



Clinico Pathologico-Miasmatic Correlation of *Ferrum*

This time we will be paying attention to the part of our practice that has been very well explained by our teacher Dr Boger: viz Importance of Clinical & Pathological aspect of disease in formation of Totality & Management.

Let us first understand the meaning of these words.

Clinical-involves the data founded on actual observations & treatment of patients as distinguished from data & facts obtained by experiment & pathology.

Pathology - involves study of nature & cause of disease, which in turn, involves changes in structure & form.

Miasm-defined as a defect in the constitution, which interferes with the process of recovery & cure.

Correlation means mutual relationship.

Putting ALL this together, what we get, is the expression of disease at different stages of Pathology, helping us to identify the miasmatic load, which is known to us through signs and symptoms with evolution.

Now we will see how the above helps us to understand any drug / remedy. If we apply this, we will definitely know how the expression & pathology of the remedy changes with the progress on the miasmatic plane from Psora to Syphilis. Dr M L Dhawale worked maximally on this and gave a conceptual base to it, in terms of **Structure, Form & Function** with relation to **Time**. He has focussed on the integration of Modern Medicine with Materia Medica & Philosophy to build

up the drug pictures in terms of evolution at miasmatic plane. We will try to understand this through *Ferrum*.

Ferrum is mainly known to have Psoric & Tub dominance. But if we study it in detail we can appreciate some of its Sycotic & Syphilitic expressions also. Let us see how we can perceive this in relation to our cases.

For this we must first understand the evolution of *Ferrum* in Psora. As we all know, Sentimentality, Changeability, Excitability & Decrease of Will & Drive becomes the central point of *Ferrum*. Due to these qualities we get two types of responses, one where due to excitability, we have < contradiction and the violence which ends in Anxiety, getting expressed as Trembling with Anger. The desire to have people around & violence is reflected in dreams, dreams of meeting old relatives, of fights & wars. Anxiety of performance & Indecisiveness comes as the end product. On the other hand we have Suppression. Suppressed Anger in these people leads to vexation, expressed at physical level as violent congestion with erratic, patchy responses. Now if this suppression is allowed to carry ahead we see below how it affects the body either in terms of Hypersensitivity at all levels or Congestion at all levels.

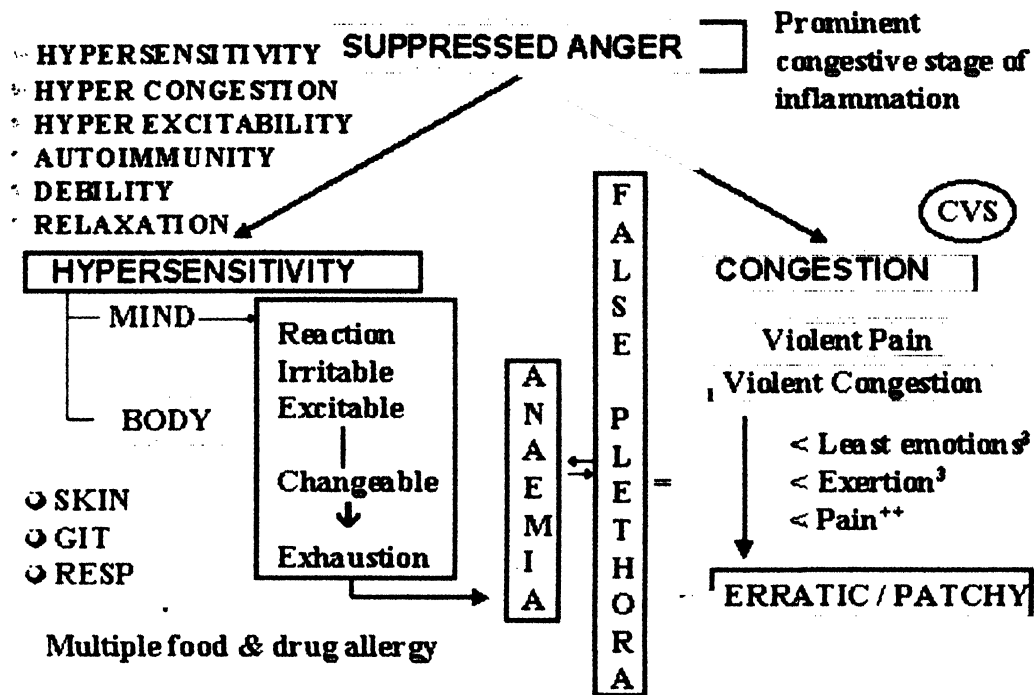
PSORA: (See Structure at back)

CASE 1:

A 38yrs old male complained of Retro-sternal burning², with Heaviness of abdomen². He had a bloated² feeling with pain² in epigastic region. He also complained of Irregular stools with unsatisfactory urge & mucus. All his complains had started after irregular food habits with heavy disturbed, reduced sleep due to work load since 5-6 yrs. He also had increased blood sugar lev-



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- RS:** Allergic Rhinitis
Allergic Bronchitis
Bronchial Asthma
Hypersensitive Air way Disease
Laryngitis
- SKIN:** Urticaria and Eczema

- GIT:** Flatulent Dyspepsia
Hyperacidity Syndrome
Recurrent Gastritis
Irritable bowel Syndrome
Ulcerative colitis

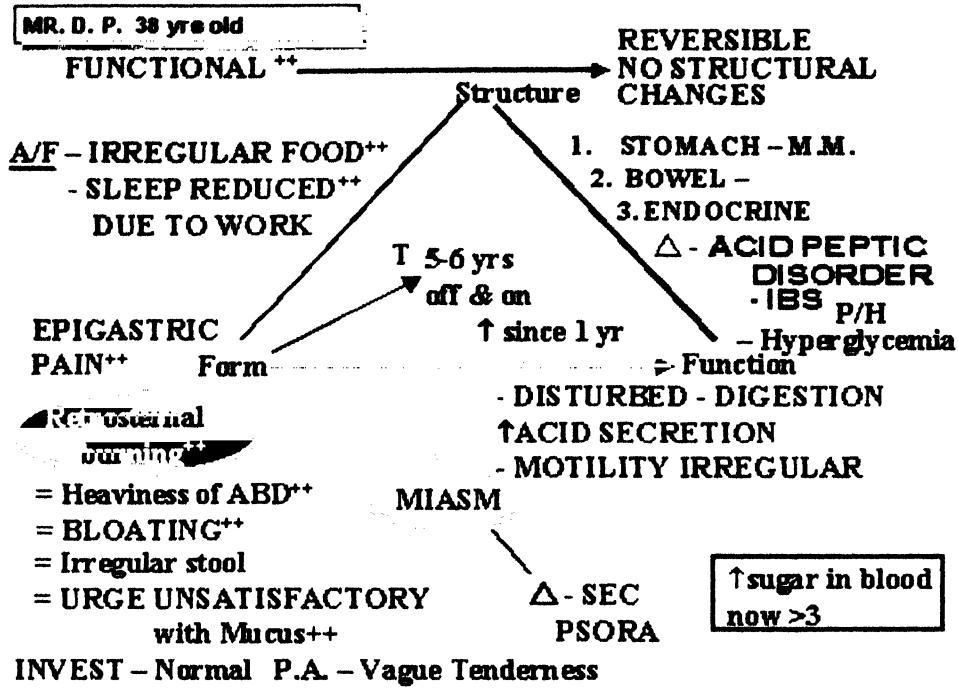
els in the past.
He is basically a sensitive person, getting affected by others remarks, which would make him be on his toes. He would get irritated on minor issues. He would get angry on his colleagues but would cool down easily. All this would produce anxiety, as he was known a very conscientious man. This entire load was getting expressed on the body at GIT level.

On family background: He was facing difficulty in handling his Mother & Wife. Being a Sentimental person, he could not say much to either and had to sup-

press his anger, which was again a stress

Correlating all this, we see that this Patient has all functional complaints. Simple Acid Peptic Disorder where we do not have structural changes. The causative is also a change in food & sleep pattern which is Psoric manifestation. If we put all 3 together with the expression of bloating & unsatisfactory stool, Heaviness, we clearly see the Psoric form of *Ferrum*.

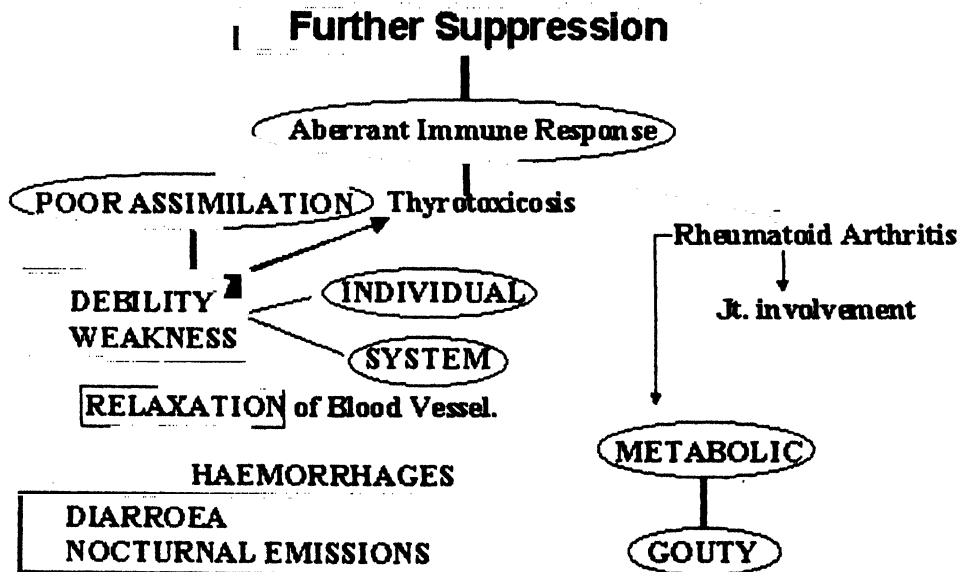
He was given *Ferr-met* 200 1p 3 doses There were no relapses hence forth.



SYCOTIC

Now we proceed to understand the Sycotic expression in *Ferrum*. Here we see how further Suppression

leads to involvement of deeper plane of responses at MSS/ glands.



CASE 2:

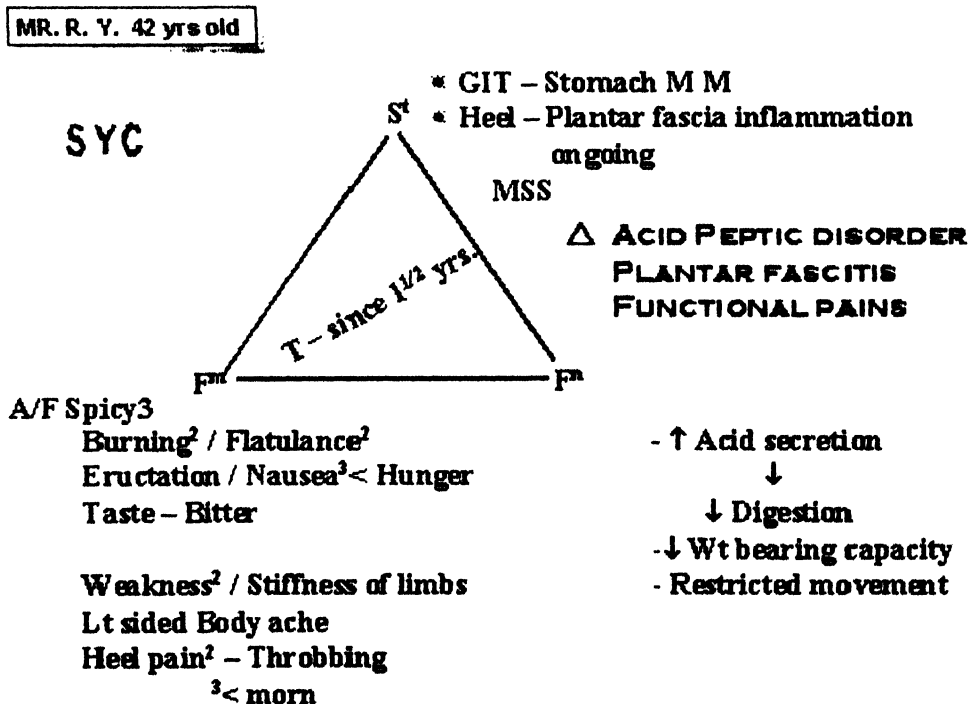
This is a 42 yrs old man, short and stout, with a coming from lower Socio-economic class, depressed look on his face. He sells Chana by foot. He complained of weakness³ & bodyache since 4-5 yrs. Bodyache was especially of Lt side with burning³ in whole body. There was stiffness of limbs also. He had Heel pain² throbbing type which is more in the morning. Along with this, has severe burning in epigastric region with Erructation & Flatulance with Nausea. Stools were normal get had bitter taste in mouth. All those stomach complains have started due to spicy food³.

This person had come to Bombay to earn money. He was an Irritable person since childhood with an Irritable Father & Silent Mother. He had to suppress himself due to Father's domination. No much work at home. With this state of mind he took job, had a conflict with the boss, did not get along & on the verge of moment left the job. This shows his impulsivity & excitability. He took Independent work of selling grains, as he did

not like to work under someone. We can say that his Egoistic attitude & <contradiction produced stress on him, as by this time he was married and conscientious had the responsibility of family on his shoulders. This brought on financial demands which he found it difficult to cope giving rise to that depressed look, dullness & exhaustion.

Thus we see here how continuous suppression of anger gives rise to expression of MSS/ in terms of Plantar Fasciitis & Acid Peptic Disorder. The expression shows dullness & depression at mind. Here the irreversible structural changes in terms of inflammation falls under Sycotic Miasm.

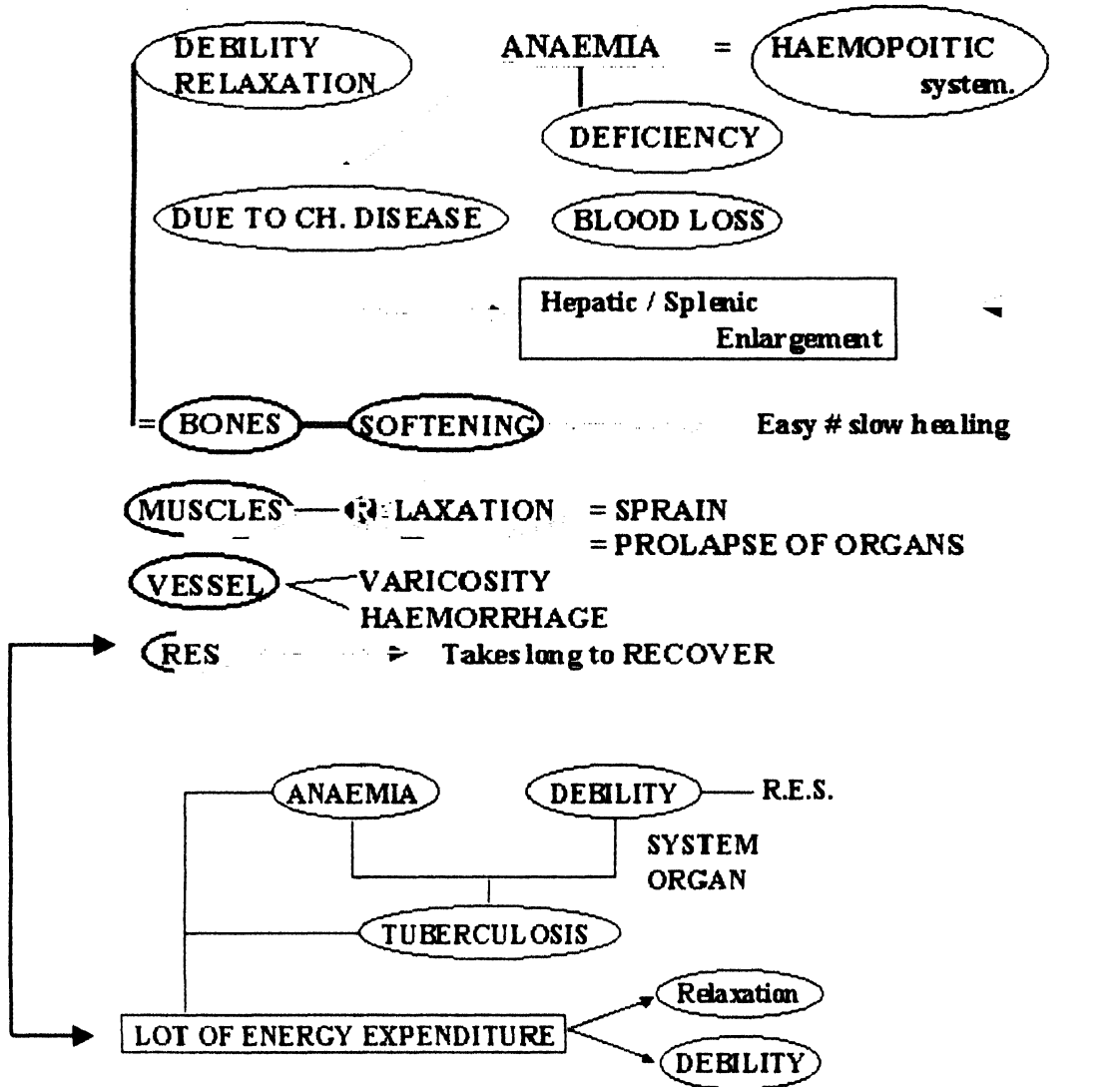
We gave *Ferr-met* 200 3P weekly and later *Ferr-met* 7P every month. In a period of 6 months, his GIT complains & Functional complains had disappeared. Due to the maintaining factor of his work, heel pain took longer time to recover. Introduction of the sycotic remedy *Thuja* 200 1dose hastened the process of recovery.



TUBERCULAR

Next comes TUB Miasm where we see the manifestation of Anaemic disorders as a prominent expression

with a lot of Debility & Relaxation. Here the Haemorrhagic tendencies also get importance *Ferrum* has been used widely in case of Tuberculosis. Let see how.



DELAYED HYPERSENSITIVITY



When we apply this knowledge to our case, it is as follows.

30 yrs male:

Surgical treatment for ILEO-CAECAL KOCH'S for 2 yrs → suspected Subacute intestinal obstruction. Pt on AKT for 2 yrs unable to work, not much improvement

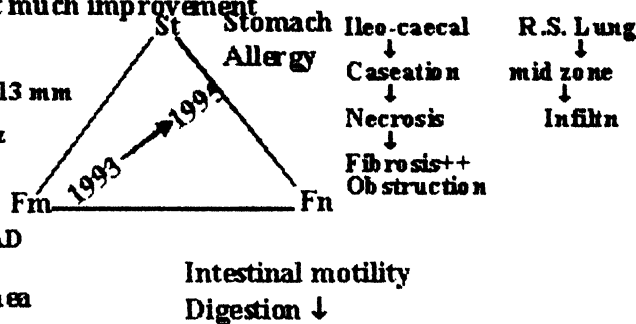
Invest:

1993 - ESR-52
Mantoux - +ve 14 X 13 mm

X-ray chest: Lung lmz
Active infiltn

1994 - Endoscopy
Ileo-caecal Koch's

1995 - USG - abd - NAD



Vomiting & Diarrhea

Constipation since 6months

Since 2yrs

- Pain Burning⁺⁺ < fermented food
- Distention, Giddiness < milk & milk product
- Hazy vision, Weakness⁺⁺ < eggs
- Bitter taste in mouth < empty stomach
- Headache⁺⁺, Numbness⁺⁺ < eating at night

TUB

This Patient comes from a family where his Mo took up the responsibility of family after Father's death. He was Irritable since childhood, would throw things and shouts in anger. But his father a Principal, taught him to control his Anger. Since then there is lot of suppression of Anger. This quality also gets reflected in work where he cannot bear insults, but does not shout now, rather tells people off politely.

After SSC he took up the responsibility of the household and started a contractor business. There he feels responsible for the clients. One of his contractor owes him 60,000/- but he cannot say anything, controls his anger, cannot express it.

Now due to his illness he cannot do his work so he feels sad and depressed that he is not able to fulfil his responsibility.

Patient was given *Ferr-iod* 30 OD and later BD & the Patient was able to work for 4-5 hrs at home. Later when symptoms relapsed we gave 200, & his weight increased by 2.5 kg in 3 months. He was able to re-

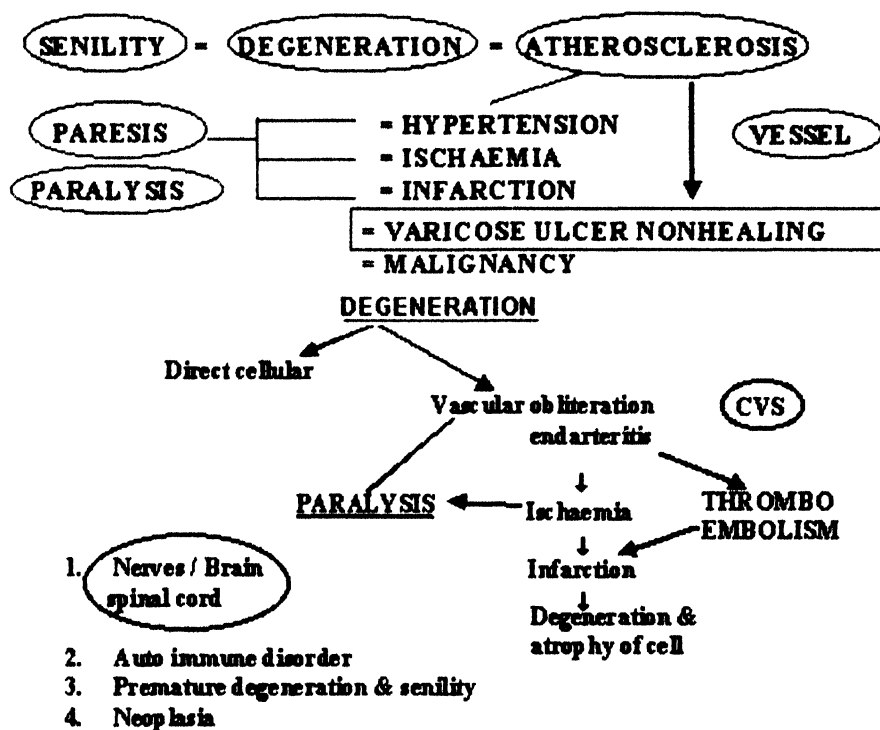
sume his work. 1 dose of *Tub* 1M was given when loose stools episode came up. He was kept on Placebo from 17/5/96 to 1/1/1997.

SYPHILIS

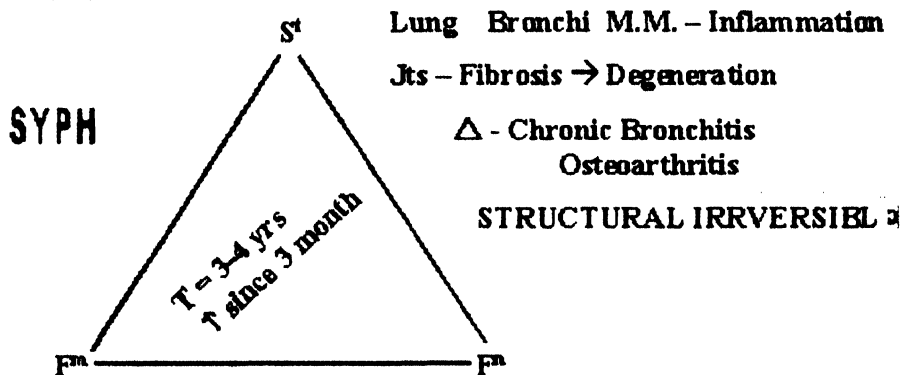
Lastly the Syphilitic Miasm where we see degeneration is the prominent feature.

The Patient comes from a Muslim community holding Rigid values regarding how a female should behave. He believes in all the customs of their religion. He himself would read Namaz 5 times a day without fail showing how religious and conscientious he is. Being the eldest in the family, he very readily took up the responsibility of the family.

Pt's married life has been in pain. He would hit his wife for small reasons for disobeying him, showing his Irritable trait. Once due to some petty reason he threw his wife out of the house. Such were his Impulsive actions. His nephews cheated him and took his house in their



55 Yrs old Male



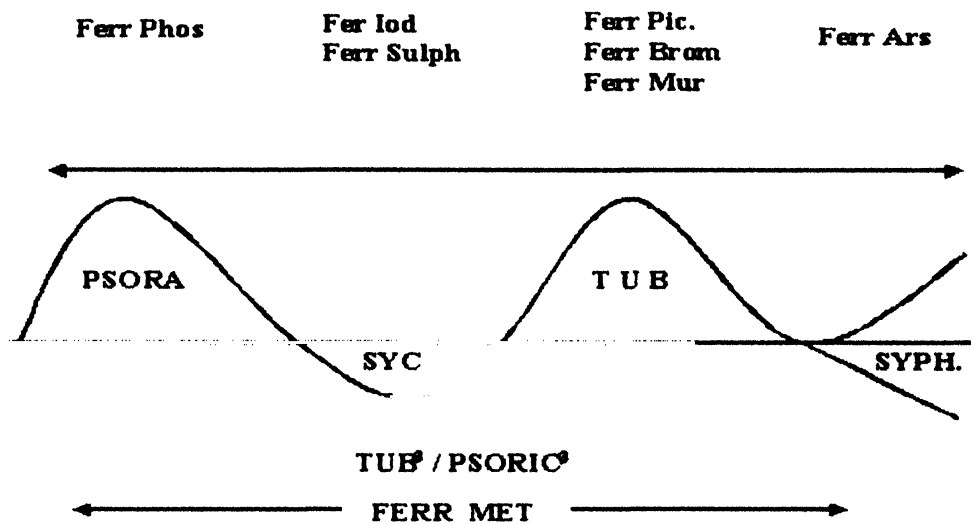
- › Cough with sticky white expect
 - › Dyspnea
 - < climbing stairs
 - < exertion
 - > rest
 - › Chest pain with Heaviness
 - Knee pain
 - O/E - RR⁺⁺ Ronchi⁺⁺⁺
- Dyspnea²
↓ Jt. mobility

name. That time he was extremely angry but could do nothing, so all his anger was suppressed. As there was no one else, he came on road. He preferred to stay alone than stay with anyone where he would have to behave according to their wish. He is so Egoistic that even if he remains hungry he does not mind but he will not bend. During interview he got up many times abruptly to go in middle of talking. This shows his Impulsivity. Appearance wise he was a stern looking old man with abruptivity in his speech.

CONCLUSION:

He was given *Ferr-iod* 200 1 P weekly. Within 2 doses Pt was able to climb stairs upto 1st floor without breathlessness.

Thus we saw how *Ferrum* gets expressed at all 4 Miasmatic Form. As mentioned earlier, *Ferrum* mainly falls under Psoric to TUB state. But if we look at the various salts of *Ferrum* we can see how each one has dominant miasmatic expression. It can be represented as



Study of any drug in this light has added advantages.

- It helps to clearly define the stage of pathology.
- It helps us to understand the miasmatic dominance at that moment of time.
- It helps to decide the management in terms of po-

sology & repetition.

We are able to define our prognosis regarding what can be cured & what cannot be cured, thus making us aware of our Scope & Limitations



A couple drove several miles down a country road, not saying a word. An earlier discussion had led to an argument, and neither wanted to concede their position. As they passed a barnyard of mules and pigs, the wife sarcastically asked, "Relatives of yours?" "Yep," the husband replied, "In-laws."

