



Drainage In Homoeopathy

The process called DRAINAGE, in Homoeopathy was devised in France in 1911-12 by Antoine Nebel (de Montreux) and Leon Vannier.

At that time, Homocopaths believed that many diseases specially the diathetic (called miasmatic by Hahnemann) produced a kind of toxic substances, called by them as "toxins" that were retained by many cells of the body and when present in certain diseases.

On the other side, the theory of Vital Force of Hahnemann was revived as Vital Energy, and was confirmed by the Aura Photography of the Kirlians. This is a confirmation of the Lingha Sharira of old Hinduism.

Toxic organic products were rapidly eliminated when there is a correction of the alteration in the Vital Energy by the similimum in high potency and the aggravation in the process was minimised by the drainage remedies. The drainage consists in treating previously the patient with medicines that did some corrections to the surfacing symptoms and patients became better if the remedies are complementary to the similimum used. As an example, I had a patient of Systemic Lupus Erythematosus with red face lesions. Her father and mother have had tuberculosis which was suppressed by antibiotics before marriage. She presented moderate rheumatic joint pains and nervousness. Her drainage medicines were *Rhus-tox 3c* for the rheumatic pain and *Ignatia-amara 30c* for the nervousness, given daily during first 10 days. Then I gave a dose of *Tuberculinum Koch 1M*-her similimum. There were no violent reactions, and after 2 months her red lesions in face had improved by about 80%, becoming smaller and turning clear orange. Repetition of *Tuber-koch 1M* (two times) every 2 months, cleared the lesions,

relieved her of the remaining rheumatic pains and made her more tranquil. I monitored her cure for one year.

As we can see, after drainage, the cure was obtained without pain, fever, or other symptoms that are normally produced when we have an uncontrolled rapid elimination of toxins produced by the curing reactions and caused by the rapid equilibrium in her Vital Energy without body preparation.

When there is psoric, sycotic or syphilitic disturbance or when one or two of the three diathesis are present, without the help of drainage remedies, liver, kidney and the pancreas helped by the skin and mucous membranes will have to work very hard for the elimination of body toxins without the necessary preparation, and fever and pains can appear during such elimination.

The only book in English language on this subject of which I know is "Drainage in Homoeopathy, by Dr E A Maury." It was translated from the French and printed in England by Health Science Press.

Consulting the Index 1911-1990 of the Br Hom J I came across 5 articles on drainage, of which. Harling ME: Drainage remedies and the liver Br Hom J. 1976; 65: 235-239, is interesting. Leon Vannier in his book, "TUBERLINIQUES", recommends that all tuberculiniques (Tubercular people) should be drained before the administration of the similimum. In Tuberculiniques are included people with family history of Tuberculosis, people with suppressed tuberculosis, and those with active tuberculosis. He points out that drainage is always an individual treatment. He presents a case of violent reaction of a tuberculinic in 1909, to whom he gave a dose of *Denys 7C* well indicated; he had his first violent reaction, provoked by the remedy, -fever of 104 ° F, constipation, scanty urination, and after 3 days had a diarrhoea episode when the patient had 15 aqueous evacuations. This he called "natural



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drainage” and the fever disappeared.

I believe that drainage is not used in India before the administration of any Tuberculine, and I am seeing this in Jain CB and Jain B: Approach to treating TB cases, NJH 2000. Vol 2, No5: 372. When they gave *Tubbov* 1M, single dose to a 8-year Tubercular lymphadenitic boy without a preventive drainage and the boy got a violent reaction with 104-105°F with drowsiness, weakness and appetite poor for a few days the authors said: “Could not understand/interpret this reaction”. The boy was a Tubercular, and a Tuberculine needed a drainage remedy to avoid aggravation.

Mr Kasiviswanathan of NJH adds:

A detailed discussion on the concept of drainage and its allied concept of canalization can be had from the booklet titled “What we must not do in Homoeopathy” containing articles in French by Dr Fortier Bernoveille, a French Homoeopath. Translated into English by Dr Rajkumar Mukherji and published by B Jain Publishers in 1974. Here are some extracts from that booklet. “In each pathological case, there exists in Homoeopathy a single similimum and many similies and the first idea that comes to mind is to apply the similimum with the exception of similie remedies that seem to be palliatives. In reality one soon understands that the rigorous application of the similimum remedy is not necessarily followed by amelioration. If we can prepare the organism by the application of a remedy called satellite or the remedy which by analogy has the symptoms culled from the patient, it happens very often that the similimum may be applied afterwards *without aggravation* and it seems to act more rapidly and more deeply.” (P52)

“The theory of drainage is, therefore, before all, a theory of purification and of the intoxicated organism that shows symptoms which may be classified according to the successive spheres of the organism and the *disappearance of these symptoms cannot be caused in a complete and rapid manner but by the application, generally of many remedies simultaneously or successively. The theory of drainage is therefore a theory of purification.* It is necessary to purify the organism

of the patient by eliminating the toxin. It is necessary to drain.” (as in the case of suppuration where cure follows elimination of the pus). (P53)

“The practice of drainage consists in following or in preceding the principal indicated remedy by the application of one or more satellite remedies with the aim of facilitating the toxic elimination in a given morbid state *to check medicinal aggravation and to obtain more rapid and sure results.* (P 54)

Dr Nebel observed in tubercular patients, that the most indicated remedy aggravates and that aggravation may not be dangerous for a patient who resists well or who has become ill very recently, but it may be terrible in patients in whom cavities are already formed. His first research on drainage was carried out on the aggravation caused by *Calcarea-carb* in high dilutions. He had demonstrated that before *Calc-carb* is applied to a patient who has its symptoms, one may obtain good results and check all aggravations in a tubercular patient, by first giving *Puls*, which is a real drainer of *Calc-carb*. In *Materia Medica* we have some short lists of remedies which are named as antidotes to some other medicines. In fact they are not the antidotes of medicines considered toxic. Nebel considered these antidotes as complementaries and satellites. Thus when *Puls* is indicated as antidote of *Nux-vom* it means that *when Nux-vom will finish acting, it is necessary to apply Puls.* (This is different from the normal concept of complementary remedies indicated in *materia medica* -KV) (page 23)

“The principle of drainage is a necessary corollary of the complete observation of the law of similars in therapeutics. In fact, in most cases, the patient does not present only the symptoms of a single remedy and we may find in him some symptoms that indicate other remedies. Why then should we not solve the difficulties by giving according to the direction known in advance, such satellite remedies or similies which will prepare the organism for the action of the similimum. This is how one can explain drainage.”(P 56)

“In a chronic case, the toxins are always drained out through mucous secretion.”



“Very often in chronic cases, the most evident symptoms are of an organ or of a system which suffers, while it is another organ or another system which was really or primarily affected.” (P46)

“It is dangerous to follow blindly the law of similars in using the single remedy and in a routine way without knowing the physiological action of the medicine applied and without trying to check ie to add to that remedy its satellites and canalisers.

Eg: *Phos*: There does not surely exist any other remedy having in the highest degree a similitude of action than *Phosphorus* as regards tuberculosis of the respiratory system, especially the laryngeal tuberculosis. In this case we ought to have sure success if we apply the law of similars without understanding it well. And what do we see? There is the danger of applying *Phos* repeatedly in all dilutions in a tubercular patient. In Europe whenever we have treated TB with *Phos*, we got disastrous results. On the contrary, some combinations of *Phosphorus* with other substances such as *Ferrum-phos*, *Calcarea-phos* will give good results. *Phosphorus-iodatum* or *Phos-tri-iodatum* are excellent in some cases of TB without causing the dangers of *Phos*. Still another remedy to apply without drainage is *Lycopodium* in hepatics. Even a medium dilution of *Lycosay* 30th potency may be extremely dangerous in a patient suffering from hepatic insufficiency with a tendency to cirrhosis of the liver. (P 70-71). In the same way *Sulphur* is dangerous in subjects having an unquestionable tendency to suppuration; it may cause otitis in a child suffering from bronchitis and in this case it is better to avoid application of this remedy without having it followed or preceded by some appropriate satellite remedies. (P 71)

CANALISATION:

Dr Bernoville also emphasizes the importance of canalization. It rests on the idea of local elective actions of most of the remedies and it is a corollary of the principle of drainage. To canalise means to orient the action of a remedy. Most of the remedies have some elective action on the tissues, or the organs or a region ori-

ented along the nervous system. To give a canaliser remedy is to give a satellite which has the aim of canalize and orient the effects of the principle remedy. If for instance, we know how to canalize the too centrifugal, violent and general action of *Sulphur*, on such and such parts of the organism, we will surely obtain good action of *Sulphur*, either by giving *Fumaria-saponaria* for the skin, *Hypericum* for the nerves, *Nux-vom* for the intestines. In this way these different remedies are the canaliser of *Sulphur* and help to obtain more and lasting effects from *Sulphur*.

CONCLUSION:

It appears that these concepts and practices had evolved when using the centesimal potencies. These medicinal aggravations were well recognized by Dr Hahnemann and that is why he developed the LM potencies and discussed it in the Sixth edition of his Organon. In footnote 132 to Aphorism 246 he says “When I said in the fifth edition of the Organon in a long footnote to this paragraph in order to prevent these undesirable reactions of the vital energy was all that the experience I then had justified. But during the last four or five years, however, all these difficulties are wholly solved by my new, altered but perfected method. The same carefully selected medicine may now be given daily and for months, if necessary in this way, namely, after the lower degree of potency has been used for one or two weeks in the treatment of chronic disease, advance is made in the same way to higher degrees beginning with the lowest degrees.” Unfortunately the considerable delay in the publication of the Sixth edition had resulted in Homoeopaths throughout the world sticking to centesimal potencies. We read in many published cases, severe aggravation of the symptoms of the patients who were given high and higher potencies. There are cases where even 0/1 potency has aggravated. It is to avoid such unnecessary aggravation that Dr Nebel and others advocated drainage and canalisation remedies. In India also some homoeopaths follow this method in treating the patients in chronic cases. (Editor: We invite views and experiences)

