

Margaret Roy

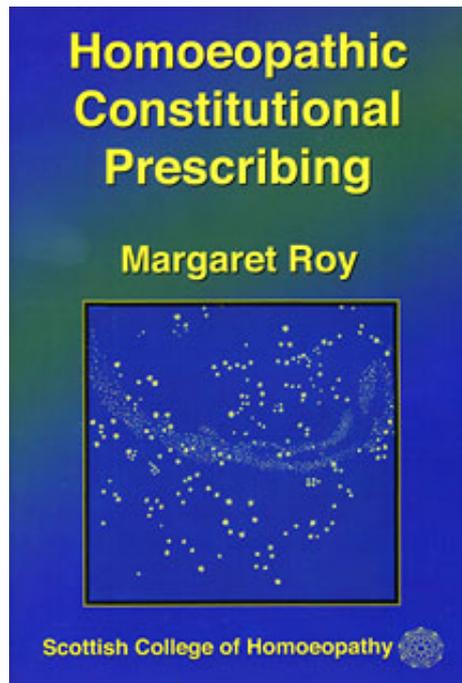
Homoeopathic Constitutional Prescribing

Leseprobe

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von [Margaret Roy](#)

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Tuberculosis

Tuberculosis is essentially a disease of the lymphatic system (the inner tube) localising in glands but most characteristically presenting in the major organ of the lungs as pulmonary tuberculosis. As a disease it goes through acute and chronic forms both of greater or lesser severity - it takes many forms. It may take its most acute inflammatory form as TB meningitis which especially affected children hence the HIB vaccine of today. The population at risk was known to be children and young adults. The latter were most commonly affected by Pulmonary Tuberculosis that in some cases was called galloping consumption which gives an idea of how rapidly death could occur. Going further back in time, in the Middle Ages a form of the disease was commonly found in the glands of the neck which had putrid discharges and ulcers. This is where we get the word *scrofulous* common in homoeopathic materia medica. When it goes systemic, generally affecting all organs to produce little hard lumps or nodules that resemble millet seed, it is called *MHiay* Tuberculosis. We will find that term in the materia medica used to describe the rash. In *The White Plague* we learn that among the forms it takes it will affect the larynx so it will be extremely difficult to swallow whilst in the intestines it will cause debilitating diarrhoea.

The Bacteria

The bacteria originate in the soil where the companion is the streptomycin group of fungi - its natural enemy from which the 'cure' arose. It took some time to find and is unlike many common bacteria in several features. They are neither Gram-positive nor negative but have to be double stained to become visible. Also they take much longer to incubate, six weeks as opposed to 24 hours for Streptococcus. This last characteristic becomes important to the Homoeopath as the periodicity is found in whooping cough - more of that later. The bacteria have a waxy coating that makes them impermeable to many of the body's defences. That may also be the reason why the disease is prevalent in cold, wet climes where the coating also protects it from the environment. The bacteria can live outside the body for some time as cysts in dark corners, often arriving there in the spit that is constantly hawked up by those infected.

Whilst the myth is that it is not easy to catch Tuberculosis, that you need continual exposure, almost everyone in a community would carry the bacteria with some form of symptom picture even if it was only continual catarrh. However, the tell-tale symptom was the cough. Studies show that the immune system can cope if well nourished but environmental health issues prevail. It was said to spread in the crowded dark rooms of industrial cities so the Scottish habit of deep cleaning and letting the air into the house each New Year allowed in the light as well as air. Air and light were seen as ways of combating Tuberculosis so it was also the custom to send those infected to a sanatorium in the mountains or by the seaside so they received the intensity of ultraviolet light. Those less fortunate were isolated in sanatoria where their bed was wheeled out daily to the veranda. Pictures of the time show huge verandas with rows of hospital beds. And it may be a remnant of that time that bracing fresh air about your lungs was good for you, *built up character*.

So who gets the disease, today? It is those patients who are greatly debilitated by a maintaining cause that compromises the immune system - those in the poverty of urban conurbations, not only but especially in "Third World" countries where the hours are long, the food is poor in quantity and quality, toxins abound in the work place and in poor homes. It is found in drug addicts and the AIDS patients of today whose immune system is already devitalised. The symptoms may be easily mixed up with those arising from these maintaining causes, i.e. lean and anaemic, with Chronic Restrictive Pulmonary Disease from unsuitable atmospheres at work or in the home, or in polluted cities.

There are three main types - human, bovine and avian. It is one of few diseases that can be transmitted from animal to humans and vice versa. One source says it is not present in the wild but common in zoo animals, especially apes. Obviously they have never heard of the culling of badgers to control TB in cattle in Britain.

The Process

In the first level of acute, the disease may manifest in the glands after ***bacteria are ingested through milk***. They migrate from the digestive system through the lymph vessels to the **lymph glands** especially in the

There are different types of meningitis and HIB vaccine is given for one type only, not labelled TB meningitis. More later.

neck, which become **putrid, ulcerate and bleed**. This would account for the manifestation of the disease in this form in the 15th and 16th centuries when it was believed the Scrofula, as it was named, could be cured by the touch of the King. These patients had greater vitality so the disease remained in the glands, the gates of the inner tube. Milk is specialised lymph that contains the antibodies of the mother's immune system but it also passes on her disease if this is in the lymph.

Wherever infection occurs a **tubercle** is formed on the site as the body tries to isolate the infection. This may be on the bone but is mainly on lymph glands. Within this tubercle, the blood supply is then cut off so the inner substance breaks down, *caseation*, then the body **surrounds it with fibrous tissue** forming a nodule. When the inner core **calcifies**, it is this that is normally detected on X rays. If this process fails to isolate the tubercle, it will join up with others thus spreading to cause ulceration and even fistula that may penetrate the air passages which in turn are irritated and produce phlegm.

The disease that becomes the myth we know arose later on, in the age of the industrial revolution, when environmental conditions are so changed and devitalising that the disease is then characterised as a systemic disease of the lungs. Infection is now *via the air breathed*, although it can still occur through ingesting food or drink, especially milk. The pulmonary version of the disease is found mainly in young adults. Since the bacteria are commonly found in the soil, it is thought that susceptibility falls off with exposure but those in cities are far from the soil, in 'dark satanic mills' where ventilation was poor, hours were long, housing dark and unclean, and nutrition poor. In Victorian times in Britain, children were sent to these factories at a very early age and worked the same long shifts adults did. It was not just the poor that suffered though; Shelley, Byron and Keats all had Tuberculosis. The acute in the lungs was called Consumption as it **ate away the lung tissue producing continual bloody spit**. The rapidity of the death is contained in the term *galloping consumption*, consumed by inner fire, or *phthisis*. This produced anaemia and the characteristic pale complexion with rosy cheeks - see *Fernim metallicum*.

When less acute, the disease may exist for a long period with only fatigue until the **cough** starts and the phlegm becomes bloody. In its most chronic form it may cause tissue to **fibrose** - it is then called *Fibroid Tuberculosis*. This is important to the Homoeopath as a precursor to the cancer miasm where tissue changes its nature⁶. The ulcerations and fistula tendency are also important where some Homoeopaths consider the Tubercular to be based on the syphilitic miasm. Many sources speak of it simmering undiagnosed and causing no illness as such, or even of the lesions healing. This last is important to Homoeopaths as we are warned that where it is encysted to avoid certain remedies such as *Calcarea* and *Silicea* that can dissolve the encapsulating calcium and release the disease into the mainstream again.

Reading **Harimohan Choudhury** *Indication of the Miasms* has an excellent chapter on the disease then follows this through into specific parts of the body before considering the 'Secondary Symptoms'. My criticism is that he does not sufficiently separate the disease and the miasm does not detract from the usefulness of the book.

The History

Robert Koch, 1843-1910, was the first to isolate the bacteria and to create the first vaccine in 1890 in Germany. This was not particularly effective (although it was the basis of the homoeopathic nosode *Tuberculinum* produced by Swan) and various attempts were made at vaccines before Calmette and Guerin created the BCG at the Pasteur Institute in Lille. This is considered to be 75% effective but is said to have had a remarkable effect on the occurrence of Tuberculosis. Nonetheless hygiene and nutrition were seen as the best preventatives. It is from this time that chlorine disinfectants emerge. Before anti-biotics, the medicines were sulphur compounds. It was Selman Waksman, an American Bacteriologist, who extracted the first viable preparation of Streptomycin in 1943. This was superseded by Isoniazid which the patient takes for six months plus, and is still in use.

¹ For example, the presence of fibroids in the uterus is often seen as a precursor of cancer.

Tuberculosis brought in the age of the Romantics. We have it in literature, Shelley, Keats, Byron. Indeed reading *The White Plague* you are led to ask did any of them not have it - Thomas Mann, Katherine Mansfield, Robert Louis Stevenson, Chopin all had it. Hugo, Kafka, D.H.Lawrence. Goldsmith all use it in characters. There is even a case in *Uncle Tom's Cabin*. Mann's most famous book *The Magic Mountain* is set in a TB sanatorium. Literature changed the image of the desirable female from plump Rubenesque ladies, now classed as matrons, to the pale, slender, vulnerable mademoiselles of La Dame aux Camellias and La Traviata who die tragically of TB in the end. With them, they bring suffering into passion, and this sentimental romanticism lays the ground for the emotionality of the cancer miasm. Susan Sontag in her book *Illness as Metaphor* explores our different attitudes to Tuberculosis and Cancer and how these have shaped recent society. The Tuberculosis Age fostered Rousseau's romantic idyll of the noble savage and also the Age of Humanitarians who saw the horrors and devoted their funds if not their energy to change social conditions. It comes after the Age of Enlightenment as if to counterbalance raw science or put it into practice. Vermeulen in his book *Monera*, following Anthroposophical belief, compares light as having two opposites: abstract thought seeking form (as in *Silicea*) which he sees the Tubercular miasm as lacking, and 'a lively imagination and an artistic sense'.

Symptoms

Persistent cough.

Purulent sputum that becomes bloody in severe cases.

Chronic bronchitis.

None of these has a specific character but can vary enormous from dry cough to very productive, for example.

<cold, damp.

Fever morning and evening and copious sweat especially at night.

Large amounts of blood are coughed up when an artery bursts, often after violent coughing. This blood may be frothy because it contains air.

Blood loss leads to anaemia and pale complexion.

When the blood is dark it comes from the veins; blood from the lungs has a venous origin. Stomach blood is acidic.

Bleeding is painless.

Pain arises with the complication of pleurisy.

Breathlessness occurs with lung damage. *In chronic tuberculosis cm-ities appear as tissue is destroyed. If this heals there will be scarring which limits movement as well as surface area so leading to breathlessness and in later stages immobility of the chest.*

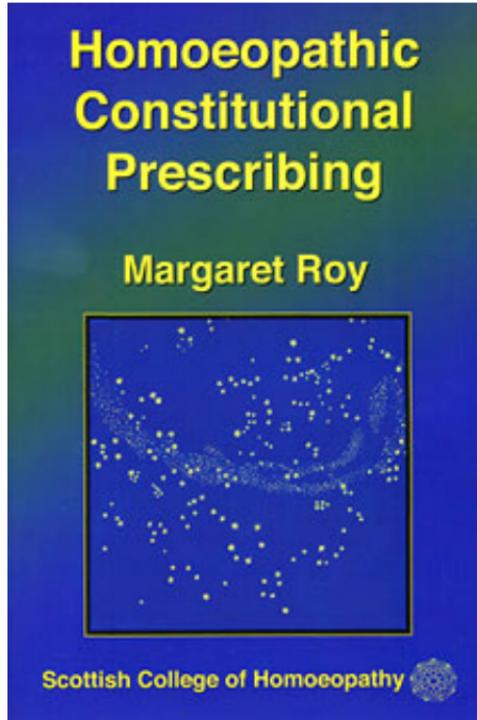
Accompanying symptoms are exhaustion, weight loss, night sweating, fever, anaemia can be severe, abscess/fistula in region of the anus.

The tubercles can be found anywhere in the body, including the bones.

In appearance the patient is pale and lean, often with rosy cheeks.

Repertorisation

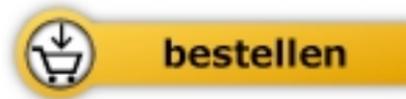
Tubercles of a miliary nature on the skin	nat.m
Miliary eruptions with perspiration	rhus t
On the foot	Ars
On lower limbs	alum, ars, bov, daph. mere, nux.v, sil, sulph.
On upper limbs	alum, ant.t, bry, cop, mere, nux.v, rhus.v, sel, sulph.
On the cervical area	nat.a
On back in general	ant.c, ant.t, bry, caust. chel , cocc, hydr, nat.a, ph.ac, prun, psor, sec, sumb, valer.
On the chest in general	hydr, mez
On the mammae	ant.t, led, staph.
On the genitalia	bry. rhus.r , rhus.t, sars. sil
On the face	ail, anan, ars, bell, chain, euphr, hep, hiira, ip, mane, par. sars. tab, tarent, verat.



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