R. P. Mathur
Common Infectious Diseases

Leseprobe

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von R. P. Mathur
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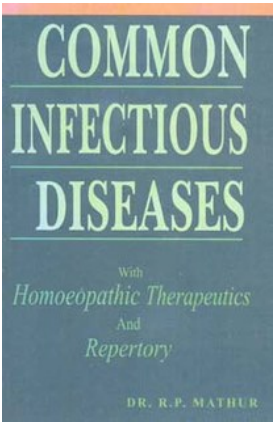

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The Acute Infectious Disorder and Homoeopathy

It is a group marked by the common characteristic that they are communicable and always reproduce their kind. They include the postilences which from time to time visit like cholera and influenza; the continued fevers-typhus, typhoid, and so forth; the exanthemata-variola, scarlatina, measles; the primarily local infections, such as diptheria and erysipilas. They are those which have hitherto been classed as "Zymotic", from some analogy in their development to the process of fermentation by the reception of a contagium vivum, to whose life history their course of symptoms is supposed to be due.

These infectious disorders are parasitic in origin; should not their treatment be parasitical? Should we not deal with germs inside the body as we do with those outside, and attack the cause with antiseptics rather than the effect with similar medicine? We can say with full confidence that parasitical treatment is not at all necessary and never without danger but homoeopathic medicine on law of similars will certainly cure the patient of whatever infection one might be suffering.

To attack acari on the surface and worms in the intestine, with their appropriate poisons; to guard breaches of surface against intruding spores or clean them when infected by local sporicides-this is rational and harmless enough. But when you have the whole mass of blood in the body swarming with those organisms, you need large doses of poison to kill them; and can you expect that the host will remain immune while your toxic agents are distroying his guest? Medical profession is now realising the folly of parasitical treatment by large doses of poisons to kill the bacterias, because experience of many great doctors tell that such process of treatment is injurious. Not only Hahnemann but many other writers have shown the harm done by suppressing, with strong, parasiticides any extensive itch; Filox mass has been the agent of many a

not ushered in by chills and high temperature, and the skin, lesions do not show advancing sharp outline.

TREATMEMT

1. Aconite : Sudden violent onset after exposure to cold wind. High grade fever, restlessness, and fear of death.

2. Apis Mel : Great tumifecation, skin pale and shining, stinging and burning pains with oedema and vesiculation. Eye lids like sacs of water. Amelioration from cold; aggravation from heat. Fidgety, nervous, fretted and sleepless.

3. Arsenicum : Sudden inflammatory conditions like gangrene and erysipelas. Inflammation that tends to produce malignancy in the part. Secretions are acrid; characteristic burning, relieved by dry heat; marked anxiety, restlessness and prostration.

4. Baptisia : Drowsy, dusky, comatose; face dark red with besotted expression. May be roused, but falls asleep answering. Thyphoid conditions, in the course of disease. Acts very rapidly; rapid collapse, and rapid restoration.

5. Belladonna : Swelling, smooth, bright red, streaked red, or dark red. Not much tendency to oedema or vesiculation. Throbbing pain; throbbing in brain. Violent delirium. Jerking of limbs. *Bell,* is acute, sudden, violent, red, intensely hot and dry.

6. Cantharis : Erysipelas of face with large blisters and severe burning *(Rhus tox.).* Burning in eyes. Whole atmosphere looks yellow; scalding tears; but in *Canth.* it soon changes its colour to black; look as if gangrene would set in. Burning like fire from touch (unlike *Rhus tox.).* "The little blisters, if touched, burn like fire,—Kent." Erysipelas of wes, with gangrenous tendency. Unquenchable thirst with disgust for drinks.

PATHOLOGY

Pathological changes in malaria are initiated in red blood cells, which result in destruction of RBC by the parasite. In severe cases, marked anemia may occur because of massive destruction of erythrocytes. Haemoglobin of the host cell is broken down by the parasite into globin and haem; the later combines with protein and forms malarial pigment (Haemozoin), When cell ruptures, haemozoin escapes in blood, it is then phagocytosed by the circulating macrophages and tissue macrophages of liver, spleen and bone marrow. Gross examination of visceral organs shows enlargement of liver and spleen. Deposits of malarial pigments are seen in nearly all organs.

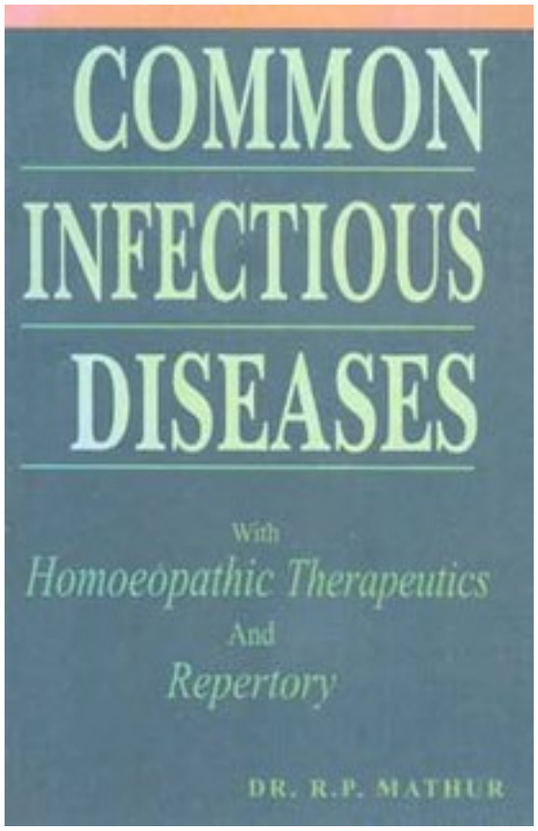
CLINICAL FEATURES

Clinical picture of malaria can be divided into two main groups : I. P. Falciparum in which there is no persistant liver infection and 2, P. vivax, P. Malariae, P. ovale, in which parasite remains in liver for longer duration. First variety, where causative organism is P. falciparum, is an acute progressive disease, full of compilations are often fatal; also known as malignant malaria. Whereas second group is benign, acute phase is self limiting but relapses are common.

A classical episode of malarial fever presents in three stages : Stage one- when patient feels extreme cold and starts shivering, this is followed by stage two - which is characterised by high grade fever (103-105° F) and this ends in stage three when patient sweats profusely. Severe headache, nausea and vomiting are often associated with high grade fever. At the end of the episode, patient feels markedly weak, but soon starts recovering and by the next morning he is nearly normal. Depending upon the type of infection, fever recurs with a set periodicity. In P. falciparum, P. vivax and P. ovale, the peaks of fever occur every third day and every day when the mature in two major groups, 24 hours apart. Such fevers are called tertian and quatidian respectively. P. malaria takes 72 hours producing quarten fever; febrile episodes occur every fourth

4. Chronic - *Phos., Plumb.*
5. Chronic with effusion of serum into cavity of arachnoid - *Apis.*
6. Bright light and glistening things cause convulsions - *Stram.*
7. During dentition - *Calc c.*
8. With dysphagia - *Stram.*
9. Complicated with otitis - *Sulph.*
10. After suppressed eruptions - *Apis., Stram., Zinc met.*
11. Frequently lifts head from pillow - *Stram.*
12. From metastasis of erysipelas - *Verat v.*
13. With nausea - *Stram.*
14. With screaming - *Stram.*
15. In scrofulous subject - *Calc. carb.*
16. Involving bony structures of spine - *Calc phos.*
17. With stammering - *Stram.*
18. Stricking with hands and feet - *Stram.*
19. With stupor - *Apis., Glonine., Hell.*
20. Exposure to sun after hair cur - *Bell.*
21. Traumatic - *Arnica., Hyper., Opium.*
22. Tubercular - *Apis., Calc cab., Calc phos., Lyco., Spong., Tuberc.*
23. Suppressed urine - *S am,*
24. After wetting - *Rhus tox.*
25. With temporary blindness - *Glon.*
26. With intense pain in cervical occipital region - *Glon.*
27. With hysterical symptoms or complication - *Ign.*
28. With confusion and loss of memory - *Glon.*
29. With nose bleed - *Rhus tox.*
30. With early paralysis - *Plumb.*
31. With tetanic state - *Calc carb.*
32. With Vomiting - *Choloral.*

Notes :



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