

# Miasmatic Approach Saved The Day

Mr D P age 20, Unmarried, a vaishnav varnik. One day his father came in a great hurry and reported an emergency and asked for immediate attention. His son was diagnosed as Hepatitis B and his complaints were not improving inspite of being in a nursing home for last 4 days. Hospital authorities were not willing to keep him as he was a case of Hep B and he was sent back home. On visiting him, I found no major characteristics except - profound weakness & yellow perspiration. He was not in any position to give further details.

SGPT-1200 Bilirubin -22, Direct-18, Australia Antigen +ve.

O/E: Icterus+++ Hepatic tenderness ++

One can understand the gravity of the situation.

## DETAILS GIVEN BY RELATIVES:

He over-exerted for CA exams since last few weeks. Basically a very sensitive individual, he gets easily burdened with responsibilities.

He was in a great conflict, whether he should join the family business or pursue further studies.

CRAVINGS: spicy<sup>3</sup> {before ailments}

## FOLLOW-UP:

On 18/8/97 *Tub-b* 1M was given as first dose with the understanding that it might stimulate the susceptibility and give a clear form.

But to my surprise, pt started improving from that very day, albeit gradually. Both the counts steadily improved.

On 25-8-01: T. bilirubin -17; SGPT-529.

On 30/8/97: He developed itching and there was rise

in bilirubin. Total bilirubin- 18.7, SGPT-926.

*Tub-b* 10M (1) dose given.

Count gradually improved with total amelioration in two weeks.

Appetite improved; weakness improved.

At the end of three months Australia Antigen was negative.

*Dr Asrani adds: In cases of Hep B, 60% cases turn spontaneously negative in 6 mths. So it is significant only if proved negative after 6 mths. But does not that detracts from the cure in this case, which was definite rapid and instant.*

CONSTITUTIONAL was defined as *Mag-mur* and only released at the end of three months. So here the success was due mainly to *Tub-b*

## DISCUSSION -

SELECTION OF *Tub-b*: Based on

Absence of any characteristic constitutional symptoms. Profound weakness and the fundamental miasm - Tubercular, gave me the clue to the case.

Fundamental load of disease here is Tubercular

Frequently when we encounter only disease prevalence, the study of Fundamental miasm helps. One can now understand and appreciate what compelled Hahnemann to introduce the concept of miasms.

## TUBERCULAR MIASM:

Characteristic weakness

Disease progressed rapidly

Rapid sinking of system from onslaught of the disease

MIND: Pt was refined and sensitivity

TO QUOTE HAHEMANN IN ORGONON: ON THE USE OF THE INTERCURRENT REMEDY:

When only the prevalent disease symptoms are found and there is paucity of characteristic symptoms, use of Intercurrent based on Fundamental miasm. This opens up the case and stimulates the susceptibility, to show the

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path to recovery. When you are not getting any indicated remedies or when indicated remedy fails to act.

*Tub:* infective process with profound weakness was the keynote, in this case.

This small, but powerful experience brought to me number of references of Hepatitis -B cases.

The Laboratory-in-charge turned to Homoeopathy seeing that improvement with Homoeopathy is possible. Two other family members of the patient got Hepatitis-B and both recovered with their constitutional medicine due to early detection. Co-incidently, both had taken Hepatitis -B vaccine already. I wonder about the role of this vaccination and the hyped propaganda. I strongly feel whenever we have possibility of homoeopathic treatment, we should avoid vaccination.

## Palliation through Homoeopathy

Our patient is a 36 yr, Maharashtrian, male patient, educated till XII<sup>th</sup> and working as Scientific Officer in BARC, married since 1991 and came for treatment in Jan 99 for Hepatitis B (Australia antigen +ve) at Dr M L Dhawale Memorial Trust's Homoeopathic Hospital, Palghar. He was brought by our local ICR-ite Dr Desle who was treating him.

### ASSOCIATED COMPLAINT:

1. Fever low grade -100° F < Change of weather  
< Change of food  
Chill < 6.30 - 8 pm.
2. Constipation since 5-6 yr
3. Diarrhoea < Spicy, Pungent food, Coconut
4. At the age of 9 yr myopia (hereditary): 3à 5

### CONCOMITANTS:

Dark circles and puffiness lower eyelids  
Perspiration Less

### PATIENT AS A PERSON:

Appearance: Lean, thin, tall with puffiness of face with bloated abdomen



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### PAST HISTORY: in childhood

1. Diphtheria
2. Open Heart surgery - June 77 for Fallot's tetralogy
3. Measles
4. Father Hypertension, osteoarthritis

### CLINICAL EXAMINATION:

Pulse: 68/min. BP: 110/60. Wt: 57 kg. RS: Clear

CVS: Mitral regurgitation, Murmur

P/Abdomen: Soft, Bloated, Non-tender.

Liver: 3 finger palpable, Spleen 4 finger palpable

Tympanic Sound at Rt lumbar region, dullness at Lt lumbar region

Tongue: Posterior coating, Slight, Cracked.

No pallor.

MENTALS: Optimistic, Hard working, reserved, irritable with suppressed anger later leading to depression, emotional, MWD ++, work satisfaction good

### LIFE SPACE:

Patient and his sister were born and brought up in Morgaon Supe, Dist Pune. Father worked in state government office and mother was a housewife. Patient studied till 12<sup>th</sup> std Science, then took Diploma in Electronics from Satara in 88. Then he worked in Computer section in Sakal press at Pune. In '88 he came to BARC at Boisar as a Scientific Officer (Electronics