

## 'EXTERIORIZATION' OF DISEASE IN HOMOEOPATHY

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A disease whether acute or chronic should 'exteriorize' in order to conform to the standard of cure in Homoeopathy. There are many instances where an acute disease gets protracted due to miasmatic diathesis and even gets suppressed not only by allopathic but also by homoeopathic treatment. It is a common observation while treating a chronic manifestation of a miasm like migraine, malaria or gastric ulcer that if the patient gets relief even with homoeopathic treatment, he in course of time develops diabetes, hypertension or some other manifestation of a chronic miasm. If the said chronic disease is cured with 'exteriorization' with psoric skin manifestation or syctic urethral discharge or syphilitic primary manifestation, then it can be said that the patient is *cured* as the word is used in the homoeopathic parlance. In such a patient further manifestation of the hydraheaded chronic miasm is not expected. This is what Hahnemann had termed as *cure*. The concept of a disease in Homoeopathy from pre-natal stage to death of an organism is manifestations of chronic miasms. All the nosological terms like otorrhoea, leucoderma or hypertension are only different pathological states.

Even in other holistic systems of medicine like *Ayurveda*, Naturopathy etc. such a concept of cure is lacking! Allopathic definition of cure cannot come up to the concept of *total cure* of a disease in Homoeopathy because a disease in Allopathy is compartmental and every phase of its manifestation is a new disease with no bearing on the past or family history of an illness.

In practice many physicians in Homoeopathy too are failing to come up to the ideal cure of a disease. If a migraine patient gets well without 'exteriorization' of its chronic miasm neither the physician nor the patient is concerned about the future manifestations of the underlying miasm of the patient. The concept of disease from pre-natal stage to death of a patient with all manifestations is the sum total of a miasm or combination of miasms. That is why Hahnemann emphasized the significance of past history of an illness of a patient or the accessory symptoms and the illnesses of the family members, which are concomitant, in preparing a case history of a patient. This is in other words to know more and more about less and less! The physician must be alert until the disease is 'exteriorized' to avoid further onslaughts of future manifestations of miasm.

Suppression of a disease or disease manifestations like catarrhal discharge has greater impact on the development of a hydraheaded chronic disease, and it is more so with the number of operations. In such situations

*total cure* of the disease is difficult. Repeated suppression of skin manifestations or discharges forces the organism to divert the interior disease process to attack other tissues or organs in the body. Operations like hysterectomy, tonsillectomy and appendectomy etc. have many-sided manifestations of pathological processes in the body which appear like different diseases to the blissfully ignorant conventional physician. One must be vigilant in treating a disease until it is 'exteriorized'. The astute clinician in Homoeopathy must judge the course of remission of the complaints of a disease by laying emphasis on the *similimum* rather than on a similar remedy. Treating with a similar remedy on one or two characteristic symptoms is also called suppression of disease.

The observation of the Hering's laws of cure greatly helps the physician to follow the action of the curative remedy; even in narrowing down an incurability in a patient or in treating a terminal illness by Homoeopathy the laws of Hering are observed. Every miasm 'exteriorizes' its primary manifestations when a patient acquires it. When the patient has inherited a miasm the 'exteriorization' will not be urethral discharge in sycosis or primary psoric skin manifestation or syphilitic chancre. The 'exteriorization' will be from more important organs to the less important ones or different varieties of skin manifestations.

In the clinical experience of this author, whenever the indicated anti-psoric or anti-sycotic remedies were given to the patients who inherited the miasms, they developed different varieties of skin symptoms. An octogenarian patient of parkinsonism got relief not only from the symptoms of paralysis agitans but also of three varieties of skin manifestations. Whenever Merc. sol. was given which covered some rubrics of the patient's repertorial analysis, the patient developed macular rash like eruptions on the back. Whenever Thuja was given, the patient developed catarrhal discharges and blotches of rosy and itchy eruptions on face. Whenever Nat. mur. was given, the patient developed severe itching ringworm like eruptions in the groins and buttocks, and around the genitals. The patient did not have such eruptions in the past history nor did the patient acquire syphilis or sycosis, but a history of gonorrhoea and syphilis was noted in the family.

What is the difference between 'exteriorization' as a symptom of a disease and that as a symptom of cure? How are the two distinguished? Hahnemann observed that one can never know a patient's disease or total illness except as perceivable signs and symptoms. It is to be believed that when the symptoms and signs of the patient are removed, the patient's disease itself is removed. How then should one know that the removal of symptoms is an indication of the patient's disease and not a remission of the symptoms?

Usually a patient's disease is known through signs and symptoms. In one-sided diseases the more important symptoms are lacking due to suppression of signs and symptoms and in such a case *similimum* can be selected

only with thorough artistic individualization of the patient's case history. Hahnemann's contention is that the total disease of a patient can be said to have been cured if the disease is 'exteriorized' after removal of the patient's signs and symptoms. If the signs and symptoms are not observed without 'exteriorization' of the underlying miasm, the patient's disease is not cured, but there is only remission of one aspect of the patient's hydraheaded pathological state.

In medicine it is generally believed that reinfection is possible. A patient treated for gonorrhoea in the primary stage, even if the disease does not reach the secondary stage, is likely to be reinfected with the disease. A child treated for measles can have reinfection of measles.

In Homoeopathy such lop-sided thinking is never there. A patient *cured* after treatment of his acute or chronic condition cannot have recurrence of the same disease even when exposed to the same infection. A child treated homoeopathically for measles shall never get measles again. Similarly, a patient treated for malaria shall never get malaria even if he visits endemic areas. So also, if gonorrhoea or syphilis is treated in the primary stage by Homoeopathy, the question of reinfection shall not arise.

If a chronic miasm is successfully 'exteriorized', can the miasm further develop in the patient or can he be reinfected with the same miasm?

Theoretically it can be said with certainty that it cannot. But even with this author's clinical experience, it is difficult to make such a claim with certainty.

Hahnemann greatly emphasised hygienic living and good food habits for healthy body and mind. This always helps the organism's defence forces to combat illness. Recent researchers in England on cold observed that vulnerability for the attack of cold was more if the man was in a depressed state of mind. This confirms the Hahnemannian axiomatic saying that "*the disease originates in the mind.*"

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