



## Importance of Reading Old Literature

**ABSTRACT:** *Old Literature is like old wine which matures with years. But like wine it should not intoxicate us. What I mean by this is, instead of getting impressed by it especially if it is on a scientific subject, one needs to consider it as a seed which germinates and grows with the aid of developing insights and growing knowledge. No science is 'Absolute' or 'an end in itself'. It is always progressive. Theories are postulated, experimented upon, proved or disproved and thus the science evolves and a clearer understanding evolves; mysteries get unearthed and miracles become scientific facts.*



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'Miasms' – right from its inception has remained an enigma; so we tried to explore the origin of it by our Master Hahnemann; the how, what and why of it? We thought, that reading the literature of our Master in chronology will help us reach the inception and evaluation. So we started reading the introduction of Organon to the aphorisms on Miasms, history of medicine to understand the era, and Hahnemann's life history and theory of chronic diseases. Indeed

it was a fruitful journey. It made us realize the subject required better reflection, how we wished we had read it in our college days more carefully and discussed it in various forums. So many important issues just go into oblivion due to presumption and passive acceptance or even dismissal, reducing their importance without exercising our mind, logic and thinking.

As I said earlier science is progressive and whatever theories are made, should be tested

to see whether they stand true today or we can have better understanding about them in light of today's knowledge. 'Theories of Chronic Diseases' is one book where cases treated by physicians other than Hahnemann have been cited by Hahnemann to drive home the theory of Chronic Diseases, ie miasm in other words. About 96 cases of different dimensions – from asthma to amaurosis, suppuration to paralysis, convulsions to insanity, as a result of driving inward of skin eruption, have been cited which, according to Hahnemann, stands as a documentary proof and that too objective as these experiences belonged to various physicians and not restricted to Hahnemann himself.

For any scientific thinking to evolve, completeness of observations, logic in thinking and verification of theories to make them scientific facts is important. Let us re-study few examples given by Hahnemann to understand his conclusions in a better way. Does today's knowledge help us throw more light on their occurrence and do the conclusions stand true today or can there be other view points as well?

Let us examine the 1<sup>st</sup> example of a pregnant Jewess (VIDE PN 18, CASE \*, the chronic diseases – their peculiar nature and their homoeopathic cure by Dr Samuel Hahnemann, Jain Publishing Co.)

\*This pregnant Jewess had the itch on her hands and drove it away in the eighth month of her pregnancy so that it might not be seen during the period of her delivery. Three days after she delivered the lochia did not appear and she was seized with a high fever. Since that time for seven years she remained sterile and suffered from leucorrhoea. Then she became poor and had to walk great distances barefoot where upon the itch reappeared and she then lost her leucorrhoea and her other hysteric affections; she became pregnant again and safely deliv-

ered.

At first reading it seems as if suppressed itch lead to non appearance of lochia and sterility and leucorrhoea which remained for 7 years till the itch reappeared and all the other complaints were cured. But careful study of the example leaves many questions.

Questions such as, 'The itch on her hand'- What does 'itch' mean? Does it mean scabies? Herpes? Tetter? As in so many instances described in such books, clinical diagnosis is not very clear.

What R<sub>x</sub> she received? Possibly, local application. That means internal disorders were not taken care of and local symptoms were driven away.

What impact did it have on the susceptibility? It seems it is scabies – parasitic infestation – by sarcoptes scabies.

What type of impact can it have on individual's susceptibility?

3 days later she delivered but lochia did not appear and she was seized with high fever – followed by leucorrhoea and sterility for 7 yrs. That means it is a case of puerperal infection which led to secondary infertility for 7 yrs.

Can it be connected to prior infection or its R<sub>x</sub> in anyway?

Or is it an independent disease entity of different origin?

(It being a bacterial infection and causes being poor hygiene or lack of aseptic precautions commonly prevalent then)

Can we correlate suppressed protozoa infection to a subsequent bacterial infection of different system altogether?

What type of qualitative changes occur at susceptibility level to give rise to infections at different levels or any other disease for that matter?

For establishing these type of connections we need sufficient number of cases with accurate

documentation about skin eruption suppressed leading to subsequent diseases, which may require us to take hypothesis based research projects with well defined objectives.

After 7 years appearance of itch- what does that mean? If it is the old suppressed itch that has reappeared then what has brought it back when no curative treatment has been received by her?

Or is it a fresh infection as it is mentioned she was poor (implying her nutritional and hygiene status). She was in a comparatively poor state of susceptibility where the reinfection has occurred due to walking barefoot for long distance.

Has the fresh infection of scabies proved curative in a lady with a poorer susceptibility suffering from internal deep seated chronic disease, without any curative R<sub>x</sub>.

This raises doubt in our mind.

Don't you think we need adequate scientific experiments to verify this principle? We can't take temporal correlations alone. The phenomenon needs better scrutinization in light of current knowledge.

There is no simple explanation giving single understanding and leaves lot of lacunae at documentation level and connecting facts. There can be other explanations like three infections being independent of each other and patient conceiving spontaneously, as she had a reversible inflammatory pathology.

This forced us to examine other examples also carefully.

Like (CASE 1, PN 18)

A man 30 – 40 years of age afflicted with the itch since long, driven away by ointments thus increasing asthma attacks. Respiration difficult at rest, very short and extremely labored, emitting at the same time a continuous hissing sound, but attended with only little coughing. He was ordered an injection of 1 drachm of

squills, and to take internally 3 grains of squills. But by mistake he took the dram of squills internally. He was near losing his life with an indescribable nausea and retching. Soon after this the itch appeared again on his hands, his feet and his whole body in great abundance, and by this means asthma was at once removed.

Chronic skin ailment ¼ ?increased, ?Description of eruptions, ?Diagnosis: ?Scabies, ?Atopic dermatis, ?Eczema What external applications? *Squilla* – Material injectable as well as oral dosage.

Over dosing --> Life threatening --> Toxic effects.

The effect of suppression taken away, the skin ailment reappeared and asthma relieved --> CURE.

The disease process of Atopic dermatitis getting suppressed and can cause the asthma. It is the same disease process of Atopy which represents at skin: Atopic dermatitis or Resp system UR Tract, Allergic Rhinitis. Lower Resp tract, Bronchial Asthma. All three conditions can simultaneously be present in a case or either of one in same pt or in pt's family. The phenomenon is well known and experienced by all medical faculties. The study of this phenomenon in modern medicine is described under the syndrome shift.

Ref: Kolb

### Modern Clinical Psychiatry – Tenth Edition

In the phenomenon of SYNDROME SHIFT one illness syndrome is sequentially replaced by another, as for example the occurrence of bronchial asthma in babies or young children as their infantile seborrheic eczema disappears. Such shifts may take place after apparently successful therapy of the initial symptom complex. They have occurred following the use of pharmacological and surgical measures, psychotherapy and electroconvulsive treatment. Syndrome shift is a manifestation of the nervous

system's ability to substitute one form of illness used adaptively for another. The phenomenon frequently involves a shift in the gross personality reaction, such as the neuroses and the psycho – physiological reactions or vice versa. Such shifts may be seen as a means of maintaining a precarious homeostatic adaptation through illness, where the personality of the individual and the pre – existing stress which induced the reactive syndrome remain unchanged, while the reactive syndrome has been modified environmentally – a therapeutic intervention that has left uninfluenced the basic personality structure and the impinging and stressful threat.

Here we find the theory of suppression is aptly applicable. The susceptibility has to take devious turn to express it self, if deprived of its original location

*Squilla* a known force for this type of Asthmatic condition; proved similar to the situation and promptly relieved the situation and cured the chronic ailment by releasing the susceptibility from the grip of suppression. The susceptibility chooses to express at the less vital organ (skin) and got relief from deeper ailment at respiratory system. The skin eruptions are also taken care of!!

The drug dose certainly proved crude to the state of susceptibility and it produced toxic effects.

It was the masterly observation of Hahnemann that made it possible to derive the concept of suppression or shift syndrome. There is a need for the Homoeopathic Research to verify these concepts and prove the scientificity of it.

3<sup>rd</sup> example raises different type of questions:

**VIDE CASE 8, PN 19:** Owing to Tenia Capitis, which had been driven off by rubbing with almond oil, there arose an excessive lassitude of all the limbs, headache on one side, loss of appetite, asthma, waking up at night with suffo-

cating catarrh, with severe rattling and whistling on the chest and convulsive twisting of the limbs, as if about to die and hematuria. When the tenia broke out again, he recovered from all these ailments.

A small simple looking case raises many difficult questions.

No description of skin lesion (documentation does not permit independent assessment of clinical condition).

Tinea Capitis. Shall we take it as it is?

Tinea capitis today is described as a fungal infection of the scalp.

Hahnemann described in his writings – moist eruptions of scalp with crusts.

Diagnosis: ?Eczema, ?Pyoderma, ?Fungal infection.

(I suppose the diagnostic protocol was not quite clear in that era!!)

Application of Almond oil: a benign act.

The suppressive/ relieving/ curative effect of this oil is not heard/ known of. At the most, what we know is the lubricating and nutritive effects of this oil.

Tinea Capitis – known to be an illness. The body by its natural defenses restricts it to the location of skin epidermis. By this I don't want to say that the whole person is not affected. He is very much sick but his central defense system; ie Immunity has almost no role to play. External application relieving the tinea and its suppressive effects on internal systems are not very known.

What is available after so called suppression is an acute presentation involving mainly the Respiratory system. Diagnostically it presents acute infective bronchitis or the first attack of Bronchial Asthma. With acute infective bronchitis the question is how a chronic disease suppressed lead to an acute one? Fungal suppression lead to viral/ bacterial infection? If Bronchial Asthma – we have to question the diag-

nosis of Tenia Capitis, the correlation is very difficult to explain on the basis of current existing knowledge and hence unacceptable.

Haematuria?

If it is haematuria. What is the aetiology? What is the Pathogenesis? What is the Pathology?

Appearance and disappearance of it, both are extremely difficult to explain.

The reappearance of tenia without any medicinal force or curative treatment raises a question about the state of susceptibility: how it deteriorated and how it recovered? The observation without any explainable understanding based on scientific knowledge cannot be used for any scientific conclusions – conceptualization.

The phenomenon may be independent of Almond oil; we are at loss and need not stretch oneself in explaining this phenomenon.

**CASE 9, PN 19:** A girl of 12 yrs had the itch with which she had frequently suffered, driven away from the skin by an ointment, when she was seized with an acute fever and suffocative catarrh, asthma and swelling, and afterwards with pleurisy. Six days afterwards, having taken an internal medicine containing *Sulphur*, the itch reappeared and all the ailments, except the swelling, disappeared; but after 24 days the itch again dried up, which was followed by a new inflammation in the chest with pleurisy and vomiting.

Pt had the itch diagnosis?

Frequently suffered - appearing and disappearing.

How the disappearance?, ?Natural, ?Medicinal  
Not known

Difficult to understand skin ailments

?Episodic

.... Driven away by ointment, content of ointment?

Again a chronic skin ailment leads to an acute

infective pathology. ?Pneumonia, ?Pleural effusion.

Difficult to conceive and so to accept.

What meaning do we give to swelling - Oedema? Where, location? What pathogenesis? Which system??

6days – Documentation does not help understand the progress of an acute disease in the 6days of time. *Sulphur* containing internal medicine any other known content of medicine?

Improvement observed with appearance of eruptions.

Swelling remained enigma?

Twenty four days later. Skin dried up.

What we expect?

If it was seen as the improvement in the state of susceptibility, it was released of the ill effect of suppression. Than with the help of medicinal force, why we should not expect the Respiratory Pathology to get cured?

It is not cured/ nor improves!

(Difficult to accept the new inflammation; it might be the same disease process which was to some extent improved/ ameliorated/ palliated and not cured). The net result is girl is suffering from pleurisy yet.

We do not know the future progress.

In the above example the Respiratory pathology of infective origin most probably pleurisy of tubercular origin is independent of skin ailment. The disappearance and appearance of eruption is mere coincidence, diagnosis does not have any aetiological or pathogenetical role to play both are independent disease processes.

From this incomplete example it is difficult (next to impossible to) derive any concepts.

This again raises the need of scientific documentation of our experiences. Which are badly lacking and hypothesis based experimentation to verify our concepts. (Whatever concepts we believe in)

**Vide Case – 17, PN – 20**

A man of 46 drove out his itch with a *Sulphur* ointment. There upon he was seized with inflammation in the chest, with bloody expectoration, dyspnoea and great anguish. The following day the heat and anguish became almost unbearable and the pains in the chest increased on the 3<sup>rd</sup> day. Then sweat broke out. After 14 days the itch broke out again and he felt better. But he had a relapse, the itch dried up again and he died on the 13<sup>th</sup> day after the relapse.

The clinical presentations leave us guessing about the clinical diagnosis. We are forced to accept the diagnosis of Scabies.

The respiratory presentation appears to be of Pneumonia. What connection this case is drawing between two diseases of varied aetiological origin?

The example points toward the suppression of skin ailment.

Does any/ all local applications lead to suppression?

Can't we have better understanding of (Susceptibility) suppression? And suppressive forces?

I think suppression can be very well defined based on the understanding of susceptibility. Where we can objectify the criterias of susceptibility. Suppression has to be looked at as a process where susceptibility deteriorates from its original location. The disease expresses at a deeper level than the previous one. As far as possible we should be able to draw direct connections between the cause and effect on time axis. It is experiential that the improvement occurs when the deeper disease is relieved and the external expressions take place, ie the original disease expresses at its original location, that means when suppression is released, the disturbance of vital force is reversed and the disease, which is set to go deeper takes the op-

posite directions.

The disease travels from more vital organ to less vital organ from deeper to the superficial organ. It takes the direction of cure as by Hering's law, and simultaneously the patient experiences the sense of well being. In the above example patient did feel the sense of well being with eruption coming up, but the deeper disease continued or relapsed or deteriorated. Pt died! This raises serious questions about the phenomenon. It cannot be as simple as we thought this raises the possibility of different interpretation. Connections and correlation which we are making might not be existent in patient it might be our creation, our imagination or theorization. Two different illnesses present in a patient ran their courses and produced the result. Unfortunately Pneumonia was not taken care of and this untreated acute disease proved fatal for the patient. Irrespective of skin ailment going and coming and going back. The susceptibility chose to represent the different illness at two different planes. Mere co-existence/ antecedent occurrences for the diseases are not enough. We need to examine its Actio-clinico-pathogenetico and pathological correlation to understand this phenomenon better.

Many such disease processes have been described in various examples which have not been familiar to us in our practice, nor in books written by other authors. Have we missed these connections? Do the types of medicines used today, not produce such effects. How do we verify? We should take up various research projects of this type which we can see the effect locally treated skin disease leading to internal disorders of different types – infective or otherwise.

**Case 27, Pn – 21**

A robust looking candidate for the ministry who was about to preach in few days and since

wished to free himself from his old itch, rubbed himself one day with itch ointment and in a few hours – soon after noon, he passed away with anxiety dyspnoea and tenesmus. The autopsy showed the whole of the lungs was filled with pus.

Is it an inadequate reporting? Limitation of investigations or limitation of undeveloped / unorganized clinico – pathological correlations. The result of death cannot be denied. It will be very difficult to over look the findings of Autopsy.

(Question)

The autopsy indicates - ?Empyema or lung abscess.

(Strange enough that both clinical conditions take days to develop the pathological situation proposed).

It is difficult to explain the pathology in lungs to develop in such a short time .... within few hours!!!

It is absurd and ridiculous.

Suppression with local application – does use of any local application mean suppression of itch? World wide lots of cases have been treated with local application, the medical world is not aware this type of deaths reported. And I suppose world is quite sensitive to this type of loss of human due to any drug effect and it can not be overlooked.

The correlation of suppression of cutaneous eruptions to the developing pathology is mere the figment of imagination it does not exist in reality. Well, death occurred and remained unexplained on the basis of reported facts. These examples are inadequately reported to derive any fruitful conceptualization.

**CASE 29, PN – 22:** Is on similar lines, a young man using *sulphur* ointment and died of constipation? Time span not given.

Autopsy showed sacs of pus in viscera.

Can suppuration or an infective process de-

velop as a consequence of *sulphur* local applications?

Only a symptom given is constipation – what can be the abdomen pathology which can give rise to death and produce only constipation.

Is it peritonitis, acute obstruction – perforation @ pus, necrosis @ pus or chronic infection like TB or IBD. Crohn's can we connect any of these with *sulphur* ointment. Such connection appear totally absurd where there is neither clarity about different clinical conditions nor adequate history, were patients allowed to die like this and not treated subsequently.

All these cases demonstrate the type of confusion and lack of knowledge prevailing in that period in absence of many diagnostic facilities available today. Such process if occurred today, there will be array of investigations, explaining disease process in much better way. But unfortunately we don't see such cases today!

**CASE 33, PN 22:** Is equally absurd!

A man of a rank, of a choleric-sanguine temperament, was afflicted with gouty pains of the abdomen and pains as if from gravel. After the removal of gout though various remedies the itch broke out, which he drove out through a desiccating bath of tan-bark, an ulcer formed on his stomach, which, as the autopsy showed, hastened his death.

Here there is no H/o skin eruption suppressed? What did the author means by gout pain of abdomen and pain as from gravel – uric acid diathesis – a metabolic disorder?

Removal of gout with various remedies – what type of remedies – painkillers – anti inflammatory, remedies to bring down uric acid – does it cause suppression of gout? – What does it imply at 'metabolic' level – can metabolic disorders be suppressed – can diabetes, hyperlipidemia be suppressed – What type of medicine can cause such suppression?

Here an internal metabolic disease treated give

rise to skin eruption which was not there in past at least history not available.

This itch when Rx with 'desiccating bath of tan-bark.

What relation itch has with stomach ulcer?

How one can say stomach ulcer hastened his death.

Ulcer can cause death due to perforation or hemorrhage – that detail has not been given.

What relation can be drawn between gouty abdomen pains as if from gravel, stomach ulcer and skin eruption.

And was the so called gouty pain – due to ulcer itself.

How can one conclude that ulcer hastened the death?

Here we see the preoccupation of Author with suppressed eruptions with any local application, Non availability of adequate investigating procedures to know what is what, and lack of scientific experimentation of verify the facts. Possibly today's Homoeopathic world is too pre-occupied with practice that we do not have the resources left to revisit all these sites of old books.

**CASE 39, PN – 23:** *A girl ————— The eyes then improved.*

Diagnosis of skin not clear, violent eruptions on legs with ulcers in bends of knees. ?Scabies. Being attached with small pox itch suppressed. What type of itch can be suppressed with small pox – is it on the lines of stronger disease suspends weaker disease and runs its course and then the weaker will come up or 2 similar diseases of different origin – stronger will 'cure' the weaker. Where Hahnemann talks of curative effect of similar disease and not suppressive?

Diagnosis of humid inflammation of the white of the eye and of eyelids, with itching, suppression and visions of dark bodies – lasting for 2 years' is not clear – chronic infection of not just

conjunctiva but deeper tissues affecting vision. Then she wears stockings of itch infected child for 3 days – and on 3<sup>rd</sup> day develops fever with dry cough, tension in chest with vomiting – 2<sup>nd</sup> day complaints decrease when sweat breaks out – an acute infection getting better on its own. Sweat increased till erysipelas broke out.

Is this whole episode erysipelas, a streptococcal infection – What type of itch the child whose stocking she wore, had? How can itch infection cause erysipelas? Aetiology is different – one a parasitic passed over into another bacterial?

Again erysipelas passed over into the real itch next day – how one disease etiologically different gets converted to other disease?

That eyes improved – How does one explain this?

Artificially produced erysipelas – bring back itch, curing eye infection of 2years duration?

Confusion about different type of diseases, etiologically different, nature wise different getting converted from one to other and coming each other.

Itch – small pox – eye infection for 2 years?

Itch – cure.

Is it necessary or logical to connect these various diseases just because they followed each other?

Does the whole thing not appear absurd today? What do we derive out of it and where do we verify the facts?

Example no 64: with a boy the itch passed away to itself, this was followed by fever. The itch now appeared more severe and fever passed away, but the child grew thin and when itch again dried up there followed diarrhoea, convulsion and soon afterwards death.

How spontaneous disappearing of rash causes fever and again when fever disappears itch reappears with more intensity and dries up again diagnosis = ? Coming and going. Child grew

thin: diagnosis = ?

Diarrhoea, convulsion diagnosis = ?

Death – died of what? dehydration? aspiration? Or was there any silent disease which had caused loss of wt?

What one can conclude from this?

**CASE 90, PN:** A man had driven off a frequently occurring eruption of itch with ointment, fell into epileptic convulsion which disappeared again when eruption reappeared.

In *Materia Medica* and *Repertory*, Skin leading to convulsion has been mentioned under – *Zinc-met*, *Cup-met* etc. but what type of eruptions – eruptive fever like measles or itch – can scabies have the potential to produce any CNS expression.

Similarly cases where degenerative diseases like cataract resulting from skin suppression, paralysis (multiple etiologies from infection to cerebrovascular accident to neoplasm) have been described followed skin suppression.

How can one draw connection of skin suppression with other infective, degenerative, metabolic, catastoperic pathologies. Is chronological correlation sufficient to draw connection where in many cases there is no immediate effect too?

Can increase and decrease in one causing increase in one and decrease in another pathol-

ogy be concluded as causative and curative relationship?

Has the author taken one sided view with a fixed theory and given examples to prove his point. Can we take these examples, prove his points? Can we take these examples with so many queries at different levels from data to clinical diagnosis to lack of investigations, at face value and accept author's conclusions?

Are these facts verifiable – can they be verified or rejected on the basis of current knowledge and well defined Research Project.

Don't we need to do experimentations and Research today to make homoeopathy more scientific or would we like to stick to old knowledge without giving it a careful thought and verification.

Masters, through old Literature, have given us food for thought but its our responsibility today to prove / disprove it, make it more scientific and acceptable and open the gate ways of our slumbering minds!

Should we offer this knowledge of past to our next generation without examining, questioning, verifying? Are we not answerable to future generation of Homoeopathy for its scientificity. How can we answer the accusation of being non scientific?

### ADVERTISEMENT INDEX

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