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THE HOMOEOPATHIC LAW OF PALLIATION

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The fundamental principles of palliative care are:

- Good communication, including information giving
- Management planning
- Symptom control
- Emotional, social and spiritual support
- Medical counseling and education
- Patient involvement in decision making
- Support for care providers

Before understanding palliation from a Homoeopathic point of view let's first clear a few basics:

NATURAL HISTORY OF A CHRONIC DISEASE

Intoxication (prodrome) always precedes disease. This is a well established fact. This intoxication may be due to the secretion of toxic product of pathogenic agents or it may be due to subclinical infection or due to progressive accumulation of cellular waste products, due to faulty elimination or due to bad hygiene, improper diet or faulty living or indiscriminate use of strong medicine. This period of intoxication is now called as prodromal period, during this period the patients complains of vague, puzzling and undetermined symptoms. For our purpose we would call this state a state of disordered sensation.

Let us continue to observe our patient. This state of disturbed sensation will pass on to a state of disorders where certain systems start showing strain. These disorders observed are purely functional i.e. they manifest the dysfunctions of certain organs. New sign will appear manifesting the progressive disorder of the organ e.g. intermittent or periodic headaches; dyspeptic trouble, gastric pains, nausea with or without vomiting; intestinal disturbances, palpitation, menstrual irregularities, hemorrhage, persistent pain in various parts, cutaneous eruptions etc.

The organs are deranged in their functional activities but are not altered in structure. The most thorough lab tests do not enable us to make a definite diagnosis of diseases. Modern medicine in aware of the existence of such state and calls it functional disorder. We will call it a state of functional disorder.

On continued observation we see that in the third state, disorder of grave character appear heralding organ damage. This we will label as a state of organic disorder. The person demonstrates the clinical picture while the symptoms of disorder of sensation fade in to the back ground and that of functional disorders are kept within certain limits. Only the signs of organic disorder appear prominently as objective manifestations. The disease is definitely established, the diagnosis is easy and the patient becomes a case.

These organic disorders are familiar to us. They constitute the clinical signs of diseases which we are accustomed to treating. For, e.g., gastric ulcers, hepatitis, arteriosclerosis, cirrhosis, etc.

Finally the organic disorder becomes global and multi systemic to the extent that the vitality of patient gives away. This is the final state of disease the so called End Stage organic disorder which Hahnemann called as one-sided diseases.

In the fourth and final stage the local organic damage leads to global multi systemic damage. Slowly the patient withers away his vitality becomes low. Hahnemann called this stage as one sided disease. These cases pose immense problem to both the homeopath and allopath. The hope of real cure start fading and palliation becomes the only resort.

HAHNEMANN'S VIEW ON MANAGEMENT OF DISEASES WITH TOO FEW A SYMPTOMS

One sided diseases are those in which one or two main symptoms standout, almost obscuring the rest. These are chronic diseases (Para 173). These few symptoms may be internal or external (Para 174).External one sided diseases are called local diseases while internal one- sided diseases are called defective illness.

Management of defective illness

The first prescription in such cases is usually imperfect. Imperfectly selected homoeopathic medicines may bring forth new or previously unnoticed symptoms. Consider these symptoms to be the part of diseases even though they are brought forward by the medicine (Para 180).

Therefore imperfectly prescribed medicines complete the symptom content of one sided diseases, thus facilitating the finding of a second, more apt medicine (Para 181).The second prescription should be based on the new, more complete group of symptoms.

In a nutshell what Hahnemann has to say about this subject

These conditions of impending fatality are usually accompanied by a great many symptoms, because the whole organism is involved and a gradual dissolution is taking place in every part of the economy and the vital energy is so nearly overcome as to be unable to throw off these manifestations. Sometimes one symptoms or set of symptoms predominates and becomes the annoying, troublesome, disagreeable symptom-complex. In these conditions we must retake the case and re-examine the remedy that we have been using, to see if it corresponds with the disease condition. If the similarity exists in these especially troublesome manifestations, these patients can be made much more comfortable.

KENT'S VIEW ON PALLIATION

KENT IN HIS 12 OBSERVATIONS HAS VERY CLEARLY ESTABLISHED HOW TO ASSESS WHICH CASE REQUIRES PALLIATIVE APPROACH OF HOMOEOPATHIC TREATMENT. ONE MUST FIRST GIVE HOMOEOPATHIC POTENCY AND THE SECCOND CONSULTATION WOULD ACTUALLY GUIDE YOU HOW THE CASE IS GOING TO RALLY. LET'S STUDY ONLY THOSE

SCENARIOS WHERE PALLIATION WOULD BE REQUIRED AND KENT'S SUGGESTION OF WHAT TO DO IN SUCH A CASE.

TWELVE OBSERVATIONS OF KENT

First Observation

A prolonged aggravation and final decline of patient.

Interpretation: Incurable and doubtful case.

What to do: Decrease Potency Palliate and do not aim at cure.

Second Observation

A prolonged aggravation and final amelioration of patient.

Interpretation: Got the patient before he became incurable but he has a feeble constitution.

What to do: Keep him at low potency. Repeat when amelioration tapers off.

Fifth Observation

First amelioration followed by aggravation.

Interpretation:

1. The remedy was partial similar.
2. Obstacle to cure.
3. The patient was incurable the remedy palliated.

What to do:

1. Re-examine the case.
2. You may have prescribed the wrong remedy - give right remedy.
3. Look for obstacles to cure and remove those obstacles.
4. If not so then the patient is unfavorable. Keep him on palliatives.

Seventh Observation

Full amelioration of symptoms but no relief to patient.

Interpretation:

1. Patient incurable.
2. Remedy acted as a perfect palliative.

What to do: Palliate.

Eighth Observation

Patient proves every remedy he gets.

Interpretation:

1. Idiosyncratic patient, over sensitive patient.
2. Tubercular miasma.
3. Often incurable.

What to do:

1. Go back to 30th and 200th.
2. Administer inter-current potency of Tuberculinum.
3. Good for proving otherwise incurable.

ON SELECTION OF MEDICINE FOR PALLIATION

Logical use of homoeopathic medicine sometime arrests the progress of disease and in some cases revert damage. Even if it does not happen always the patient can be well maintained and palliated in a better way with no side effects.

When faced with incurable cases the thought occurs to a great many physicians to administer palliative measures in an effort to alleviate suffering and to attempt to hide from the patient and from the family the real seriousness of the situation.

Although they may mean well, it is an effort expended in the wrong direction, and does more harm than can well be estimated. Palliation will cause obliteration of symptoms leading to so much confusion, so that there is no possibility of accurate prescribing in these incurable cases. The basis of cure is the fundamental law of similars.

The law of similars is the fundamental law also in the palliation of incurable states. This law is to be applied in a different way. When we are facing these incurable conditions the administration of the similar remedy almost always ameliorates the situation, at least for three or four days and usually for a longer period.

Then we may have a return of the symptoms, when the indicated remedy will be called into use again. The symptoms might be the same symptoms in higher intensity wherein the same remedy shall be called for in a higher potency or if the symptoms change re-reportrise the case and administer the remedy called for.

ON REPITITION OF MEDICINE IN PALLIATION

Dr. Dudgeon (theory and practice of homoeopathy Pg.473) has the final word:

A great deal of needless fear prevails among some homoeopaths with respect to destroying the effect of the first dose by repeating the remedy. This fear was undoubtedly first raised by Hahnemann himself, who spoke strongly of the bad effect that must inevitably result if the medicine was repeated before it had exhausted its action; though by advice and practice he subsequently recommended a very frequent repetition of the medicine, some of his disciples have proved more Hahnemannian than Hahnemann himself and have continued, long after he disallowed, to maintain the injuriousness of repeating the medicine within ten, twenty, thirty or sixty days.

If the medicine is given once a day in majority of chronic diseases, I believe no accident will occur that can be traceable too frequent repetition, and I further believe that by this plan the remedy will soon render its effect, than if we give the dose less frequently.

We undoubtedly find that our medicines some times act too violently, the amount and potency of given medicine a more at fault than the frequency of its repetition.

Dr. Koch (Die Homoeopathic, 587) thus formulises what he has to say regarding the repetition of the medicine.

1. The more similar the medicinal agent, the less it should be repeated.
2. The less similar the medicine more often must the dose be repeated.
3. The more extensive the disease, often is the repetition of the medicine required.
4. The more acute the disease, the more frequent must be the repetition.
5. The more chronic the disease lesser must be the repetition.

SYMPTOM CONTROL

PAIN

Pain is one of the experiences from which human life has ever striven to free itself. Pain in itself is but a part of the symptom, however , for the

physician must take into consideration the location; the kind of pain, whether steady or intermittent, and if intermittent, whether at regular intervals or upon motion, or it is dull, cutting, blunt or sharp, pressing pulling darting cramping? Get at the type of pain as a characteristic symptom of the disordered condition; the times and circumstances of aggravation and amelioration, the reaction to thermal conditions, and all the concomitant symptoms than can be found. When the symptom of the pain itself is complete, with the location, type and aggravations and ameliorations, your pictures is almost complete; but if in addition you can find those concomitants (which may lie in the conditions of aggravation or amelioration but which are often from seemingly unrelated symptoms) you have a sound basis for the selection of a remedy which will relieve the pain promptly and the patient will be much more comfortable and happy in general than with any narcotic.

INSOMNIA

Another class of symptoms that is very troublesome and which often falls under the use of palliatives is composed of the patients who complain of insomnia. These patients will yield to the law of similars with pleasing results in their whole constitutional state, but not unless this symptom is considered with the concomitants that point to the remedy. Insomnia may be the outstanding irritating symptom in many varied symptom pictures In some cases there is general coldness, and the patient will lie for hours awake unless he is covered with extra bedclothing, although he may not be aware of being uncomfortably cold. Worries of a business nature may be the cause of the accompying symptom picture, or family disturbances may be at the bottom of the trouble. There may be pain and distress in certain parts. Any of these things attend a symptomatology of which the insomnia is but a part. Does he fall asleep if his knees are heavily covered? Is he kept awake by a rush of ideas? Is he lying awake because he fears that something will happen to him if he drops off to sleep? When does he lie awake-on first going to bed or after midnight? In other words, what are the concomitants?

The insomnia may be treated with crude palliative measures so that the patient secures sleep, but at best this is an unnatural sleep; insomnia is considered as a part of his symptomatic picture, and given its proper place in that symptomatology and the man himself is treated- not alone one or two symptoms- he will gain his natural, refreshing sleep and he himself will be improved in general health.

These are the things that may be done to relieve suffering. The same law applies in curable and incurable cases, and it is very essential in curable cases that no narcotic nor hypnotic nor sedative should be used, for the reason that these cloud the whole condition; but if the true reflection of the symptomatology be found we have a basis for help which no other means could offer.

As I close the topic on palliation I must emphatically state that in incurable cases or seemingly incurable cases, we must not put a limitation on the possibilities of the similar remedy for in many seemingly incurable conditions the simillimum will so completely meet the situation as to obliterate the symptomatology of disease and the pathology, and will restore the patient to health.

A CASE OF GANGRENE

Mrs.R, F, 56

Presented on 18-11-2005 with gangrene of hands With burning, throbbing pain

< bathing< hanging limbs< cold < touch < Uncovering

The patient was restless, anxious thirsty for small amount of water with dreams of animals and falling.

The effected limb was cold and numb. Radial pulse of the affected limb was perceptible

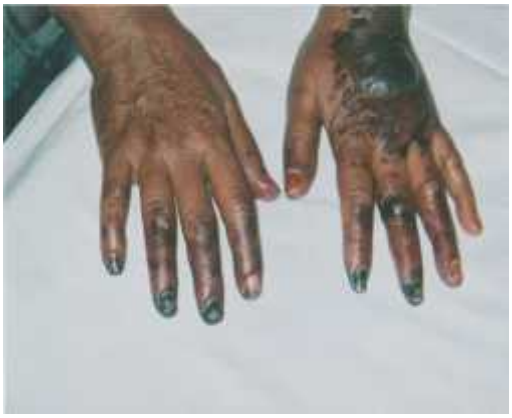
Cause ?Raynaud's Disease

MEDICNES PRESCRIBED

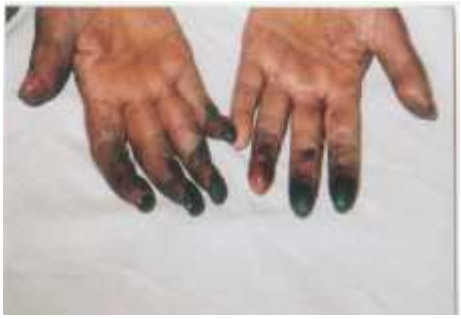
Vipera 6,12, 30, 1M

Arsenic Album 6 , 12, 30, 1M

FINAL RESULT: Total recovery.



GANGRENE 1



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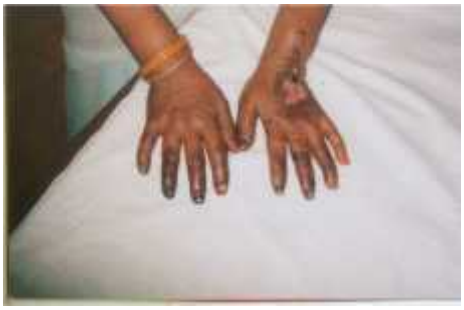


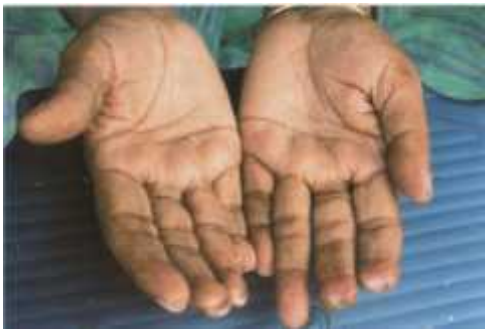
GANGRENE 3

GANGRENE 4

GANGRENE 5

GANGRENE 6

GANGRENE 7



GANGRENE 8 FINAL CURE