



Importance of Diagnostic Methods in Establishing Pathways of Radical Cure

ABSTRACT: In this paper we will demonstrate how diagnostic methods are useful as pointers to the process of understanding the pathways of natural cure.

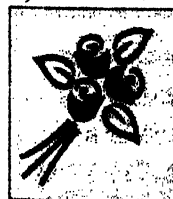
INTRODUCTION: Normally, diagnostic methods are used to diagnose the location, type and extent of problem and after medication, to check whether the cure aimed at, is achieved. If we aim at radical cure, following logical steps can be expected:

- 1) Removing the disease products from the location of their deposit. The disease products will then be reabsorbed in the blood. If this is true, toxins should be seen in the blood chemistry.
- 2) Removing the toxins from the blood stream (flushing).
- 3) Treating the vital organs such as liver, kidneys etc. which will get affected due to increased load of disease products in the blood.
- 4) Curing the disease so that disease products are not deposited at the location of the problem again and disease does not recur.

In this paper, we will demonstrate how the diagnostic methods are useful in understanding the pathways of natural cure. Although the patients reported here have been treated using homoeopathic and traditional herbal medicines, the results are equally applicable to any natural curing process.

EXAMPLES OF CURE THAT WILL BE CONSIDERED ARE:

- 1) Cure of uterine tumor and ovarian cyst
- 2) Cure of eczema
- 3) Treatment of jaundice



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DEFINITION OF RADICAL CURE

A person can be said to be cured of particular disease if, after the cure is achieved, he/she can lead a comfortable life without the aid of any regular medication.

TREATMENT

- A) Uterine tumor and ovarian cyst: Indicated medicines were given.
- B) ECZEMA: *Lycopodium* 200 once a week for four weeks. No other medicine was given.
- C) JAUNDICE: 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, 1/day on empty stomach x 3-7 days. Other indicated medicines were also given intercurrently. Pathological test for parameters such as S Bilirubin, SGPT, SGOT etc. conducted 1) pretreatment, 2) 3-7 days after starting treatment and 3) 1-3 weeks later.
- D) SKIN ALLERGIES: Patient having skin allergy was treated with *Urtica-urens* Q, four drops four times a day and other intercurrents as may be indicated. Patient's pathology was recorded when symptoms demanded it.

RESULTS AND DISCUSSIONS

UTERINE TUMOR AND OVARIAN CYST: Let us consider an illustrative case. A patient had uterine tumor and ovarian cyst (Table I). The tumor and cyst disappeared under Homoeo treatment as shown by ultrasonography report a year latter (Table II). During the course of treatment, urine report consistently showed presence of albumin and pus cells (Table VI). Albumin disappeared from the urine after treatment, though the pus cells persisted for a while (Table V). Cure stands till date (Table III, two years after cure.)



toms disappeared after treatment. It is instructive to know that patient was asthmatic before the appearance of eczema. There is no recurrence of asthma after the treatment.

JAUNDICE

We give pathological changes as observed during the course of homoeopathic treatment of jaundice in two patients. These are representative cases though the results are observed in majority of the cases. Occasionally improvement in pathology occurs immediately

after the treatment.

CASE I: Table VI gives pathological report of a seven year 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 sclerae were clear, not showing icterus. After starting treatment, fever disappeared on the same day, Vomiting stopped totally and appetite improved considerably. Treatment was given only for three.

TABLE VI
PATHOLOGICAL CHANGES OBSERVED DURING HOMOEOPATHIC CURE OF JAUNDICE
(PATIENT I) Name of the patient: Miss X. Age: 7years

Test	Result			Normal value
	Before treatment	After treatment		
	21.11.97	28.11.97	15.12.97	
S. Bilirubin (Total)	1.5mg/dl	5.6mg/dl	2.1mg/dl	0.2-1.0mg/dl
S. Bilirubin (Direct)	0.8mg/dl	4.2mg/dl	1.1mg/dl	0-0.025mg/dl
S. Bilirubin (Indirect)	0.7mg/dl	1.4mg/dl	1.0mg/dl	0-0.075mg/dl
SGPT	Not done	786U/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)	360/cu-mm	not done	7500/cu-mm	4000 to 10,000/cu-mm

TABLE VII
PATHOLOGICAL CHANGES OBSERVED DURING HOMOEOPATHIC CURE OF JAUNDICE
(PATIENT II) Name of the patient: Master Y. Age: 20years

Test	Result			Normal value
	Before treatment	After treatment		
	1.9.98	7.9.98	25.9.98	
S. Bilirubin (Total)	6.4mg/dl	12.3mg/dl	2.9mg/dl	0.2-1.0mg/dl
S. Bilirubin (Direct)	5.3mg/dl	9.8mg/dl	1.9mg/dl	0-0.025mg/dl
S. Bilirubin (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	274U/L	33 U/L	



Days and the patient's condition improved progressively. However, as demonstrated by the 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 through the period of observation.

CASE II: Table VII gives pathological report of 20 year old boy. The patient had fever, vomiting, loss of appetite and pain in the liver region. Patient's conjunctivas 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 after 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 for the blood pathology, patient's condition was almost normal. Though the patient felt very weak, his strength was restored after giving another medicine.

Conventionally, such pathological reports are thought to imply the disease to be progressive, as was declared by the physicians. It is observed in almost all cases of jaundice, when patient comes with or without pathology, that symptoms such as vomiting and lack of appetite disappear on the very first day after commencement of the treatment. The fever also subsides in a day or two. And then comes the anticlimax. After a couple of days, when the patient is asked to get pathological test done again because of visible improvement in his condition, it shows increase in the parameters such as bilirubin which may be misinterpreted as deterioration in the condition of the patient. But other symptoms such as 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 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 to speedily throw out blood toxins.

In fact, it is instructive to see how pathological parameters can be deceptive. One patient had jaundice. His father gave him homoeopathic 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 subjective symptoms such as colour of eyes, urine or skin can be. Here, the medicine helped the body to throw the toxins out of the blood, without touching the source of disease. After giving the indicated medicine, the patient's appetite improved and he felt normal.

Another classic example which illustrates the course of cure is that of skin allergies. Patients often come with rashes all over the body. One girl came with rashes which disappeared within twenty four hours after taking *Urtica-urens* Q. However, after two days, she came complaining of swelling over lips and under eyelids. She was asked to get urine examined. The urine report indicated the presence of pus cells (pus cells ++++). A couple of doses of *Cantharis* were given and one week later the urine report was normal. Again, we see that the only way rashes disappear from the surface of the skin, is by reabsorbing the disease products in the blood. These are then thrown out of the body through kidneys. At times, the kidneys can be overloaded with toxins causing urinary infection.



Thus, we see that

1. Pathological parameters are bound to increase during any natural process of cure irrespective of the system of medicines adopted for cure or if the cure occurs without medication.
2. The organs such as kidney liver, which get involved because of the toxins thrown out by the body from the location of the disease into the blood stream, need to be treated during the course of treatment, so 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.
3. The increase in parameters is not due to aggravation of the disease, as may be misinterpreted and some times may be labeled as homeopathic aggravation. It is rather an unavoidable sign of the process of cure.
4. Primary symptoms and secondary symptoms must be well resolved during the course of treatment. If liver is primarily involved, by removing disease toxins from the blood so that the pathology does not show the abnormality, does 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 kidney, brain etc. Hence, the removal of toxins must be simultaneously attempted.
5. These studies demonstrate how the cure should be

achieved. Pathology or pains, which occur due to deposition of toxins, can be removed by giving medicines, which get rid of these 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.

CONCLUSIONS: In this presentation, we have demonstrated the importance of diagnostic methods in establishing pathways of radical cure.

Our studies indicate:

1. Diagnosis based on values of biochemical parameters can be misleading, if the process of cure is not properly understood.
2. For curing an ailment, different medicines might be needed for attacking different levels of cure.
3. There is a difference between palliation and cure.
4. Apparent aggravation of symptoms is a natural consequence of the process of cure and should not be mistaken for homoeopathic aggravation.

It is hoped that this presentation will stimulate interest of engineers and scientists of all disciplines which will help to develop scientific basis for homoeopathy.



Stress Management - A story I would really like to live life by. Hope you do to...

Read on...

A lecturer was giving a lecture to his student on stress management. He raised a glass of water and asked the audience, "How heavy do you think this glass of water is?" The students' answers ranged from 20g to 500gm.

"It does not matter on the absolute weight. It depends on how long you hold it. If I hold it for a minute, it is OK. If I hold it for an hour, I will have an ache in my right arm. If I hold it for a day, you will have to call an ambulance. It is the exact same weight, but the longer

I hold it, the heavier it becomes."

"If we carry our burdens all the time, sooner or later, we will not be able to carry on, the burden becoming increasingly heavier." "What you have to do is to put the glass down, rest for a while before holding it up again." We have to put down the burden periodically, so that we can be refreshed and are able to carry on. So before you return home from work tonight, put the burden of work down. Don't carry it back home. You can pick it up tomorrow. Whatever burdens you are having now on your shoulders, let it down for a moment if you can. Pick it up again later when you have rested... Rest and relax. Life is short, enjoy it!!!