

Understand The Role Of Susceptibility In Acute Disease

Dr. Jignesh J Doshi*, Dr. Girish Patel**, Dr. Pranav Shah***

*Medical Officer, Government Homeopathic Dispensary, C/O Shri Vallbhcharya Trust Hospital, Opp. Saraswati School, Maninagar Char Rasta, Ahmedabad :- 380008. **Hod-Repertory, ***HOD Homo. Pharmacy-S.V.H.M.C.& H – Bhavanagar-Gujarat.

Abstract: Day in and day out we come across acute diseases in our practice. It is observed in clinic practice of almost all physicians that majority of the cases are of acute origin and the rest are chronic in nature. Usually acute disease presents to us with distinct characteristic form which suggest acute remedy. In order to treat as early as possible acute cases becomes the prime need of the physician. We have noted that an organism is constantly required to adapt itself to its environmental conditions so that harmony is maintained. This process of adaptation can take lace on account of the susceptibility. To undertake such study we need to examine acute diseases. We need to understand the role of susceptibility and miasm in every case. In developing countries like India, infectious diseases are the commonest cause of mortality. Especially diseases like Typhoid fever, Acute Viral Hepatitis and Pneumonia are very frequent cause of admission and also a frequent enemy to encounter in O.P.D. [Doshi J Natl J Integr Res Med, 2021; 12(1):80-84]

Key Words: Susceptibility, Acute Disease, Relation With Homeopathic

Author for correspondence: Dr. Jignesh Doshi, Government Homoeopathic Dispensary, C/O Esis Dispensary (D/36), Opp. Ramujilal Hall, Jawahar Chowk, Maninagar, Ahmedabad- 380008. M: 98250 98453
E-Mail: adcahmedabad@gmail.com

Introduction: Day in and day out we come across acute diseases in our practice. It is observed in clinic practice of almost all physicians that majority of the cases are of acute origin and the rest are chronic in nature. Usually acute disease presents to us with distinct characteristic form which suggest acute remedy. In order to treat as early as possible acute cases becomes the prime need of the physician.

To treat homoeopathically, a sound conceptual grasp of 1st 6 Aphorism of Organon of medicine is required. The High and only mission of Physician, the rapid gentle cure, various knowledge, knowledge, and unreduced observer within us and knowledge of susceptibility, posology and science of therapeutics, as discovered by Hahnemann is required to resolve the sick to health.

Acute disease has sudden and definite onset, rapid progress, a more or less fixed course of duration and ended in death or recovery (with or without treatment). Role of Susceptibility in health and in illness plays a crucial role in onset, progress, course, duration and recovery of the acute disease in an individual. Susceptibility is an inherent capacity in all-living organisms to react to stimuli in the environment and it is the fundamental quality that distinguishes the living from non-living.

It is made known to us through reaction that results when the host meets the environmental factors. Signs and symptoms represent the only perceptible form of evidence which signifies to us the reaction that takes place within the organism. We have noted that an organism is constantly required to adapt itself to its environmental conditions so that harmony is maintained. This process of adaptation can take lace on account of the susceptibility.

The process of adaptation is governed by the Psycho-Neuro- Endocrine (PNE) axis, which acts as a Homeostasis. So, reactivity after the process of adaptation is the important criteria to judge the susceptibility of an individual.

A similimum is to be examined to combat acute disease. There are multiple criteria to reach similimum. As susceptibility is one of the criteria for reaching closet to the similimum. Reactivity of an individual towards environment as well as internal factors is responsible for acute disease condition, which is also one of the criteria to judge susceptibility. Like that state of Immunity, presence of characteristics, state and stage of diseases, reversibility of clinical state of disease also are the criteria essential to judge susceptibility. In our day to day practice, We have come across several acute diseases like Acute Bronchitis, Acute Tonsillitis, Acute Pharyngitis,

This is an Open Access article distributed under the terms of the Creative Commons Attribution 4.0 International License (<http://creativecommons.org/licenses/by/4.0/>), allowing third parties to copy and redistribute the material in any medium or format and to remix, transform, and build upon the material for any purpose, even commercially, provided the original work is properly cited and states its license.

Pneumonia, Acute Gastroenteritis, Acute Glomerulonephritis, Acute viral Hepatitis, Typhoid, Chicken pox, Cholera etc. To undertake such study we need to examine acute diseases. We need to understand the role of susceptibility and miasm in every case.

In developing countries like India, infectious diseases are the commonest cause of mortality. Especially diseases like Typhoid fever, Acute Viral Hepatitis and Pneumonia are very frequent cause of admission and also a frequent enemy to encounter in our O.P.D. An attempt has been done in this work to understand the role of susceptibility in development, evolution and management of acute disease.

Aims and Objective of the Study: To understand the role of Susceptibility in development, evolution and management of Acute diseases.

Materials and Methods:

1.Sources of Data: Cases have been selected from Government Homeopathic Dispensary, Bechar Das, Lash Kari, Kalupur Pooja Homoeo Clinic, Chandraprabhu complex, Navrangpura, Ahmedabad.

2. The Following Disease Conditions Were Selected For The Study: Pneumonia. Enteric fever. Acute Viral Hepatitis.

3. Case Recording: Recording of the cases has been done according to the guide lines given by our master Hahnemann in the aphorisms 83-104.

4. Cases have been diagnosed as per the standard guidelines available in clinical medicine.

5. Case Processing has been done and on the basis of available history acute totality has been formed.

6. Susceptibility Has Been Judged On The Basis Of Following Criteria: (1) Low (2) Moderate (3) High

7. Remedy Response Evaluation: The final remedy response has been obtained under the cases for mentioned acute diseases as CURED CASES.

Results: Results are as follows;

Table: 1 Distribution Of Cases Of Acute Diseases According To Their Sex

| Sex | No Of Cases | Percentage |
|------|-------------|------------|
| Male | 10 | 33% |

| | | |
|--------|----|------|
| Female | 20 | 67% |
| Total | 30 | 100% |

Table: 2 Distribution Of Cases According Of Acute Diseases According To Their Susceptibility

| Susceptibility | No. Of Cases | Percentage |
|----------------|--------------|------------|
| Moderate | 23 | 77% |
| High | 7 | 23% |
| Total | 30 | 100 |

Table: 3 Distribution Of Cases Of Acute Diseases According To Their Miasms.

| Type | Fundamental | Dominant |
|----------------------|-------------|-------------|
| Psora | 11 (37%) | 1 (3.33%) |
| Sycosis | 2 (7%) | 1 (3.33%) |
| Sycosis, Tubercular | 2 (7%) | 0 |
| Tubercular | 12 (39%) | 28 (93.33%) |
| Tubercular, Syphilis | 3 (10%) | 0 |
| Total | 30 | 30 |

Table: 4 Distribution Of Cases Of Acute Diseases According To Their Prescribed Remedies

| Type Of Remedy | No. Of Cases |
|--------------------------------|--------------|
| Acute Remedy only | 9 (30%) |
| Related Remedy | 2 (7%) |
| Acute + Chronic | 10 (34%) |
| Acute + Chronic + Intercurrent | 1 (3%) |
| Chronic+ Intercurrent | 4 (13%) |
| Chronic | 4 (13%) |
| Total | 30 |

Table: 5 Distribution Of Cases Of Acute Diseases According To The Results Produced By The Remedies

| Type Of Remedy | No Of Cases |
|-----------------------|-------------|
| Acute Remedy | 19 (63%) |
| Constitutional Remedy | 9 (30%) |
| Related remedy | 2 (7%) |
| Inter-Current | 0 |
| Total | 30 |

Table: 6 Distribution Of Cases Of Acute Disorders According To Their Disease (Condition) Diagnosis.

| Disease Diagnosis | No Of Cases | Percentages |
|-------------------|-------------|-------------|
| Typhoid Fever | 19 | 63% |
| Viral Hepatitis | 6 | 20% |
| Pneumonia | 5 | 17% |
| Total | 30 | 100% |

Conclusion: Study of 30 cases of acute disease revealed the following: A case well taken is half

cured. Management of Acute disease starts from how you take a case. This is available in most of cases. Anamnesis of the case and origin, duration, progression of the complaints are very essential in handling acute diseases. Diagnosis of disease is very important in managing acute diseases. Classical symptoms of enteric fever like stepladder pattern of fever, relative bradycardia, abdominal pain, and diarrhea / constipation – cannot be found in every case. Remittent or continuous type of fever more than 1 week of period is found out in almost every case.

In most of the cases “Physical General Concomitant symptoms” are commonly found. The duration of fever in cases of enteric fever is of 7-56 days. Out of them 10 cases responded to acute remedy, 5 cases responded to constitutional remedy alone and 4 cases responded to constitutional remedy followed by Intercurrent. Hence while selecting the remedy we cannot go by the day or week of typhoid fever when the patient presents for Homoeopathic treatment.

In cases of acute disease, repetition of: Acute remedy should be frequent. Constitutional remedy should be infrequent; in exceptional cases repetition can be frequent but one should be cautious.

1.Acute And Chronic Phases Of Illness:Application of “Concept of Fixed General Totality and Sector Totality” is very helpful in managing the acute disease as available in the literature. Acute and Chronic diseases are related to each other as the acute and chronic remedies. Knowledge of the Constitutional remedy of the patient is very important for managing acute disease.

2.Susceptibility Underlying The Acute And Chronic Phases Of Illness: In Acute disease, Susceptibility is usually in moderate to higher zone. Such susceptibility will express a characteristic fever totality in the form of Peculiar time modality and well defined concomitants.

3.Role Of Miasm In Determining This Susceptibility: A detail case study including the fundamental and dominant miasmatic activity is necessary for comprehensive assessment of susceptibility. Patients, who have Tubercular fundamental miasm, have higher chances of developing acute infectious diseases. Dominant miasmatic activity in acute disease is Tubercular

in nature. Tuberculinum should be given in acute disease when there is evident tubercular activity, tubercular expressions or fundamental tubercular load.

4. Susceptibility Where Acute Remedy Is Needed In Management Of Acute Disease: In Acute diseases, with moderate to high susceptibility has thrown clear cut form which required acute remedy and has responded well with that acute indicated force. Cases with moderate susceptibility has thrown form but indicated acute remedy has failed to act. In such situation deep acting force indication were expressed by moderate susceptibility.

Role of acute remedy in acute disease is highly depend on the appreciation of the form and its similarity with respect to the state of susceptibility and fundamental miasm in the background.

In Acute disease, cases of moderate susceptibility usually have Fundamental and Dominant Tubercular miasm. Miasm play vital role in altering the state of susceptibility in acute disease.

5. Susceptibility Where Constitutional Remedy Is Needed In Managing Acute Disease: In Acute diseases, cases of high susceptibility usually have Psoric fundamental miasm in the background. In Acute disease, cases of moderate susceptibility usually have Fundamental and Dominant Tubercular miasm. Miasm play vital role in altering the state of susceptibility in acute disease.

6. Guidelines For Constitutional Prescribing In Acute Disease: In Acute diseases, where susceptibility is in moderate zone is handled well by constitutional remedy. If the indication of Constitutional remedy is present then Constitutional remedy can be given irrespective of the diagnosis of acute disease.

When acute remedy fails to act and the available symptomatology is covered by constitutional remedy then constitutional remedy should be employed. This is experienced in most of the studied cases. When you are having very poor symptomatology without any miasmatic activity then it is always better to start with constitutional remedy.

Recommendations: When Fundament Tubercular load is present in the case it is always better to prescribe Tuberculinum before giving constitutional remedy. When Tubercular expressions indicating Tubercular activity are present then it is better to start with Tuberculinum followed by constitutional medicine. Role of Tuberculinum in acute disease is an interesting and useful study, which can be taken up for more detailed study.

Summary: Acute diseases like Typhoid fever, acute viral hepatitis, Pneumonia, Acute Bronchitis, Acute Tonsillitis, Acute Gastroenteritis etc. have been the major cause of morbidity and mortality in the developing nations like India, in spite of all efforts done by the modern medical science and environmentalist. Treatment according to Modern medicine is directed towards killing of causative organisms. And now a day a lot of resistance to newly developed medicines has come up. We, as homoeopaths routinely face acute diseases in our practice.

We know that the bacteria are not the cause of disease but it is the altered state of susceptibility, which is responsible for the production of disease. Acute diseases don't wait for the physician to act. And we can not afford to lose our patients just by failing to handle acute disease. We have experienced that many a times usual acute remedy cures acute disease and constitutional remedy follows well. We need to be clear in our mind regarding this aspect of handling the acute diseases.

To undertake this study, 30 patients have been selected where acute prescribing, deep acting force, related remedy or intercurrent remedy has been employed. Each case has been recorded in the standard case formate. Analysis and evaluation of the symptoms has been done according to standard guidelines. Final assessment of susceptibility, dominant Miasm, fundamental Miasm has been done. For analysis of the follow up and result kent's 12 observation has been used. After that analysis of each case has been done.

After studying 30 cases, I have found that the Acute and Chronic totalities are acute and chronic phases of a single disease process. Availability of clear acute totality in acute disease points to an acute remedy. Failure to manage the acute disease with acute remedy need to be

analyze and to perceive the constitutional symptoms in acute disease which points to a constitutional remedy.

When acute remedy fails to act and you have poor symptomatology without any evidence of miasmatic activity then constitutional remedy should be employed. Understanding of the susceptibility and the Miasm is essential for homoeopathic prescribing. Tuberculinum should be given when there is predominant tubercular load, tubercular expressions or tubercular indications. This work helps us to understand the role of the Susceptibility in development, evaluation and management of acute disease either with acute remedy or related remedies or constitutional remedy or intercurrent force. There is a need for further study of the role of the intercurrent remedy in acute disease.

References:

1. Allen H.C.,(1998), Therapeutics of fever, 1st ed. Wazirpur, Delhi: B.Jain Publishers (P) Ltd.
2. Allen.J.H.,(2002), Pneumonias, New Delhi; Indian Books and Periodic Publishers
3. Borland D.M.,(2002), Pneumonias, New Delhi; Indian Books and Periodicals publishers.
4. Close Stuart.,(2003), Genius of Homoeopathy. Lectures and Essays on Homoeopathic Philosophy, New Delhi; B.Jain Publishers (P) Ltd.
5. Dhawale M.L., (2000), Principles and Practice of Homoeopathy, 3rd ed. Bombay; Institute of clinical research.
6. Dienstag and Isselbacher., (2003), "Acute Viral Hepatitis," in Harrison's principles of Internal Medicine, 15th ed; Eugese Braunwald
7. Hahnemann Samuel., Trans.By Boericke, William.,(1996), Organon of Medicine, 6th ed. Delhi; B.Jain Publishers (P) Ltd.
8. Kapse A.R.,(2003), ICR operational manual. The art and science of Standardized Homoeopathic Practice, Education and training, 2nd ed. Mumbai; Dr.M.L.Dhawale Memorial Trust
9. Kasad K.N.,(2002), Area-C: Hahnemannian Totality Symposium. Standardization, 2nd ed. Mumbai; Dr.M.L.Dhawale Memorial Trust.
10. Kasad K.N.,(2002), Area-D: Hahnemannian Totality Symposium. Standardization, 2nd ed. Mumbai; Dr.M.L.Dhawale Memorial Trust.
11. Kasad K.N.,(2002), Area-G: Hahnemannian Totality Symposium. Standardization, 2nd ed. Mumbai; Dr.M.L.Dhawale Memorial Trust.

12. Kent, J.T., (1998), Lectures on Homoeopathic philosophy, New Delhi; B.Jain Publishers (P) Ltd.
13. Kumar and Clark., (1998), Clinical medicine, 4th ed, London; Harcourt Brace and Company Limited.
14. Lesser and Miller., (2003), "Salmonellosis," in Harrison's principles of Internal Medicine, 15th ed; Eugene Braunwald
15. Levison M.E., (2003), "Pneumonia, Including Necrotizing Infections (Lung Abscess)," in Harrison's principles of Internal Medicine, 15th ed; Eugene Braunwald
16. Park. K. (1997), Concept of Health and Disease: Text book of preventive and Social Medicine, 5th ed. Jabalpur; M/S Banarsidas Bhanot Publishers.
17. Robert H.A., (2003), The principles and Art of Cure by Homoeopathy, New Delhi; B.Jain Publishers (P) Ltd.
18. Robert H.A., (1932), "The relation of Acute Diseases to the Chronic Miasm," The Homoeopathic Recorder, Vol XLVII
19. Sarkar B.K., (1998), Commentary on Organon of Medicine, 1st ed. Wazirpur, Delhi; B.Jain Publisher (P) Ltd.

| |
|--|
| Conflict of interest: None |
| Funding: None |
| Cite this Article as: Doshi J, Patel G, Shah P. Understand The Role Of Susceptibility In Acute Disease. Natl J Integr Res Med 2021; Vol.12(1): 80-84 |