

AIDS AND HOMOEOPATHY

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Ladies and Gentlemen,

I take this opportunity to express my grateful thanks towards the organiser of this function for inviting me to present a paper on AIDS and Homoeopathy which is a current topic in the world of medicine today.

AIDS or Acquired Immuno Deficiency Syndrome has been discovered very recently. The first case of its kind was reported in America in 1981. It appears the first case in India was reported in 1985. But it seems this Syndrome is spreading widely and millions of people are suffering from this (syndrome) throughout the world at present. As such it is a challenge for present day medicine.

AIDS is caused by a virus known as Human Immuno Deficiency virus or HIV. It appears this virus first appeared in Africa from where it spread to America and other parts of the world through settlers and tourists. There are different versions about the origin of this virus of which we are not concerned.

This virus attacks the white cells of the blood which are the guardians of the body as they attack disease germs and protect the body from diseases. When white cells of the blood are made weak or powerless, all organs of the body are affected and different symptoms are produced. Thus tumours of the skin, lung diseases, TB, loss of memory, poor eye-sight, cancer, lack of appetite, fatigue and so many other complications are produced. It is transmitted to other persons through sexual intercourse, blood transfusion, dialysis etc. The main mode of transmission is sexual intercourse with affected persons.

As far as the present knowledge goes, this is incurable. Preventive measures are

avoidance of sex with affected persons, avoidance of blood transfusion from affected persons, etc.

The above is a brief picture of the syndrome from the Allopathic point of view. But we are concerned with the Homoeopathic approach towards this syndrome. Here, we have to bear in mind the very important principle of Homoeopathy, i.e. treat the patient, not the disease. We are not concerned with viruses or their action. When treating AIDS or any other disease, our main concern is the patient and not the disease. The name of the disease is no matter to us.

Fortunately our system of medicine is founded on a nature's law "Similia Similibus Curantur" which is unchangeable under any circumstances. Keeping the law in mind, we have to study the patient and treat him or her. Of course, the miasmatic background of the patient also is very important.

I think Tuberculinum is one of our best remedies to treat patients suffering from AIDS. I invite your attention to the main symptoms of the drug. Boericks says it is adapted to patients who are always tired, with aversion to work, for whom even slight motions cause intense fatigue. Such patients have low recuperative powers, are very susceptible to changes of weather, with general exhaustion, nervous weakness, trembling, epilepsy, arthritis, etc. Skin affections are also there. Is it not a clear picture of AIDS?

Another important remedy is Arsenicum Album with its extreme prostration, burning sensations, respiratory and skin symptoms which agree with symptoms of AIDS.

Psora is the basic cause of all diseases

according to our science. As such, sulphur is an important remedy in the treatment of AIDS. Moreover the skin symptoms of sulphur and its mental symptoms bear close similarity with symptoms of AIDS.

AIDS has great connection with sex and sexual functions. As such, more investigations are necessary about its relation with sex. Investigations and researches are still in progress, and the final word about AIDS has not yet been said. We need not be surprised if in future, scientists find out that the virus itself has been originated from venereal diseases. As such our remedies like Syphyllinum, Medorrhinum, Phosphorous, Thuja, Acidphos etc. may also be required for the treatment of AIDS, if their symptoms agree. According to symptoms, other remedies also may be required.

In short, when treating an AIDS patient, we need not worry about the name of the disease. We should study the symptoms of the patient, his or her miasmatic background, family history etc. and prescribe suitable medicine in fairly high potencies. I am sure we can cure at least some of the so called incurable cases.

I invite suggestions, opinions, experience etc. from the learned audience on this topic. With these few words let me conclude.

Thank you.

Paper presented at the Scientific Seminar held by the Tamil Nadu Homoeo federation at Coimbatore on 30-1-94



CASE REPORTS

FOR FURTHER INVESTIGATION

INTRODUCTION

It is quite usual to read case reports that were treated and cured, in the homoeopathy journals. But nobody gives for publication cases that failed in treatment. But, here, Dr.S.C. Mishra and Dr. Solaiyappan have presented case reports that failed and need further investigation.

In the First case presented by Dr. Mishra , it seems to me, it was not proper to give three doses continuously within a gap of ten minutes, Kali Carb, the indicated remedy. Kali Carb 30 might have been given continuously before starting the due action, in a frantic mood. It should have been a single dose. Digitalis flashed to my mind while reading this case. In such myocardial Infarction Cases, Digitalis Q could be used for smelling and five or six drops in water could be given with intervals and thus the injection costing about two thousand rupees admitting the patient in the ICCU could be avoided. Digitalis Q after watering in the cotton piece could be gently stroked in the Heart Region. In addition to the Mother Tincture of Digitalis, 30 potency of the above remedy also will be found effective in this case. The reason for the failure in this case seems to me 'the hurry' of the Doctor. Dr. Mishra might have failed in this second case also on account of the same ground. In the above case, if Belladonna is the indicated remedy, frequent repetition was necessary.

In the case presented by Dr. Solaiyappan, the main reason for the failure might have been the impatience shown by the relatives of the patient and the Doctor as well. I suppose, this case should not have been taken to the chamber of the Allopath if Baptisia Q was given with intervals instead of crocin and campose. I believe, the readers of QHQ may have different views. The views of readers are invited regarding the case reports of Dr..S.C. Mishra and Dr. Solaiyappan.

WHAT BEST SHOULD HAVE BEEN DONE IN THIS CASE

DR. S.C. MISHRA

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1. At 4.30 AM the wife of a doctor friend rang me up to inform that the doctor was in very much agony and restless condition due to HEAVY OPPRESSED FEELING in chest which he had been fighting with since 2 AM. He felt as if some gas has got stubbornly stuck in his epigastrium which if he could some-how belch up would perhaps relieve his distress. When I rushed to his residence I heard him waiting from distance, saying 'Oh Ma; Oh God; how could I get relief?' He could not lie down on bed and as such he was moving about in the room and was tossing over the bed if he laid down. He tried to vomit. Some slimy saliva came out, no food or ingesta was seen. He tried to pass stool, passed some scanty stool but no relief. Looking to his restless condition (thirst++) I asked him what medicine he has just tried." Arsenic 30 & 200, Carbo veg 30, Nux vom 200 one after another but no relief — was his reply. Now only Kali Carb and Aconite were left to me to be tried. I gave him Kali Carb 30 (based on Time factor 2-3 AM aggravation) 3 doses, every after 10 minutes but to no effect. I tried also Kali Carb 200 but no relief. Likewise I tried Aconite 30 but failed. His pulse was rapid and strong. 85-90 P/M chest massaging relieved him for the moment. B.P. 180-120. I then tried spigelia 30 repeating in short interval but no relief at all. The nearby allopath was then called for, who gave Sorbitrate & Depin which reduced his B.P. for a while but no relief to his chest oppression. Having no other way he was admitted in the heart hospital and was saved after treatment for Inferior Myocardial Infarction.
- Now the question is what more should have been done in this case? How and why did I fail inspite of giving medicine selected to the best of my ability ?

2. A boy aged 20, tall, slim, fair and of mild temperament came to me for acute sore throat which did not allow him to swallow solid food nor even normal water. The fauces were angry, red and he was having some temperature. I prescribed him Belladonna 30/6 doses which did not act. The pain was more prominent in L side of his throat. I gave him a few doses of Merc. I.F. 30. This gave him some relief but not much. One dose of Lachesis 200 was then given. He felt a little relief but he got pain in hands and legs with increasing fever. The pain was more from lumbosacral region to legs. He lost his appetite and thirst completely. At this stage

Pulsatilla 30 & 200 was tried but in vain. On examining him after 4 days of his first visit I saw his tongue showing the typical picture of triangle red tip which is well known for Rhus Tox. I gave him a few dose of R. Tox 30, 200 & then 1M but no effect. His fever was persisting continuously with occasional severe chill. He was so shaking with tremendous chill that somebody had to hold him wrapping with 2 quilts. Again Lachesis 200 was ordered. His fever came down for sometime to rise again on the next day noon. Arsenic 200 & 1M was then tried one after another on the basis of time factor. No relief in the next day. Pyrogen 200 was then given,

followed by Baptisia 30. His father being a very good homoeopathic practitioner was following up the case personally. On 8th day the boy became very much weak and too exhausted to fight with his fever anymore. The case was diagnosed as typhoid and ultimately I lost the battle and surrendered him to be hospitalised. The boy started bleeding per rectum there profusely after administering I.V. drip with high antibiotic and Larygo-orally. That is another story.

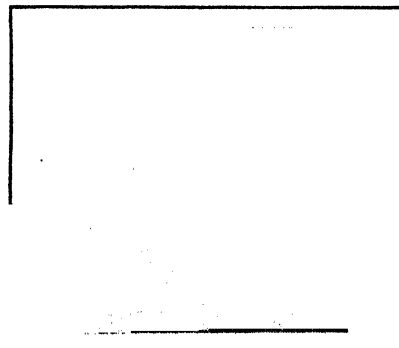
But I could not understand how I failed this case, or was it the fate of the boy who did not get relief in my hand.

WHY DID I FAIL THIS CASE?

Dr. N. SOLAIYAPPAN,
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One late evening a pretty middle aged couple entered into my chamber carrying their son aged 4 1/2 years having 104° fever which started after he had been frightened with sudden shrieking noise by some of his playmates in the after noon. The child was restless, thirsty and sleepless. On examination the child's pulse, respiration etc. were found (to be) normal except convulsion and hyperpyrexia based on the causation of sudden fright I put some globules of Aconite 30 on his tongue and gave 3 doses more to be repeated 1/2 hrly if there was no sign of remission of fever. After 2 hrs the father of the child came & reported no improvement in fever. I gave him one dose of Acon 200 to be given immediately and to report me after an hour. But still there was no sign of improvement. Being the only son of the parents, the child

was very much dear to them and obviously they were very much concerned about the child. They were thinking of getting the child admitted into the medical college hospital



situated 40KM away and in the chilly mid night of December it would be very much troublesome for them to travel to that place.

I then decided to handover the case to the allopath doctor if he could help in this case because the parents were in very much distress and anxious state. Then they informed that they have already tried Crocin to bring down the fever but to no avail. The child was however given half tab of calmpose and they were asked to wait till the next morning. After the Calmpose, the child slept well and his fever also got down and there was no convulsion. The child woke up afresh in the morning requiring no other treatment.

Now to my wit's end I could not understand why inspite of giving the best indicated medicine-Aconite, no result could be achieved? what other homoeopathic medicine should have been selected in this case? How Calmpose gave him quick relief and two months later I saw the child in perfectly normal health.