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Unravelling susceptibility in modern times: The validation of Stuart Close

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Abstract

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GUEST EDITORIAL

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“If the physician knows how to modify susceptibility in such a way as to satisfy the requirements of the sick organism and bring about a true cure, then he is a physician indeed; since cure consists simply in satisfying the morbid susceptibility of the organism and putting an end to the influx of disease producing causes.”¹

These are the simultaneously stirring and bold words of an insightful philosopher-clinician, Dr. Stuart Close, uttered more than a century ago, when modern medicine, as we know it today, was still in its infancy.

We should not be surprised that almost a half a century later, when the era of vaccines and antibiotics was well underway, we found an equally determined clinician from a different country, trained in clinical medicine, making a more assertive statement, which ran counter to the practice of the time.

“As normal susceptibility is essential for the maintenance of health, and disease results from abnormal susceptibility, all rational therapeutics will aim at the restoration of normal susceptibility.”²

Today, remarkable advances exist at all levels of healthcare; however, timeless wisdom rears its head once again – this time with a comprehensive delineation of conditions that need to be fulfilled so that Stuart Close’s physician can bring about a ‘true cure’.

“Total assessment of susceptibility and sensitivity, as reflected in the evolutionary totality of the individual in his illness, is essential to the proper understanding of the phenomenon of disease and for undertaking effective control of the process so that we can restore the individual back to his state of health.”³

Our understanding of the role of susceptibility in Homoeopathy has grown since the inception of the concept; over the years, it has acquired a central position in ‘Operation Cure’. It features as one of the lead articles⁴ in the present issue. Several questions occur at different levels. What is susceptibility and what role does it play in our daily lives? What infuses it with such a lasting power in our approach to understanding health and illness? What are its ramifications in our understanding of choosing the simillimum? Why do clinicians consider that a sound understanding of susceptibility is crucial to the outcome of treatment? How do we assess it in its various dimensions?

It is not the intention of this writer to offer answers to the various questions posed, since both Close¹ and

Dhawale² have provided an expert exposition which is a refreshing revision. What would be attempted is to peruse the manner in which the concept of susceptibility has continued to enter medical discourse, thereby offering strong support to the received wisdom from the homoeopathic stalwarts. We may also get glimpses of how we may deepen our understanding of susceptibility in various ways.

Webster’s dictionary defines susceptibility as ‘capacities for feeling or emotional excitement: sensitiveness’, and ‘capacity for receiving impressions’.⁵ The term is thus widely inclusive and covers the subjective (mind) as well as objective (registration of impressions) faculties. When applied to living systems, we see this property is resident in the cells and cellular organelles, psychological and biological systems, and in individuals and groups. It is relevant at this stage to recall that Kasad⁶ points out the advantage of conceptualising susceptibility as a rapid receiving and quickly responding part – the sensitivity when referring to the mind and nerves – and susceptibility when referring to the cellular response.

We have set the stage for considering the biological and psychological influences on susceptibility. Link and Phelan⁷ argued long ago that social factors such as socioeconomic status and social support are likely “fundamental causes” of disease. The communities not possessing a favourable social status are often denied access to important resources, thereby affecting multiple disease outcomes through multiple mechanisms. Consequently, they continue to be susceptible to disease even when medicinal treatment shows ‘progress’. Without taking this fallibility into account, our individually based intervention strategies are ineffective. Our failure to adopt broad-based societal interventions does not impact public health. Almost 28 years later, Noppert *et al*⁸ have now erected excellent models to explain these mechanisms. They have postulated ways to uncover the potential pathways by which the social environment affects the individual’s risk of being prone to infectious disease either through increased exposure to pathogens or by increasing susceptibility to infection. Recent events have taught us how environmental and climate change affects our health in myriad ways and how important it is to attend to this aspect in medical education.^{9,10} Susceptibility has bio-psycho-social

implications, which must be considered when introducing Homoeopathy in public health.

It is common knowledge that we are influenced by environmental stresses through epigenetic modifications. Once these take place, the phenotype changes and we get disease expression. Our susceptibility is affected. We often observe that these phenotypic expressions get transmitted across generations without any change in genomic configuration. Jirtle and Skinner,¹¹ in some elegant experiments carried out over four generations of rats, showed that there is indeed an epigenetic transgenerational inheritance, with the males transmitting the changes to males and females! Thus, changes in our susceptibilities have the capacity to get transferred across succeeding generations. Who indeed would have imagined that we would be able to locate an answer to hereditary susceptibility in epigenetics?

Our susceptibility is under the control of our higher systems. We are susceptible to various types of stresses. Changes in distinct neural pathways that regulate and limit neuroendocrine stress axis have now been identified. Ebner and Singewald¹² have shown that patients of depression and anxiety do have a dysregulated Hypothalamo-Pituitary-Adrenal Axis (HPA axis) activity.

Disease susceptibility depends on interactions between immune cell receptors and proteins. These shed light on how different arms of the immune system are involved. The human leukocyte antigen (HLA) system is a gene complex which plays a central role by encoding the major histocompatibility complex (MHC). MHC proteins allow immune cells to recognize if a given cell is dangerous or not. This mechanism has been proved in Human T cell Leukemia Virus type 1, Human Immunodeficiency Virus type 1 and Hepatitis C Virus and in an inflammatory condition like Crohn's disease.^{13,14} It may now be possible to identify the biomarkers for enhanced susceptibility under the similitum.

Considering the relevance of susceptibility, a wide expanse of this concept needs to be reflected and acted upon. That is the task which a clinician performs. But a researcher has to do a more fundamental work. In this issue, the article by Taneja *et al*⁴ gives an insight on how we can assess and measure susceptibility in its various dimensions. It brings in a new dimension to our application of the susceptibility concept at the bedside by introducing to the profession, a novel tool for susceptibility - SATH, Susceptibility Assessment Tool for Homoeopathy.⁴ It is always hard to reduce a philosophical concept to an operational level and further qualify and quantify it so that we may formulate objective criteria for its implementation.

While the statistics may be daunting to the uninitiated, the conclusion is straightforward. SATH is, thus, being proposed to all clinicians to employ and objectively assess susceptibility to derive the most appropriate potency and management strategy, likely to deliver a Hahnemannian cure.

A homoeopathic clinician is always keen to understand how the various concepts related to susceptibility can be applied at the bedside. This issue carries a book review¹⁵ which comprehensively deals with this aspect.

This issue also features a fundamental research in male wistar rats for evaluation of oral administration of different potencies of *Calendula officinalis*.¹⁶ Physicochemical behaviour of *Citric acid* has been narrated in detailed manner.¹⁷ Another pilot study in this issue depicts the effectiveness of homoeopathic medicines in hypertrophied adenoids among children.¹⁸ Usefulness of individualised homoeopathic medicines in a PCOS patient¹⁹ and a patient with multiple renal calculi along with bi-lateral ovarian cysts²⁰ have been discussed in this issue.

Finally, keeping in sync with the times, just as SATH, one can only look forward to seeing more philosophical concepts of Homoeopathy receiving objective parameters of assessment! The Genius of Stuart Close would indeed be pleased at this turn of events, 100 years after he penned his essays.

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