



MULLERIAN

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EDITORIAL

Dear Readers,

It was indeed heartening to witness the induction of students to the I BHMS 2005-06 academic year, as the college is stepping into its twenty years of existence. And we have walked a great distance in providing Homoeopathic Education since we made a humble beginning in the year 1985 with the induction of 12 students and there after we have grown from strength to strength.

Then there was a news item in the leading dailies of the nation saying '*A Fourth Study Says Homoeopathy Is No Better Than A Placebo*' based on the editorial in the *Lancet*, titled "The End of Homeopathy." It was very sad to observe that the same *Lancet's* earlier studies which favored Homoeopathy found no space in the news-print. The authors of the *Lancet* study were Matthias Egger and colleagues from the University of Berne. They perused 110 trials using homoeopathic remedies and said homoeopathy was no better than a placebo. "Our study powerfully illustrates the interplay and cumulative effect of different sources of bias," says Prof. Egger.

This appears to be a part of greater conspiracy when WHO has decided to endorse Homoeopathy as part of its Global Strategy for Health for All in the 21st century. We have seen thousands of cases ranging from simple skin complaints to malignancy being cured with homoeopathic medicines. We also get references from experts in conventional medicine. When it is observed veterinary surgeons using homoeopathic medicines in a variety of cases successfully, one is prompted to ask – do animals also show placebo effects?

Nowadays one finds more drug diseases compared to natural diseases. Hence it is right time for the public to choose homoeopathic system of medicine for effective and efficient treatment in acute as well as chronic diseases. Hahnemann said *Aude Sapere*. I feel this is more relevant now with the evolving scenario around us.

In continuation of our efforts in understanding Miasms, in this issue of *Mullerian* we try to understand Syphilitic Miasm in its evolution and manifestations with the help of a case treated by both conventional and homoeopathic therapies.

Thus I invite all the readers to join another session of reading and learning

Dr M. K. Kamath

THE SYPHILITIC MIASM

The etiology of a disease, the constitutional temperament of the patient, and the totality of the signs and symptoms are three factors that form a complete picture of a disease. In Homoeopathy we often speak of the totality of the symptoms as the basis of selecting a remedy, but sometimes we forget to include the causative factors, miasms, and the physical constitution of the individual. The physical signs of a person are fundamental to the treatment of chronic disorders because the constitution and temperament shows the effects of the inherited miasms. We must get beyond relying solely on the personal or family history to uncover miasms. The syndromes produced by the miasms point to the fundamental cause even if it can not be traced in the case taking to a specific etiologic factor.

Knowledge of all miasmatic phenomena would be a complete knowledge of all that is known as disease. Hahnemann discovered the miasms due to the fact these ailments kept coming back, year after year. Even when the correct remedy was given, there was no permanent cure. Hahnemann's proof of the existence of miasms was the persistency of these chronic diseases even after taking care of other disease causing factors like diet, hygiene etc. They seem to come from within the organism, from some peculiar dynamis within, from something that was deranged within the life-force itself, inherent, internal, pre-existing within the dynamis.

Syphilitic miasm owes its name to the fact that it shows an innate inclination to destruction, which is a predominant feature in syphilis. It has been tormenting the human race before the outbreak of syphilis. We should consider syphilis as one of the most probable manifestations of the syphilitic miasm. Certainly *if Hahnemann was alive today, he would pick another name for this miasm.*

One of the predominant features in syphilitic miasm is the **tendency to conquer**. He constantly

wants to conquer something. After the conquest the object conquered loses its importance, it may even disgust him. He has set himself a new target; he is a hard person to satisfy, that is to say. The syphilitic is the kind of person to be easily **envious**. Whatever catches his eye, he wants to have it.

Another major feature of syphilitic miasm is the person's tendency to **destruction**. Hooligans, for example, destroy everything, whatever they run across. They destroy even when their team wins. They go to sports field not in order to enjoy the game but to destroy. Destruction is a delight to them.

Thus, whereas the psoric fan will be modest and will respect the rules and the opponent and whereas the sycotic fan will tend to show off by wearing multi-colored scarves of his team, the syphilitic person seeks destruction at every single moment.

The syphilitic religious person also destroys in the name of God in whom he believes. He wants to kill, to eliminate the supporter of a different religion; in contrast to the psoric person who penetrates the deeper meaning of religion and who is a religious philosopher as well as the sycotic person who sticks to ritualism.

Another syphilitic expression of religious sentiment is the rites of "Black Magic". The believer invokes the God of conquest and destruction in order to achieve his aims, either of conquest or destruction. Another frequent syphilitic picture is atheism.

The "iconoclast" who respects nothing, who believes in nothing, is also another syphilitic expression. Religion is an expression of the law, the syphilitic struggles against the law. Syphilitic persons do not have a developed social consciousness; they cannot offer other people anything of themselves.

They are anti-heroes; they do not accept having social obligations. They refuse to do their military

service as by law enacted. There is a lack of social consciousness and we can also notice a dependence on family. This dependence shows a profound **immaturity**. It is a form of dependence that does not correspond to his age but bears elements of infantile dependence.

This is due to the fact that the personality is not adequately formed, so it collapses under the impact of a stress producing stimulation and the person adopts more primitive ways of functioning, in other words he behaves like an infant. This tendency to dependence is the main predisposing factor to dependence on toxic substances and alcohol, which in their heavy forms are syphilitic situations.

Another feature described above is how easily the syphilitic person becomes **disorganized** under the impact of a stress producing stimulation. Even in the case of a stimulation of medium intensity there is a tendency to disorganisation, complete disorganisation, till the person is brought to the verge of the organism's destruction. So it happens, for example, during a psychotic incident. The syphilitic reaction to a stimulation, which an ordinary man considers to be of medium intensity, is a complete disorganisation, a complete loss of contact with reality.

The syphilitic's person anger is a violent, **explosive anger** that scares the people present. It is characterized by destructiveness. The psoric person is hot-tempered, as a result of his intense oversensitivity. It is, however, a superficial and temporary annoyance. After having expressed himself, the annoyance is gone. The sycotic person usually controls his anger but when expressed, is excessive; so excessive that he becomes the focus of attention. In no case, however, will he scare the others, as the syphilitic person will.

The syphilitic person's sadness is marked by destructiveness too. The person thinks there is no sense in living any longer. He is gloomy, sad and dismal. He denies life completely. He is not interested in anything; in contrast to the sycotic person, who shows his sadness through face expression, body posture and tears, and contrary to the psoric person,

who retires into himself, possessed with feelings of inadequacy.

At moments of joy he is characterized by destructiveness as well. He wants to destroy out of joy. This destructiveness may manifest itself either outwards or inwards by driving the person mad. Someone losing his senses on a happy occasion is syphilitic miasm; contrary to the sycotic person, who wants everyone to share in his joy, and contrary to the psoric person, who behaves like a child when he becomes emotional.

Intense desire to put an end to one's life is syphilitic miasm as well. **Suicide or Murder**. It is an expression of the destructiveness typical of the syphilitic person. Generally speaking, the syphilitic person does not experience joy. He cannot feel the simple joys of life. For example, at a child's birth the syphilitic person will be thinking to himself: "Why have you come to this world? ... You'd better not have been born... Troubles and worries await you".

On the other hand the sycotic person will be boasting about his child, trying to point out the newborn's natural gifts, and he wants everyone to admire his child, whereas the enthusiastic psoric person behaves like a child out of joy.

Each of the chronic miasm has its own characteristic signs that are an integral part of the totality of the symptoms. For example, Psora tends to produce irritation, inflammation, and hypersensitivity; Sycosis infiltrations, indurations, and over growth. Pseudo-Psora tends toward tubercles, fibrosis and suppuration; Syphilis tends toward granulation, degeneration and ulceration.

As far as the **physical constitution**, Psora tends to make the organism toxic, the skin unhealthy, and perverts the functions of the digestive and eliminative organs. Pseudo-Psora tends to produce pipe stem bones, narrow chests, sunken cheeks and sparkling eyes. Sycosis tends to cause heavy bones, water retention, over growth of tissue and slow metabolism. Syphilis tends to cause congenital defects, asymmetrical bony structure, deformed teeth and the classic bull dog face.

The Syphilis **temperament** has a mixture of madness and genius with a deep sense of irony that leads to obsession with death and destruction. They have strong, pessimistic view on life, cannot modify what is wrong, give-up, destroy, feel no point in trying to adjust, and have sudden impulsive violence directed at him or others. They become guilty, self destructive, and end in idiocy, insanity or suicide.

The **pains** of Syphilis seem lacking for the condition present or are deep, aching, agonizing, tearing, bursting, burning and esp. < at night. **Discharges** of Syphilitic miasm are very offensive, foul, putrid, smelly discharges.

The Syphilitic **skin** has brownish red, or coppery color spots, eruptions that do not itch, and a tendency toward easy ulceration – a typical physical manifestation of syphilitic miasm. Ulcer is a destructive process. There is destruction of shape,

destruction of structure at some point of the tissue which is slow to heal. Complaints are < by heat of bed. Spoon shaped thin nails that tear easily.

The Syphilitic **clinical conditions** include blindness, ulcerations in veins and bones, carcinomas, fistulas, gangrene, hyperextension, bone marrow inflammation, insanity due to depression, leucorrhoea, rheumatism of long bones, skin disease which ooze putrid pus, ulcerated sore throat, history of abortions, sterility, immature death, ischemic heart disease, suicidal deaths, insanity, destructive/last stage of cancer, disseminated tuberculosis, ulcers of ear, nose, urinary organs, mouth.

Bibliography: *Organon 5th and 6th edition – Hahnemann; The Substance Of Homeopathy – Sankaran; Miasmatic Diagnosis – S. K. Banerjea; The Chronic Miasms and Pseudo Psora – J.H.Allen; Homoeopathy 4 Everyone – The Hpathy Ezine, May 2005.*

CASE STUDY

Male patient aged 56 years, working as a partner in Timber industry presented with the following.

LOCATION	SENSATION	MODALITIES	CONCOMITANTS
Throat Since one month Sudden onset	Cough Expectoration with – scanty, whitish	<talking <pungent food+++ <sour food+++	Weakness Weight loss++ Difficulty in swallowing

Past history – Operated for hydrocele and Goiter. Known hypertensive. Operated for growth in throat 3 weeks back and presently undergoing radiation therapy for 30 days.

Family history – Father Diabetic, Mother – Heart complaints. One brother suffering from DM and Heart ailments, another is suffering from Hypertension and heart ailments.

Patient as a person –

Appetite – good,

Thirst – Increased for cold water.

Craving – Meat³, Vegetables².

Aversion – Fish³, Sweets³, Doesn't like much pungent and spicy.

Stools – once per day

Urine – 3-4/day

Perspiration – increased generally, more on forehead.

Thermal response – Cant tolerate³ summer, Likes winter.

Mental state – confident, Irritable and reserved.

Sleeps well for 4 hrs a day, dreams of daily routine.

General Physical Examination – No pallor. No icterus. No clubbing. No lymph node enlargement.

Pulse – 75/min

Resp rate – 22/min

BP – 140/90mmHg

Weight – 61kg

Systemic Examination – NAD

Investigations – on 07-09-2001

- ENT Endoscopy – Large exophytic growth arising from left pharynx and covering the entire area. Vocal cords are not visualized. Patient has stridor.

2. Histopathological Examination – Squamous cell carcinoma

Provisional Diagnosis – Carcinoma - supraglottis.

Life Space –

Patient's mother expired when he was nineteen years old, and after a year father married again. His relationship with step-mother was not good. His father was very strict and patient never expressed his feelings with father.

Siblings waited till their graduation and settled separately.

He started a timber business on his own and initially he asked for some help from his relatives and they said "NO". After that he never asked for any help.

He likes to work always. He appreciates perfection, and doesn't like liars and anyone fooling him.

First prescription – on 22-9-2001

1. Merc Cyanatus 30 1p HS
2. Rii pills TDS

Follow-up criteria –

1. Appetite
2. Weakness
3. Cough

29-09-2001	Increased	>	S	Rx – 1. Merc Cyan 30 BD daily [If better take the medicine OD]
6-10-2001	Increased/Good	[+]	S	Rx – 1. Merc Cyan 30 HS/BD daily
13-10-2001	Increased	Decreased	-	Rx – 1. Merc cyan 30 OD daily
20-10-2001	Increased	Decreased	Occ	Rx – 1. Merc Cyan 30 OD daily
31-10-2001	Good	>>>	>>>	Rx – 1. Merc cyan 30 OD daily

Discussion – This case defines Syphilitic Miasm in its evolution and management at its best. The rapid onset, destruction of the tissues and the diagnosis of cancer are sure indications of an evolving Syphilitic Miasm.

The sector totality in this case clearly indicates the remedy Merc cyan, which covers the pathology of malignancy, the rapidity of onset, progress and the location. Based on Boger's Synoptic key the remedy was selected.

This patient showed remarkable improvement, though the remedy was given along with radiation treatment. The remedy helped the patient to withstand the radiation effects to a greater degree.

But later on the patient was taken for a specialist's consultation where he underwent laryngectomy, but never recovered as he suffered from complications of the surgery.

- Dr M.K. Kamath

CAMPUS BUZZ

1. Students of our college bagged 29 prizes in various competitions in South Indian Inter-collegiate Cultural Fest organized by Padiar Memorial Homoeopathic Medical College, Chottanikara, Kerala. Congratulations to all of them.
2. A weekly Mobile Outreach program of Homoeopathic out-patient department was started at Bajjodi, from 2nd July 2005.
3. School Health Programs were conducted at Deralakatte Higher Primary School and Infant Mary School, Mangalore on 7th September and 12th September respectively. A total of children were given a free health check-up and medication. This was organized by Department of PSM and staff of Homoeopathic Out-Patient Department.
4. Inauguration of IBHMS class was organized on 30-07-2005, with induction of students for the academic year 2005-06. On this occasion Director highlighted the values of the Institution for which it has stood for last 125 years, serving the humanity. And he called upon the new students to uphold these values in their daily life. The students were then exposed to 7 days of Orientation Program, highlighting the value systems of the Institution and how to go about the studies among other things.
5. Teacher's day "Guruvandanam 2005" was celebrated by students on 5-8-2005 with all the fervor. They honored the teachers with mementoes on the occasion. A cultural program was organized on this occasion.
6. Our Administrator, Rev Fr Stany Tauro's Birthday was celebrated on 20-08-2005. He was felicitated on the occasion by Staff and Students. A small cultural program was organized in his honor.

7. Director Rev Dr Baptist Menezes after returning from his journey to USA explained that Homoeopathy is a very much liked system of medicine in USA and many a practitioners are willing to learn Homoeopathy as an art of healing.

STAFF MEMBERS IN LIGHT

1. Dr S.K. Tiwari was a member of inspecting team of CCH, which visited Nehru Homoeopathic Medical College, New Delhi on 12-07-2005.
2. Dr S.K. Tiwari was invited to attend a meeting of Board of Studies by Goa University on 30th August 2005.
3. Dr N.C. Dhole presented a paper on Techniques of Prescription in Challenging Cases, at 'Synthesis 2005' organized by IHMA, Mangalore on 15-08-2005.
4. Dr Joseph Thomas presented a paper on Cataract and Pterygium – A Homoeopathic Approach, in Bangalore on 4th September 2005. This meeting was organized by KQHDA, Bangalore.

LETTERS TO THE EDITOR

It is my pleasure to receive your magazine *Mullerian*. It is a very useful effort to expose the activities related to Homoeopathy among doctors.

With best personal regards to you and your editorial bench

Dr (Prof) R.P. Sharma, Patna

With the help of your prestigious bulletin "*Mullerian*", the success, I have gained in the service of mankind, homoeopathically, is unexpected. I found that it is not only informative to the homoeopathic physicians but it is really attribute of undated knowledge to homoeopathic medical science. I wish Fr Muller's "*Mullerian*" grows further to serve homoeopathy.

Dr S. Chandragupta, Bettiah

PHOTO ALBUM



The winners of South Indian Intercollegiate Cultural Fest alongwith Director, Administrator, Principal and Staff



Inauguration of weekly Mobile outreach programme at Bajjodi and the gathering



"Guruvandanam 2005" - Director giving his message and student representatives felicitating Principal Dr S.K.Tiwari



Inauguration of first BHMS course 2005-06



Administrator Rev. Fr Stany Tauro's Birthday celebration



Dr Vinaya, the intern of the out going batch bagged the first rank in the Entrance Examinations conducted for the Post Graduate courses in Homoeopathy by RGUHS, Bangalore. Congratulations to her.

CONFERENCE CALLING

The Faculty of Fr Muller Homoeopathic Medical College is glad to announce a clinically oriented "Homoeopathic Conference 2005" for the teaching faculty, post graduate students of various colleges and Alumni of FMHMC as well as quality seeking general practitioners.

PROGRAM

10-12-2005

Workshop on Evolving Concepts in the Homoeopathic Management of Medical Emergencies and Acute care –
Dr K.M. Dhawale and Team, I.C.R., Mumbai.

11-12-2005

1. Understanding Miasms and their Management – Dr Abdurahiman, Principal, GHMC, Calicut.
2. Embryological Basis of Understanding Miasms – Dr Prabhu Kiran, FMHMC
3. Pathological basis of Understanding Miasms – Dr Sheena Salin, FMHMC
4. Homoeopathy in Mentally Challenged Children – Dr Guruprasad, FMHMC

Registration Fees – Rs.400/- (Includes complements, tea, lunch on two days and one dinner).

Please send DD in favor of Homeopathic Conference.

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