

Aggravation Of Symptoms: During Process Of Curing Jaundice

ABSTRACT

Augmentation in the symptoms after the administration of homoeopathic medicines is considered to be homoeopathic aggravation. Here we give evidence to show that in case of jaundice, aggravation in symptoms can occur as a natural consequence of the process of curing.

INTRODUCTION

Curing a patient by homoeopathic medicines is a two-step process. First, the medicine has a primary action which is homoeopathic to the disease, that is, it is in the direction of the disease. It is the secondary reaction, which is the body reaction to the primary action of the medicine, which is curative. Thus, primary action of the medicine is to aggravate the symptoms of the disease and this is called homoeopathic aggravation. Many a times, during the process of cure, the symptoms show an aggravation- a natural consequence of the process of cure. This may be misinterpreted as homoeopathic aggravation. In this article, we will illustrate this effect by giving examples of pathological changes observed during cure of jaundice.

TREATMENT

Patients indicating symptomatic jaundice such as nausea, vomiting, lack of appetite and fever were given indicated homoeopathic medicines such as *Chelidonium majus* Q, *Castor* Q, etc. early morning, once a day on empty stomach for a period of 3 to 7 days.

Other indicated medicines were also given intercurrently. Pathological test for parameters such as serum bilirubin, SGPT, SGOT etc. were conducted before starting the treatment, three to seven days after starting the treatment and about one to three weeks later.

RESULTS AND DISCUSSIONS

Tables I and II give pathological changes as observed during the course of homoeopathic treatment of jaundice in two patients. These are representative blood reports. The trend represented in these tables is indeed observed in majority of the cases though occasionally improvement in pathology occurs immediately after the treatment.

CASE 1:

Table I gives pathological report of a 7 y old girl. She had fever, vomiting and complete loss of appetite. As may be noted from the table, initially the total bilirubin was marginally above the normal range. The patient's sclera were clear, not showing signs of jaundice. After starting the treatment, fever disappeared on the same day, vomiting stopped totally and appetite improved considerably. Treatment was given only for three days and the patient's condition improved progressively. However, as demonstrated by report on seventh day, there was 3.7-fold increase in the total bilirubin in the blood. Direct bilirubin increased five times whereas indirect bilirubin was doubled. Patient's conjunctivas started appearing yellow. It is instructive to note that even after three weeks, blood pathology did not become normal, total bilirubin being more than twice the upper limit in the normal range. Other parameters such as morphologies of RBC, WBC and platelets appeared within normal range all throughout the period of observation.



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TABLE I : Name of the patient : Miss X, Age : 7 Years

PATHOLOGICAL CHANGES OBSERVED DURING HOMOEOPATHIC CURE OF JAUNDICE

Test	Before treatment 21.11.97	Result: After treatment		Normal value
		28.11.97	15.12.97	
S. Bilirubin(Total)	Not done	5.6mg/dl	2.1 mg/dl	0.2-1.0 mg/dl
S. Bilirub (Direct)	1.5mg/dl	4.2mg/dl	1.1 mg/dl	0-0.025mg/dl
S. Bilirub(Indirect)	0.8mg/dl	1.4mg/dl	1.0mg/dl	0-0.075mg/dl
SGPT	0.7mg/dl	786 U/L	46 U/L	up to 40 U/L
Hemoglobin	12.3g/dl	not done	12.9g/dl	11.5 to 16.5g/dl
WBC(Total)	3600/cu-mm	not done	7500/cu-mm	4000 to 10,000/cu-mm

CASE 2:

Table II gives the pathological report of a 20 y old boy. The patient had fever, vomiting, loss of appetite and pain in the Rt hypochondrium. Patient's sclerae were yellow. Treatment was given for one week. As can be seen from the table, the bilirubin at the commencement of the treatment was quite high and almost doubled af-

ter a week. Pathology did not become normal even after about four weeks. However, appetite improved after the first day, vomiting stopped after two days and fever came to normal. Excepting the blood pathology, patient's condition was almost normal. Though the patient felt very weak, his strength was restored after giving another medicine.

TABLE II : Name of the patient : Master Y, Age : 20 Years

PATHOLOGICAL CHANGES DURING HOMOEOPATHIC CURE OF JAUNDICE (Case II)

Test	Before treatment 1.9.98	Result : After treatment		Normal value
		7.9.98	25.9.98	
S. Bilirubin(Total)	6.4mg/dl	12.3mg/dl	2.9mg/dl	0.2-1.0 mg/dl
S. Bilirub. (Direct.)	5.3mg/dl	9.8mg/dl	1.9mg/dl	0-0.025mg/dl
S. Bilirub.(Indirect)	1.1mg/dl	2.5mg/dl	1.0mg/dl	0-0.075mg/dl
SGPT	1186 U/L	1000 U/L	51 U/L	up to 40 U/L
SGOT	NOT DONE	274 U/L	33 U/L	

Conventionally, such pathological reports are thought to imply the disease to be progressive, as declared by physicians. It is observed in almost all cases of jaundice, with or without pathology, that symptoms like vomiting and lack of appetite disappear on the very first day of treatment. Fever subsides day or two later. And then comes the anticlimax. After a couple of days, when pathological tests are repeated because of the visible improvement, it shows increase in parameters such as bilirubin. This may be misinterpreted as deterioration. But other symptoms such as improvement in appetite,

cessation of nausea and vomiting, disappearance of lethargy, all indicate improvement in the general health of the patient.

These apparently contradictory observations can be easily understood. During disease, considerable amount of toxins are accumulated in the affected organ. It has to eliminate these disease products. For most of the organs, there is no direct access to excretions. Hence, the disease products are thrown into the blood stream, from where they are thrown out of the body through normal channels. Take for instance the present case in

question, that of jaundice, where the liver is primarily involved and does not function properly. After the medicines, the liver function starts improving and accumulated toxins are discharged in the blood stream. Hence, the pathological parameters first increase during the process of cure and then slowly reduce. This will also give rise to changing subjective symptoms such as colour of the skin, eyes and urine. One may give yet another medicine to help the body speedily throw out blood toxins.

In fact, it is instructive to see how pathological parameters can be deceptive. One patient with jaundice, was given homeopathic medicine. Blood pathology cleared in twenty four hours. However, even after fifteen days his appetite did not improve. This demonstrates how deceptive pathological examination or even the subjective symptoms such as colour of eyes, urine or skin can be. Here, the medicine helped the body, throw out the toxins, without touching the source of disease. After giving the indicated medicine, the patient's appetite improved and he felt normal.

Thus, we see that

1. Pathological parameters and hence some of the subjective symptoms are bound to increase during any natural process of cure irrespective of the system of medicines adopted for treatment, or even if the cure occurs without any medication.
2. The increase in parameters is not due to aggravation of the disease as may be misinterpreted and even labeled as homeopathic aggravation. It is rather an unavoidable sign of the process of cure.
3. Primary symptoms and secondary symptoms must be well resolved during the course of treatment. If liver is primarily involved, removal of disease toxins from the blood may improve the pathology, but not cure the disease. At the same time, if the liver is improving but the level of toxins in the blood increases alarmingly, these may cause damage to vital parts of the body such as kidneys, brain, heart.
4. Organs such as kidneys which get involved (secondary involvement) because the toxins in the blood are transported to it from the location of the dis-

ease (liver in this particular case), need to be treated during the course of recovery. The treatment should be conducted in such a way that a balance between toxins released in the blood and levels that can be discharged by the organs without getting overloaded and hence affected, is maintained.

In fact, these studies also demonstrate how the cure should be achieved. Symptoms such as blood pathology, pains which occur due to deposition of toxins etc can be removed by giving medicines which eliminate the toxins. However, this does not remove the cause of the disease hence the improvement is temporary. The treatment is palliative. If this is followed by giving the medicine which attacks the cause of the disease, again toxins will be released in the blood and will have to be removed. Thus, the cure can be achieved by iterative process of attacking the disease and removing toxins from various locations of the body.

CONCLUSION:

In this article, we have given evidence to show that during the process of cure of jaundice, parameters such as bilirubin (direct and indirect), SGPT, SGOT initially show an increase with the patient actually improving. This increase is a logical consequence of process of cure and should occur during any curing process, whether natural or with aid of medicines. This information is vital to the understanding of the process of cure since, otherwise, such increase may be misinterpreted as due to progressive disease and hence the medicine may be changed unnecessarily. If not seen in proper perspective, such results may cause alarm to the patient and the doctor. These results might be useful in understanding in a broad perspective the process of cure. They suggest the possibility of using different medicines for attacking different levels of cure. It shows difference between palliation and cure. It is interesting to notice that aggravation in subjective symptoms need not always be due to primary action of the medicine, that is, homeopathic aggravation. The results illustrate the importance of diagnostic tools in understanding the science behind the process of cure. □