



# Why Should a Student of Homoeopathy Study Logic and Philosophy

**Abstract :** A case of Resistant Malaria, Vivax and Falciparum, Morbid Susceptibility leading to a chronic relapsing course. Demonstrating the Application of Logical Principles of case receiving, recording, analysis, synthesis, in perceiving the totalities/miasms/posology underlying a successful Homoeopathic cure

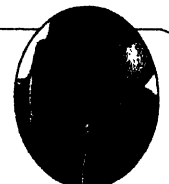
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“Philosophy bakes no man’s bread”, goes a saying. For many, philosophy implies no more than an intellectually delightful flight of fancy. Medicine being a scientific discipline has nothing to do with these flights of fancy.

History shows that many remarkable discoveries in various Sciences are often an outcome of an accidental discovery which sets the mind in the right direction. But they are accidents which are available only to him, whose mind is firmly grounded in the principles of logic and philosophy and is open to reception of the truth and nothing but the truth.

The fall of the apple came within the observation of a man whose soul was devoted to the study of laws of nature; it meant something to him, it was nothing to all other men. Discovery of Homoeopathy by Hahnemann through the Cinchona bark experiment can also draw a parallel to this, where he found connections between 2 facts and he continued his search through various experiments based on inductive logic to establish the truth, viz the Nature’s Law of Cure. Here he followed the methods of pure science applied to practice of medicine.

A Homoeopathic practitioner often makes some good and some bad prescriptions ie successful ones as well as unsuccessful ones. But how many of us dwell upon them to “understand” the-What? Why? And How?-of these?

Are we in a position to explain the good ones

and account for the bad ones which often outnumber the good ones?

We often experience, “Homoeopaths only ‘show’, they do not know, Why and How.

Is there any definite way that Logic as a Science had any technical connection with Homoeopathic Prescribing? As a student we see, hear and feel successful cures made by our teachers and senior practitioners without really learning from the nature of experiences they encounter. Developing Reason, the mind’s eye can enable us to see why things are? When and how events (cures) can be made to happen or not happen. We must all reason well or fail. Logic is the Science of Reasoning that enables us to distinguish between good and bad reasoning. If we are able to outline a system, it should open up possibilities of improving our methods and bringing the percentage of cures higher.

In the above mentioned perspective I take this opportunity to share one of my case experiences, to outline the processes a Homoeopathic Physician undergoes.

**A CASE** dated 5-11-92

**INTRODUCTION:** This patient was referred by an MD Physician practising in the same polyclinic, and who was treating him since a year with optimum doses of required medicines.

**PRELIMINARY INFORMATION:** Mr ARB. M. Hindu, 23 years. Single. Non veg. Fa: ‘X’ 60 was a BARC foreman. Mo: 55 House wife Br: 28 yrs Mech

Draftsman, married since 4 years. Sis: 25 year / Married Education- SSC. Occ helper Jaysynth since 1989 lives in CBD

## CHIEF COMPLAINTS

LOCATION	SENSATION	MODALITIES	CONCOMITANT
RES Since 1 yr- 1991 13 episodes D: 4-5 days Cycle last: 3 hrs Last attack: 1 week ago	T: 105°F now milder Chill <sup>3</sup> D: 2 hrs shivering from chest extends all over along with Heat <sup>2</sup> sensation in face and head, Persp <sup>3</sup> all over (has to change <sup>3</sup> dress) MP +ve, Vivax or Falciparum +ve always 3-4 times	> Covers 2-3 <1.30-2pm <sup>3</sup> > Cold H2O water After Crocin wants fan <sup>2</sup> H/O (9-10 pm)	Mild headache Calf pain Backache <sup>2</sup> Nausea <sup>2</sup> , vomits if severe headache, # as if would burst Desires: Juices. Weakness <sup>3</sup> 4-5 days. Headache remains after perspiration. Wt loss 73 to 68 kgs

## ASSOCIATED COMPLAINTS

LOCATION	SENSATION	MODALITIES	CONCOMITANT
EYE	↓Vision Night blindness	< Night	
HEAD since childhood temples now daily since malaria	Mild pain can tolerate nausea	< Straining eyes <sup>2</sup> not better sun < Watching TV <sup>2</sup>	
LEGS H/O 1983 D-6 mths	Numbness of both legs? weakness? Muscles wasting ? Neuritis	< While rising no associated symptoms> Massage> Hom Rx <sup>3</sup> , > Allo Rx	
NOSE Throat D= 3-4 days 1990 CVS	Nose block Cough+	< Winter <sup>2</sup>	
	Headache BP 180/100	A/F Loss of father	

## PATIENT AS A PERSON

APPETITE: G with fever. Flatulence many years  
CRAVINGS: Icecreams<sup>2</sup>, pungent<sup>2</sup>, salt<sup>2</sup>, juicy  
AVERSION: Sweets<sup>2</sup>  
URINE: N. Occ reddish during fever  
STOOLS: 1-2 /days. N.  
PERSP: Scanty: yellow occ. No fast.  
COLDNESS: Palms+, soles+  
SLEEP: Unrefreshing  
DREAM: Surrounded by Snakes<sup>2</sup>, alone in  
Khandhar. Frightful  
FEVER: Cold agg fan S-3; W-3  
COVERS: All seasons thin woolen+ since 1 year.  
THERMAL BATH: Hot water C3 H2  
Fasting Aggr Burning stomach  
WT: 68 kg stocky  
SKIN: Peeling legs < winter No cracks no  
suppuration  
FAMILY HISTORY: Fa:IDDM, HT 'X', Mo:OA

PHYSICAL EXAMINATION: Spleen IP T= N, RS: NAD.  
BP: 130/80 mm of Hg

## LIFE SPACE

Male aged 23 years came from a middle class  
family. Soft spoken, nervous, appeared to be  
worried<sup>3</sup> over his state of health since couple of  
years.

His father was working as a foreman in BARC.  
He expired in March 90 ie 2 months after  
retirement. He had a cardiac arrest. It was very  
stressful for the family. His elder brother who is  
a mechanical draftsman was already married  
then. It seemed he was least bothered about this.  
Since last 2 years he is in Saudi, while his wife  
is staying at her parents place. When physician  
asked the reason, he gave an expression, that  
you better not ask me and added, it is not much  
of my concern.

Now he stays with his mother in CBD in the  
house his father had purchased. They manage

on his salary and Fa's pension. He tried for a job in BARC. But couldn't succeed, because according to the rules, his father had already retired. During this stressful period his stammering and nervousness increased. Now also it is quite significant.

Enquiring about childhood didn't reveal much significant data in relation to nervousness and stammering

**INFORMATION ADDED LATER:** After pt recovered he referred his Si, BIL and Mother for recurrent malarial attack and other problems. His BIL and SIL were also treated for some time.

'A' is sentimental person, easily gets tense, incidence of father's loss. Br after marriage left for Dubai. SIL couldn't get along with mother. She had suicidal attempts; since then she is staying at parents place. Brother became indifferent towards family. Now they are trying to reconcile. BIL is a social worker, he has been a constant moral support for the family.

This is a case of Resistant Malaria (Vivax and Falciparum). Chronic, periodic disease and resistant to conventional line of treatment.

What is there in this case that it is not responding to Conventional line of Drug Therapy? Is it Drug Resistance?

How does a Homoeopath approach this case?

1. COLLECTION OF DATA: Subjective and Objective to establish the Clinical diagnosis (Knowledge of Disease).
2. Recording the Data so as to attempt to arrive at Complete Symptoms as far as possible in an Evolutionary pattern. (How to record a Case)
3. Identifying the Characteristic, Individualizing Features of the Disease.
4. Understanding the underlying morbid individual Susceptibility (Immunity and Reactivity) which is contributing to the chronicity of the disease.
5. Role of miasm in causation, modification, outcome of the disease.
6. Patient as a Person ( Knowledge of Disposition/Environment and what is there

- in them that causes or maintains disease)
7. Materia Medica: Remedy selection
8. Posology
9. Remedy Response Analysis and Second Prescription and
10. Conclusion of the Case.

**CLINICAL DIAGNOSIS:** Malaria, Vivax and Flaciparum

**HOMOEOPATHIC CLASSIFICATION:** Periodic Disorder (Intermittent Disease-Febrile\_- These morbid states of unvarying character returning at fixed period while patient remaining in apparently good health. These may be febrile or afebrile state of apparent good health means though the patient may be symptom free or relatively comfortable, the underlying morbid susceptibility remains and unless we tackle it with proper measures, the cycle continuous ruining the system progressively

Hence to understand the totality, we need to have a correct appreciation of the dimensions of time and accordingly the therapeutic strategies can be formulated to deal with the acute episode, the underlying constitutional state and the miasmatic state

**ANALYSIS OF CASE: CHARACTERISTICS:**

**Apirexia:** Weakness<sup>3</sup>

- PRODROME: Mild Headache
- CHILL: Time Onset/duration: 1:30-2:00p.m. Location/extension: Chest to all over Concomitant: Calf pain, Backache, Nausea
- HEAT: TIME: Location/extension CONCOMITANTS: Same as above and bursting headache
- DESIRE: Juices
- SWEAT: Time: Location/extension - All over and profuse

The fever totality apart from time modality though having characteristic concomitants of bursting headache, Desire: Juice and thirst do not point to one remedy.

With reference to the above chart the susceptibility is low and on further exploration the underlying emotional state of anxiety nervousness, dependency having an impact on

the immunity. Considering this factors constitutional remedy is selected.

**PRESCRIBING TOTALITY:** In this case we see the host factor ie the Stressors in Life situation with their temporal connection are contributing in the maintenance of illness.

**THE MENTAL STATE:** Disposition analysis is as follows

Irritable<sup>2</sup>, < contradiction

GRIEF<sup>3</sup>: Loss of Fa → Headache/HT

SENTIMENTAL<sup>3</sup>: Attachments family

ANXIOUS<sup>3</sup>/ NERVOUS<sup>3</sup>: Anticipation exams returns from hall any stress situation strangers, new situations

SOMATIZATION: Malaria

THINKING: Emotional difficult, Confidence – shaky

FAMILY: Emotional dependency

REACTIONS (MODALITIES): < Anticipation<sup>1</sup>, < grief<sup>3</sup>, < anxiety<sup>3</sup>, > company<sup>3</sup>

Life Situation

Personal < anxiety<sup>3</sup>, worry

Family, loss of father

Elder brother not bothered

Work temporary

Illness self

Adaptation

ACTION: Speech stammering, < anxiety

**PRESCRIBING TOTALITY:** Kali-carb.

Constitutional selected on mental attributes and State and Physical attributes

Nat-mur: Partially similar medicine (prejudice of Physician+A/F Grief, Reserved +patient+Remedy for Malaria) Information from Relatives aided in making Physician aware of his prejudice.

Constitution and Miasms

Dr H C ALLEN who has an extended experience in the treatment of chronic intermittents has conclusively verified the teachings of HAHNEMANN He states in his preface to, "The Therapeutics of

Fever" that the most obstinate and the more deep the dyscrasia, the more protracted the fever. Another cause for intermittent and especially for the most obstinate types a cause almost universally neglected or over looked by the majority of Homoeopathic physicians, is found in the inherited dyscrasia of the patient, the psoric or tubercular diathesis.

HAHNEMANN says (Chronic Diseases, Page 75) Epidemic intermittent fevers never seizes a man who is free from Psora wherever there is susceptibility to them, it is to be accounted as symptom of psora. All fevers that tend to a protracted, low or malignant type, occur in the psoric or tubercular patient, and the more deeply psoric, the more malignant the attack.

What causes the relapses is important and why so many cases who have had the best treatment do not respond, is a question that must be answered, if the disease is to be conquered. Relapses are favored by chilling of the body, the abrupt passage from a warm to cold climate, dietetic errors, overworking, bad or insufficient food, mental suffering and presence of other diseases.

Integrating the above understanding of the miasmatic theory with the knowledge derived from the modern research in Pathophysiology of intermittent fevers which state the affection of Red blood cells leading to destruction,

**PLANNING AND PROGRAMMING OF TREATMENT**

CRITERIA	STATE	POTENCY	REPLETION
<b>Susceptibility (Tissues)</b>	Low	1M	Daily
Sensitivity (Mind and Nerves)	High	1M	Infrequent
Suppressions	++	200	Daily
Correspondence	Constitutional	200	Infrequent
Degree And Level			
Functional Changes	++	200	Infrequent
Structural Changes	++	200	Daily
General Vitality	Moderate	200	Infrequent
Fundamental Miasm	Tub	1M	Infrequent
Dominant Miasm	Tub	1M	Infrequent
<b>FINAL ASSESSMENT</b>		<b>200</b>	<b>Daily</b>

**FOLLOW-UP CRITERIA**

DATE	SLEEP (DREAM)	WEAK- NESS	APPE- TITE	HEAD- ACHE	FEVER	WT	SPLEN	ACTION
	1	2	3	4	5	6	7	
05-11-92								<b>Treatment started</b>
13-11-92	+	++	G	0	0	Bitter taste#	Gases++ S	Nat-mur 200 [1] Kali-carb 200 [1]
17-11-92	G/0	S	#	0	0	Taste >2 14/11 LM 5-6 /d		Tub 1M [1]
21-11-92	G/0	S	G	0	0	Taste No		Kali-carb 200 3P HS
26-12-92	G/0	0	G	0	0	73 1/2 Gases daily	NP	Kali-carb 200 [1]
23-02-93						Appendicectomy done 69 kg now headache++		Kali-carb 200 [1]
11-05-93	G	0	G	0	0	70 kg gases+ stools+		Kali-carb 200 [1]
13-08-93	Cold++			+		A/F getting	wet	Rhus-tox 30 qds
06-11-93						Last wk after exertion		Kali-carb 200 3P
30-12-93						Vertigo in rising < closing eyes <sup>3</sup> . BP 120/80 # thirst		Phos 30 qds
01-01-94						Stool Normal		Kali-carb 1M [1]
06-04-94	Acute GI Upset							Nux-v 30 qds
19-04-94						A/F Mutton: Weakness <sup>3</sup> gases		Phos 30 qds

Subsequently patient was under observation for five years and he never had a relapse of Malaria

Haemolysis, Coagulation, Abnormalities, Anemia, Splenomegaly altered hypersensitive immune responses leading to microvascular damage to organs like Kidney, Brain. Which are irreversible and fatal? In addition the well known relapsing nature, weight loss, cachexia. We can conclude that Tubercular Miasm is at the root of most of the cases of Intermittent fevers

**DISCUSSION LEARNING**

1. Understand "Intermittent Fevers" as a clinical entity.
2. Hahnemannian Concept of Chronic disease as applied to the study of intermittent fevers.
3. Concept of Training as an Unprejudiced Observer/Case Receiving from Patient and relatives
4. Concepts of Susceptibility, Classification and Evaluation of Symptomatology and Totality.
5. Application of the understanding derived in # 3, to formulate the guidelines in Posology, Remedy response Evaluation of intermittent fevers.
6. To treat the patient in a holistic manner so as to individualize the case this becomes the essence of homoeopathic practice.

**CONCLUSIONS:** Consciously identifying the mental processes, knowledge employed in each step undertaken by the Physician in a case, can enable the practioners and students alike in realizing the educational value of their experiences, successful and unsuccessful so that they become part of his daily work to enhance his/her efficiency at every step in Case Receiving-Recording-Analysis-Totality-Selection of remedy, Potency, Repetition, Follow-up analysis.

All these are governed by methods of logic. Then we can demonstrate what Stuart Close quotes in his essay on Logic of Homoeopathy. When a student of Homoeopathy perceives that the foundation of Homoeopathy is solid and concrete composed of the broken rock of hard facts, united by the cement of a great natural principle, he has grasped one important phase of the subject. But when he raises his eyes to the superstructure and sees that it is joined to the foundation and held together in all its parts by a framework of logic; he has gained possession of the key that not only admits him to the edifice but unlocks the door of every room in it!