



Perceiving: Leprosy

(Ed: This write up has been included as it is one of the major break through in handling the disease based only on the understanding of the Tubercular Miasm.)

INTRODUCTION:

Some years back, a patient was referred for the intractable complaint of intense generalized burnings & intolerance to heat, developing after Allopathic treatment for Tuberculoid Leprosy. She was obese; perspiration on head was marked. Other features of the patient suggested *Calc-iod* which was given in the 6th potency, every four hours. The patient, who had not recorded much improvement from Allopathic treatment for 1 ½ years, on *Calc-iod*, in just 4 months, not only were these burnings and intolerance to heat relieved but her lesions of Leprosy showed improvement.

We tried to seek guidance from the Homoeopathic Literature in the old journals and books. We drew a blank. Apart from a few Rubrics and recommendations in books on Therapeutics, we found no evidence of Case Reports/Analysis which gave detailed guidance on the Management of Leprosy—a common and distressing disease.

The Dermatologist who had referred this patient was impressed by the result. Also he was dissatisfied with results obtained with Allopathy. He agreed to co-operate in a Research Project as an expert and give us reports on slides. So too a surgeon guided in the management of deformities. This project was taken up under the auspices of ICR, Bombay and executed in private practice, in absence of public facilities.

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ALLOPATHIC THERAPEUTICS: PROBLEMS

Introduction of Sulphones in chemotherapy of Leprosy was a landmark: prior to that, there was no medication with consistent beneficial effects. Dapsone treatment was in sufficient vogue through free-distribution agencies, Government as well as private charitable, for us to realize sufficiently well the advantages and limitations of it.

Bacterial resistance with consequent clinical inefficacy, clinical improvement with no corresponding bacterial improvement, precipitation of Lepra reactions of severe type drug toxicity and sensitization reactions of varying severity are the problems with Dapsone.

Newer, more potent medications pose the problem of costs: Clofazimine is 30 times while Rifampicine is 90 times more costly than Dapsone. Greater potency against Lepra germs also parallels greater toxicity for vital organs like the Liver, Kidney, Bone-marrow Brain and Nerves. These reactions render the drug unsuitable for particular patients.

Lepra reactions pose a serious problem; some patient need hospitalization for effective management. Recurrences are frequent, making patient-acceptance low. Failure of Allopathic medication, after considerable promise, makes the patient desperate.

Then again, Allopathic medication, in no way improves the ability of the patient to fight the germs of Leprosy. That is a general drawback of all Chemotherapy and Antibiotic Therapy.

All this indicates the need for an effective alternative to the problem of the Management of Leprosy.

Our study indicated that Homoeopathy scores on all points, provided we learn to translate effectively, the Hahnemannian Miasmatic Approach to the patient in suppressed susceptibility, who presents with poverty of symptoms and poor reactivity to homoeopathic medication.

We were able to do it. Hahnemann stands vindicated!



HAHNEMANNIAN MIASMATIC APPROACH:

We attempted Homoeopathic treatment on classical lines, basing remedy-selection on the presenting Totality of Symptoms. We were surprised to note a consistent lack of response to the remedy!

We reviewed critically these Records, re-interrogated these patients and discovered that with the onset of Leprosy and its subsequent progress, all evidences of earlier ill-health showed a progressive tendency to disappear. In addition, the onset of Leprosy did not produce a clear Sector Totality in the area of affliction and which would direct in a positive manner to the Similimum. Even the Constitutional generals were not clearly evident in a characteristic manner.

Under these circumstances, we concluded that Leprosy patients came under the category of "ONE SIDED DISEASES" as described in aphorisms 172-184 of Organon of Medicine. This state we attributed to suppressive measures/effects and decided to adopt the Miasmatic Approach for Problem-Definition and Problem-Resolution.

PROBLEM-DEFINITION:

Leprosy patients demonstrate:

1. Scanty Data.
2. Absence of Characteristic Symptoms.
3. Disappearance of earlier characteristic expressions of chronic / periodic disorders like Asthma with clinical relief corresponding to onset of Leprosy.
4. Failure of the patient to respond to the administration of the Constitutional medicine selected on the basis of integrated evolutionary Hahnenannian Totality, relying heavily on Data drawn from the Past / Personal History and Family History.
5. Presenting Miasmatic Totality of non-descript type:
 - A. Syphilitic: in most of the patients.
 - B. Tubercular: especially in Neural cases; rarely in the other types.
6. Common Tubercular Base: in ALL patients.
7. Submersion of individual Constitutional Expression

of Totality and its displacement by the Presenting Totality, Syphilitic or Tubercular as case may be.

8. This submerged expression does not make itself accessible for therapy till the Presenting Totality has been effectively eliminated through the repeated administration of the indicated anti-syphilitic remedy, adequately supported by the Nosode: *Tuberculinum / Bacillinum*. This is denoted by the change in expression which can be missed unless we are on the look out for the specific expressions of the Constitutional Remedy indicated for the case. We need, therefore, to study our cases in fair detail, right at the beginning.
9. Lepra Reaction: This is a hypersensitivity response to the proteins liberated by the Lepra bacilli. We interpret this Miasmatically as an acute exacerbation of the Syphilitic Miasm and prescribe accordingly in 200 potency, 4 hourly till we are able to control the same. Assistance of *Tuberculinum / Bacillinum* might prove necessary in difficult cases. We have seen the course of Lepra reaction being complicated by an Acute Psychotic Episode presenting itself as an alteration. Whether this was related to the prior administration of Dapsone/ Cortisone, it is difficult to determine. This particular case could not be handled in an effective manner. At times, a patient might report for the first time with a Lepra Reaction. Such patients present a clear picture – Sector Totality of Syphilitic exacerbation and respond well to medication. Lepra reactions are also observed in patients under Homoeopathic Treatment. These occur at the fag end of the treatment when all superficial evidences of local lesions have receded and we might be thinking in terms of ending the treatment. They are generally non-febrile and Urticaria is often seen. They show a progressive decline in intensity, even though the drug is continued. Concomitantly, the patient shows accelerated clinical improvement, local as well as general. Their occurrence, quite late in the course of treatment, indicates that the

normal susceptibility of the patient is getting restored, clinical improvement being an index of same. They also indicate contact with the proteins of *Lepra bacilli*, dead or alive. We, therefore, continue with the treatment well after "apparent cure" till all possibility of getting the *Lepra* reaction is excluded.

10. We have also observed that patients demonstrate progress as per Hering's Law of Direction of Cure.
11. Psychological Maladjustment: Social stigmas, disfiguring disabilities, functional incompetence, denial of job opportunities -- all these produce a depressive response in the patient. The clinical diagnosis of Leprosy and failure of the promised cure inducts an understandable anxiety-response in most patients that call on us for Homoeopathic Treatment. This demands careful evaluation and management.

PROBLEM-RESOLUTION:

Problem-Resolution has to be logically related to the Problem-Definition. Its comprehension, therefore, should not pose any serious problem to the Homoeopathic Physician reasonably conversant with Hahnemann's Miasmatic Theory as interpreted by Roberts and Kasad.

Problems were resolved by adhering to the following:

1. Treating first the dominant Miasm with the appropriate anti-miasmatic remedy. The Presenting Totality guides us in this.
2. Alertness in spotting the changes in symptoms and miasmatic phases and effecting appropriate changes in medication.
3. Prolonged medication with the indicated anti-syphilitic remedy in low potency.
4. Frequent use of *Tuberculinum* / *Bacillinum* as inter-current remedies: weekly in Neural cases and careful stepping up to daily in Tuberculoid types.
5. Utilising Hering's Law of Direction of Cure as a reliable evidence of right progress under the right homoeopathic medicine.

These patients exhibit low susceptibility and conse-

quently demand repeated doses of the Sector Totality Remedy, often selected on scanty data or, purely on grounds of the relationship to the probable chronic constitutional remedy. Even then, we found a poor initial response when the administration was not supported by periodic, frequent administration of the **indicated intercurrent remedy**.

Lepra Reactions caused by Chemotherapy often demand a different Sector Totality remedy, based on the presenting characteristics of the patient.

Lepra Reactions while under our Homoeopathic Treatment, however, have been controlled merely by suspending the medicine temporarily. The remedy is resumed again in the same manner; it is re-suspended, if required by the recurrence of trouble. Gradually, under this plan the trouble recedes.

The phase of Constitutional Prescribing occurs much later. Case-Taking, however, has to be thorough right from the beginning to determine the probable sequential plan of Homoeopathic Management with precise anticipation of changes in symptom-groups. This facilitates the detection of a change in phase, which, otherwise, is very easy to miss in the face of suppressed susceptibility with poverty of expression that results.

Expressions of Hering's Law have rarely proved troublesome. Sector-Totality Medicine is continued as a routine, unless these manifestations prove quite troublesome. In that case, temporary suspension is ordered. If, however, a Periodic Disease like Asthma erupts, it often demands a change in the prescription in total accord with the new Sector Totality of the paroxysm. It is essential to remember, however, that the Inter-current Remedy does not change.

In our experience, the usual variety of acute illnesses / disturbances spares these patients. This is in full accord with Hahnemann's experience as reported in the *Organon of Medicine* about one-sided diseases.

METHODOLOGY

The entire Project was handled in private practice with little access to Clinical Investigations except Skin Bi-

opsy. This proved a serious limitation, especially from the standpoint of Clinical Research with its more exacting demands.

All patients were investigated in detail and cases recorded in the SCR. The special demands of clinical observation and recording, especially for the follow-up of local lesions, led to the evolution of the Special SCR format: Appendix A. Under the limitations, it was not possible for us to adopt the current Classification with its accent on Histology and Bacteriological Investigations.

We have employed the earlier Classification: Tuberculoïd, Lepromatous, Neural and Indeterminate.

Follow-up is recorded in the usual Progress Sheet after recording the items in which change for the better is expected, arranging the hierarchy as per expectations of improvement, local as well as in the Associated Complaints. Reappearance of general characteristic symptoms indicative of constitutional reawakening is emphasized in preparing the list of Criteria.

ANALYSIS:

A few points need special emphasis:

1. Low susceptibility explains the tolerance to the administration of Homoeopathic remedies in repeated doses over a prolonged period.
2. Clinical improvement is seen with restoration of susceptibility through combining with the anti-miasmatic remedy based on the presenting totality, the inter-current remedy in frequent doses as discussed.
3. Remedies need to be continued till evidence of overflow symptoms deliver us proof of restoration of susceptibility.
4. Indications for Constitutional Homoeopathic Prescribing are seen much later after the patient is under this "combined" treatment for quite some time.

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Medisynth	144	NJH Book Club	215
		IXth SSMS-19th Jan 2003	216