



# Addressing the Tubercular miasm in Infective Illnesses

An indolent system with its aberrant, allergic, hypertrophic, erratic, spasmodic responses makes a last ditch effort to survive and return to normalcy, in the presence of continued adverse factors in the environment. There is forced mobilization despite poor resources and in the face of all odds. The result under the circumstance would be a foregone conclusion: definite destruction in the next phase of syphilitic Miasm, which is brought nearer to the stronger Tubercular response. The Million Dollar Question? To be able to identify and understand this stage and state in our Clinical Practice and then take appropriate Therapeutic Measures which would make all the difference to the final outcome of the case.

What would be interesting to know? How do we inherit this miasm and how it gets grooved into our constitution and produces such effects with a complete inability of the immune system to protect the body? Let us see this understanding evolve through a series of cases.

## CASE I: INHERITANCE OF TUBERCULAR TAIN

6 yr-old Baby NS, landed with high grade fever since 5 days. She would become delirious during fever with severe teeth grinding. On Day 6, she was diagnosed as typhoid with Widal positive. The high-grade fever continued with hepato-splenomegaly. There were no other characteristics.

**PAST HISTORY:** Severe worm infestation, Jaundice, re-

current fissure-in-ano with Bleeding PR and Recurrent Paronychia.

Child had a strong inheritance of tubercular – syphilitic miasm

à F/H Myocardial Infarction; IDDM; NIDDM, HT and Inflammatory Bowel Disease

Now if we examine and understand the Past illnesses:

- (a) Jaundice – as an inflammation of the Gland – LIVER.
- (b) Fissure – as ulceration of Mucous Membrane with Bleeding.
- (c) Paronychia – as recurrent suppuration
- (d) Worm infestation – as vulnerability to Biological opportunistic organism.

In the light of the strong predispositions from the past and family history, we can appreciate the tubercular aspect of the current state with high intensity fever, PNE Hypersensitivity, Hyperactivity of Autonomous Nervous System leading to teeth grinding and the CHAOTIC Hypersensitive sensorium as evidenced by delirium and absence of characteristics.

The disease that this child is suffering from is Chronic Remittent fever without any characteristics, so use of deep acting constitutional treatment is indicated. But appreciation of Tubercular miasmatic activity is in its pathogenesis and susceptibility, would make it worthwhile in addressing this miasm before the constitutional. Hence this child received a single lose of *Tub-bov* 1M on first day of treatment followed by single dose of constitutional treatment on Day 2. Idea was to facilitate the action of constitutional remedy by addressing the hindering miasmatic forces.

Child recovered within 48 hrs of treatment with very short convalescence. The rising titre of Widal indicated the stimulation of immunity.



Compiled from:  
**Dr NAVIN'S OPD**  
 Dr ML Dhawale's Rural Hom Hospital  
 Palghar  
**Dr BHAVIK PAREKH**  
**Dr REETHA KRISHNAN**



### CASE 2: RECURRENCE and TUBERCULAR MIASM

Mr AP, a 21yr-old male, with a typically tubercular constitution-tall, lean, thin with sharp features, wheatish complexion and long slender fingers, presented with Enteric Fever-high grade fever, extreme weakness from day 1 with poor appetite-not responding to any treatment. Widal was positive at this point of time. Associated complaints: recurrent tonsillitis and recurrent fevers every year, lasting at least 3 weeks, not necessarily tonsillitis every time. The patient had a FGT (Fixed General Totality ie same general symptoms accompany every disease/fever) of Extreme Exhaustion and weakness with poor appetite.

On studying his recurrent Patterns of reactivity in past illnesses, it was observed that there are some generals, which he exhibits irrespective of the disease diagnosis as well as the stress pattern on RES.

Example

- (1) Extreme exhaustion
- (2) High grade fever and prolonged fevers
- (3) Severe loss of appetite
- (4) Recurrent tendencies to infections
- (5) Tonsils and payers patches RES

This concept of expression of **FIXED GENERAL TOTALITY** during stress as symptoms as well as immune system reactivity pointed towards the strong activity of the Tubercular Miasm underlying the disease pattern of the individual. He also exhibited Headaches during fever, which had modalities of his constitutional remedy. So we obviously required a deep acting constitutional for his deep-seated chronic disease. Addressing the miasm before, would facilitate the action of his constitutional. So he was given one dose of *Tub-bov* 1M followed by one dose of constitutional *Nux-vom* 200. Patient responded within 2 hours, fever gradually decreased; he became afebrile, only to have a relapse of a less intense attack needing the same repetition of I.C and constitutional cycle.

### CASE 3: MIXED INFECTION and TUBERCULAR MIASM

Mrs MP, a 50yr-old female with history of recurrent UTI and Abscess in past, presented with severe UTI with dysuria and fever with rigors. Widal was positive on Day 6 of fever.

So it was a case presented with Mixed Infections, both pointing to a Tubercular miasm.

The whole state demonstrated severe infection of bacterial type both UTI as well as typhoid:

Intense high-grade fever with Extreme Exhaustion. Patient received a dose of constitutional treatment *Tub-bov* 1M followed by another dose of same constitutional treatment; recovery within 48hrs with improvement in both- clinical and laboratory parameters without any relapse of UTI.

### CASE 4: SUPPRESSION and TUBERCULAR MIASM

A middle-aged man came from North India with recurrent classical intermittent fevers recurring every 3 month. Patient had splenomegaly; he was diagnosed to have chronic malaria. Constitution with was *Calc-carb*. Patient used to take anti-malarial each time, with which the fever would go away for some time but would revive again. The only characteristic of fever was 4 pm aggravation. This time anti-malarial had given poor response, so he sought Homeopathic treatment.

Understanding the entire pathogenesis of Malaria in its structure, Form and Function ie involvement of RES and Blood RBCs as the seat of pathogenesis. Vulnerability to parasitic infections and chronic recurrences, which form the high-grade fever and 4pm aggravation – pointed towards the Tubercular Miasm.

Although the constitution was *Calc-carb*, since there was definite time modality of 4pm, patient need the related remedy from the cycle. Single dose of *Tub-b* 1M followed by single dose of *Lycopodium* 200. There was an obvious suppression in the case with anti-malarials that just abolished the form without really taking care of the tendencies to recurrent Malaria.



It was clear that the case would receive more than 1 cycle of *Tub-b* 1M, followed by *Lyc* -a phase remedy and then finally followed up with constitutional Rx to finally abolish the entire tendency and break the cycles.

#### **CASE 5: ADDRESSING 2 SIMULTANEOUS ILLNESS, PLANES OF SUSCEPTIBILITY and TIMING IN TUBERCULAR MIASM.**

A young man who is a driver, presented with angioneurotic edema first episode with classical 3 pm aggravation and severe burning, better by cold application. Thirstlessness with history of recurrent malaria fever. Patient's constitutional treatment was *Nat-mur*. Considering the totality for angioneurotic edema and depending on remedy relationships, he was prescribed *Apis* in multiple doses, which took care of the angioneurotic edema, following which he had an relapse of malaria with classical fever, chill and heat, associated with headache and thirst, increased for sips of water frequently. This totality pointed towards his constitutional remedy- *Nat-mur*. But this interplay between the two diseases reflected two aspects of the susceptibility

- (a) An aberrant immune reaction – accelerating to a angioneurotic edema.
- (b) Chronic state of tendency to parasitic infections, depicting vulnerability of immune system of the Host to such infections, had to be taken care of. So this time, when there was a shift in the plane of susceptibility from acute aberrant immune reaction to chronic malaria, was the ideal time to address the real obnoxious force behind this illness ie the Miasm.

Patient received *Tub-b* 1 dose during this interplay, followed with *Nat-mur* 200, for all this simultaneous illness to get resolved.

#### **CASE 6: LOW SUSCEPTIBILITY POOR REACTION TUBERCULAR MIASM.**

A 5 year old boy, lean with narrow built, fair complexion, sharp features and long eye lashes, presented with

recurrent abscesses of the Meta-carpo-phalangeal joint which had to be Incised and Drained on several occasions, only to recur again without any general disturbance. Patient also had recurrent ear and chest infections. X-ray revealed chronic Osteomyelitis of the MCP joint. Patient also constitutionally had a low appetite with failure to gain weight.

Thus there is an underlying pathology without any symptoms. There is an abscess with chronic underlying pathology without any Expression where you would usually find fever, pain, other constitution general features like change in appetite, thirst. All these were conspicuous in the case by its absence. This indicated poor reactivity of the constitution to throw out symptoms. The pathogenesis indicated deep-seated infection in the bone with acute exacerbations. At the same time patient also had recurrent ear and chest infection. His constitution also (ie physical make up) pointed to the Tubercular Miasm.

- (1) Thus it was not just the Tubercular Miasm, but Tubercular Miasm with low susceptibility and poor reactivity.
- (2) This boy received *Tub-b* 1M 1 dose followed constitutional *Calc-sulph* 6x with a view of draining the abscess. It actually ruptured within two days followed by complete healing.

#### **CASE 7:**

Imagine two LIVER ABCESSES simultaneously in an individual existing without fever, pain or Jaundice or any other general involvement with poor response to Antibiotics.

Consider the state of susceptibility, which has not reacted to change of infection, suppuration and necrosis in vital organ like liver.

Constitution short, thin man, looking aged with *Lyc* as constitutional, had to be addressed with *Tub-bov* 1M weekly doses for 1 month before one could safely and cautiously introduce constitutional remedy.

It is like the time bomb of tubercular miasm with poor susceptibility which could have lead to complications.



After a month, repeat USG showed complete regression and other one showed significant regression, only after which could the constitutional remedy *Lyco* be safely administered.

<b>TUBERCULAR MIASM</b> Predisposition Family History		
<b>INFECTIVE ILLNESSES</b> - Tuberculosis - Typhoid, Malaria - Leprosy – UTI	<b>NON-INFECTIVE ILLNESSES</b> - NIDDM - IHD - HT - Cerebral infarction	
<b>CONSTITUTION</b> Lean, Thin, Narrow built; Fair Complexion, Sharp features, Long eye lashes, Silken hair, Extremely regular teeth		
<b>TENDENCIES</b> - Tendency to suppuration - Tendency to bleeding - Tendency to delayed wound healing		
<b>PAST HISTORY</b>		
<b>ILLNESSES</b> - Tonsillitis, Lymphadenitis - Fissures; worm infestations - Hyperthyroidism; Tuberculosis - Auto-immune disorders	<b>PATTERN OF RESPONSE</b> - Delirium - Involuntary movements - General Debility - Weakness, exhaustion - Appetite loss; weight loss - High grade hectic fever	
<b>PATTERN OF RESPONSE</b> - Ulceration - Acute Inflammation - Ischemia - Necrosis - Fibrosis - Scarring - Auto-immune	<b>SYSTEMS</b> - RES - Blood - Nerves - Mucous Membranes	<b>SUSCEPTIBILITY</b> - Hypersensitivity - Hyper reactivity - Erratic responses - Poor Susceptibility - Poor reaction - Tardy convalescence - Protracted Recovery

**CONCLUSION:** Thus we have demonstrated that the Tubercular miasm is a miasm in which the individual has poor resources; at the same time there is FORCED MOBILISATION from P N E and RES

systems leading to increased activity, which ultimately leads to Exhaustion and debility thus rendering the subject vulnerable to Biological Environs– GERMS, VIRUSES, PARASITES.

