after strict individualisation? Or shall we do keynote prescribing at this stage? We have to comprehend the elaborate picture of the disease as available in the light of the symptoms: (1) generals, (2) particulars, (3) strange manifested at that stage and try to arrive at (a) acute totality, (b) chronic totality, (c) intercurrent totality (miasmatic totality).*

Having thus ascertained the above three kinds of totalities, we have to find out the similimum to meet each kind of totality through repertorial analysis. The acute similimum will often be found among the acute cognates of the chronic similimum laid down in the vast literature of Homoeopathy. The acute remedy shall have to be applied then in such potency and frequency as warranted by the condition of the patient till the wire edge has been rubbed off. The care is then switched on to chronic remedy, after taking the case afresh on chronic lines, and repertorial individualisations etc.

In case of miasmatic obstructions in acute or chronic stage, appropriate miasmatic remedy, as far intercurrent totality, has to be interpolated in higher potency so as to clear up the case, so as to enable the appropriate remedy to take hold towards recovery, observing the laws of cure as advocated by Dr. Hering.

KINDS OF ACUTE EXACERBATIONS

(1) First kind of acute exacerbations of a chronic disease is generally caused by allopathic mismanagement of the case and by introducing drug-dyscrasia, and most of us are unfortunates to manage such cases, difficult to

*Analysis & Synthesis: Totality in Maximising Our Learning From A Case: I.C.R. Method 'A', by M. L. Dhawale, M.D. (Bom.), page 441, THE HAIJNEMANNIAN GLEANINGS, Vol. XLVI, No. 10, October 1979.

cure, as the picture of the disease is obliterated in such cases. One has to prescribe on past picture exploratory prior to such mismanagement or to wait indefinitely till the complete picture is available giving only placebo to his patient or to cut the ill effect of such medicines by such unfolding remedies like Nux v., Sulphur, Puls. or Thuja etc. before commencing the real treatment.

(2) The second acute exacerbation is due to the sudden outburst of psora, hitherto latent and slumbering in the patient which takes the shape of sporadic, epidemic or acute miasma, due to faulty mode of living and dietary etc. We are often called upon to handle such cases. Acute cognates of the chronic remedy are our best friends in such cases. The acute cognates, at this stage, must be miasmatic, in addition to being symptomatic, in order to give the best results. The treatment has to be followed on chronic lines, as soon as the wire edge has been sufficiently rubbed off.

(3) The third kind of acute exacerbation is during the course of homoeopathic prescribing, when the chronic remedy exhausts its action. The slumbering psora, raises its head at this juncture and assumes various acute miasma indicating that a different chronic remedy shall have to be followed as per relationship to complete the cure, after the acute exacerbation is subsided. This phenomena will not take place if the same chronic remedy is still indicated in a higher potency.

(4) The fourth kind of acute exacerbation is found to develop in cases of miasmatic obstructions either at the stage of acute prescribing or chronic prescribing which is soon counteracted by a suitable nosode such as Psorinum, Medorrhinum, Thuja, Tuberculinum, Bacillinum, Syphilinum etc. in high potency.

(5) Fifth kind of acute exacerbation is due to the abuse of vaccination, polio vaccine, triple antigens, B.C.G., and other antibiotics. A suitable antidote or a homoeopathic potency of the same substance will often clear up the case and open road to recovery.

COMPARISON WITH HOMOEOPATHIC AGGRAVATION

The acute exacerbation of chronic disease should, however, not be confounded with the homoeopathic aggravation which is a natural corollary after the administration of a constitutional chronic remedy, under which the patient feels mentally better and the symptoms appear in the reverse order of their coming, and the symptoms disappear from within outward, from above down, from more important organs to less important organs, and they disappear in the reverse order of their appearance. If the symptoms do not follow the above course and appear severe and troublesome, recourse must be taken to antidote them by a suitable remedy taking hold of the original plus newly developed picture.

ILLUSTRATIVE CASES

(1) Master A., 3½ yrs. dwarfish personality, developed paralysis of the left

leg after suppressed measles when hospitalised for about a week. Paralysis travelled from left leg to right leg. Partially affected bladder and rectum. Both hands discontinued movement. Cough, inspiration harsh and croupy. Palpitation rapid and tumultuous. Face expressed agony. Perspiration profuse, on sides lain on. Pupils dilated. Desired to go home, although he was in his home itself. After a repertorial analysis he was given Lachesis 30 one dose on 9.10.79 with marked improvement. He stopped desiring to go home. Both of his hands started functioning. He could eat with both hands. Right leg also could be flexed. On 11.11.79 it was observed that he was averse to motion lying>, sudden satiety on eating, fanning desired, <evening. He was given Lycopodium 30 one dose, being complementary to Lachesis and symptomatically indicated. Improvement further progressed, still the left leg could not be flexed. The boy was averse to touch, liked to be held. Perspiration upper half body, liked saltish dishes, fauning, music and himself sang, unusually. Lachesis 200 was given to him, single dose with placebo on 19.12.79. It was observed that the boy started asthmatic attack <3 to 4 a.m. He was physically and mentally dwarfed, and the spinal paralysis was not improving. Miasmatic obstruction was suspected, though no history of sycosis could be traced from parents. Medorrhinum 1M one dose was the prescription which soon cleared up the acute exacerbation due to miasmatic taint and the boy is again on road to recovery. He is still under treatment.

(2) Master R whitish complexion, 1½ years, with large transparent ears. He did not sit or walk since birth. Hands and legs were found with proper reflexes. Immoderate laughing and occasional brain cry. Throwing of head and opisthotonos. Drinks milk and spits all other food if offered. Does not recognise even parents. Profuse salivation. Eyes sunken, turned slightly downwards. Cicuta v. 200 one dose was the first prescription on 13.9.79. There was general improvement. From 1.11.79 loose motions and inflammation of eyes developed obliging the tiny patient to close his eyes all days and weep. Acthusa c. 30 and Chamomilla 30 were of no use. Suspecting a miasmatic taint, Medorrhinum 1M was prescribed in a single dose and the eye symptoms together with loose motions subsided so as to give a chance to the chronic remedy to take hold, which after a fresh repertorial individualisation was found to be Lachesis, which was anti-sycotic also, in addition to being symptomatic. The boy has now started sitting and improved considerably all round.

CONCLUSION

Cases of the above nature can be cited indefinitely. There is a growing necessity among the beginners to recognize acute exacerbation of chronic disease as a separate phenomena other than the homoeopathic aggravation, and treat the same in accordance with the lines indicated above, and various hints scattered here and there in the writings of great masters of our vast armamentarium.