



THE TUBERCULINUM IS TB – SPECIFIC?

¹S.M. Sree varshiny, ²J. Kathiravan

¹CRRI, ²Assistant Professor in Department of Organon of Medicine & Homoeopathic Philosophy, RVS Homoeopathic Medical College & Hospital, Coimbatore, Tamil Nadu, India.

Abstract:

Mycobacterium tubercle is the etiological agent of tuberculosis (TB) and leading cause of death due to a single infectious agent. It infects 316 Indians per lakh people and TB cases were increased among the people who had recently recovered from COVID – 19, Tuberculosis has affinity on humanity and is associated with malnutrition, poverty and immunosuppression⁽¹⁾.

There are various Homoeopathic medicines related to Tuberculosis, Tuberculinum is a Homoeopathic drug which was prepared from a pus obtained from a pulmonary tubercular abscess; Those of health from a tuberculous lung in which the bacillus tuberculosis had been found microscopically; hence the former was called Tuberculinum and the later Bacillinum. Both preparations are reliable and effective. Potentized by Fincke and Swan and prepared on the skinner machine, the 30th, 200th, 1000th and the higher potencies⁽²⁾. This article deals with understanding the picture of Tuberculinum and has significant effect on tuberculosis.

Keywords: Tuberculinum, Tuberculosis, Psora, Pseudo Psora, Syphilis, Sycosis, Isopathy, Phthisis, Nosode.

Abbreviations: < = Aggravation, > = Amelioration, Syc = Sycosis, Syph = Syphilis, TB = Tuberculosis.

Introduction:

In the past, Tuberculosis has been called Consumption, because it seemed to consume people from within and long relentless wasting. As we all are well aware with this dangerous disease “Captain of all these men of Death” – **TUBERCULOSIS**. There is no need to explain what happens in it, but worthy to note what as a Homoeopath we can offer to such kind of persons who are suffering from TB.

Nosodes are used for treating the infectious diseases such as Anthrax, Tuberculosis⁽¹⁰⁾. Is that being specific for all cases of TB?

Picture of Tuberculinum:

Tuberculinum is indicated in renal affections, but alarming, for were intestines and skin do not perform normally even high potencies are risk. Indubitably in the treatment of incipient tuberculosis, especially adapted to the light complexioned, narrow chested subjects. Lax fiber, low recuperative powers, very susceptible to changes in the weather.

Patient always tired; motion causes intense fatigue; dislikes work; wants constant changes. Rapid emaciation, when symptoms are constantly changing and well selected remedy fail to improve and cold is taken from slightest exposure⁽³⁾.

Patients who have inherited phthisis, whose parents had died of phthisis are often in the state of feeble vitality. They do not throw off their inherited tendencies. They are always exhausted. They take on sickness easily. They become nervous; anxious; waxy or pale. These conditions are sometimes met, when the finer symptoms agree, this kind of constitution, is called "Consumptiveness" ⁽⁴⁾.

It seems from looking over the record of many cures that this remedy has given many times for just the state on a paucity of symptoms, and if the records can be believed it has many times balanced up to the constitution in that anemic state, where the inheritance has been phthisis. It is not the best indication of tuberculosis, but where the symptoms agree in addition to that inheritance, then you may have indications for the remedy ⁽⁴⁾.

Adapted to persons of light complexion; blue eyes, blonde in preference to Burnette; tall slim, flat, narrow chest; active and precocious mentally, weak physically; the tubercular diathesis. When the family history of tubercular affections the best selected remedy fails to relieve or permanently improve, without reference to name the disease. Sometimes ever changing; ailments affecting one organ, then another - the lungs, brain, kidneys, liver, stomach, nervous system – beginning suddenly, ceasing suddenly. Takes cold easily without knowing how or where; seems to take cold "every time he takes a breath of fresh air". Emaciation rapid and pronounced; losing flesh while eating well ⁽⁵⁾.

Tubercular taint, obscure, changeful indications. Susceptible, given to relapses, increasing exhaustion and lowered vitality. Rapid breakdown. Takes cold easily ⁽⁶⁾.

NOTES OF NASH ABOUT TUBERCULINUM:

- ✓ I have often seen the delayed menses in young girls of *Pulsatilla* temperament appear promptly & also in *Tuberculinum* & *kalium carbonicum*.
- ✓ Bright redness of lips as if the blood would burst through.
- ✓ Hypersensitiveness to touch, pain and cold air, Remedies especially < Cold air – *Arsenicum album*, *Calcarea ostreorum*, *Hepar Sulphuricum*, *Nux vomica*, *Psorinum*, *Silicea*, *Tuberculinum*. This supersensitiveness to pain runs all through the drug. Nash found in cases of chronic catarrh, when the nose stopped up every time the patient went out into the cold every time, I get a breath of fresh air (*Tuberculinum*). It is relieved in a warm room.
- ✓ No remedy is hungrier, yet he loses flesh while eating well – *Acetic acid*, *Abrotanum*, *Iodine*, *Sanicula* & *Tuberculinum* ⁽⁷⁾.

THERMAL REACTION: Chilly patient ⁽⁸⁾.

SPHERE OF ACTION: Throat ⁽⁸⁾.

DIATHESIS: Tubercular ⁽⁸⁾.

CAUSATION: Suppressed skin diseases ⁽⁸⁾.

MENTAL GENERALS:

Very stubborn, Impatient, behavioral tantrum – wants to fight; throws anything at any one; even without a cause. Irritable especially when awakening. Depressed, Melancholy. Fearless except animals especially "dogs". Desire to use foul language, curse and swear.

Fits of violent temper. Dissatisfied, reckless, hopeless, loquacious during fever is a common feature in hectic fever when the patient, is decidedly affected by the toxins of Tuberculosis. Confusion; everything in the room seems strange. Aversion to mental work. Nocturnal hallucinations, awakes frightened. Children awake screaming with restlessness.

Anyone who has inherited phthisis, anyone who has been in a state of debility, who has had intermittent fever with continual relapses, and these mental symptoms are present, you may think of Tuberculinum.

It is true that phthisis and insanity are in swappable conditions, the one falls into the other. So, persons who have been cured of insanity go into phthisis and die, showing the deep – seated character of their nature. The intellectual symptoms and the lung symptoms are interchangeable ⁽²⁾.

RESPIRATORY SYSTEM:

Enlarged tonsils – tonsils look like red, congested like BELLADONNA (follows. Belladonna, for acute attacks, congestive or inflammatory, occurring in tubercular diseases). Hard, dry cough during sleep.

Expectoration – thick, easy, profuse bronchorrhea. Sensation of suffocation, even with plenty of fresh air. Longing for fresh cold air. Dysphagia increase: later diminished (in laryngeal phthisis). Retropharyngeal abscess, aching extending from throat to ears. Tuberculous outgrowth, exfoliation and hyperaemia of vocal cords intensified and covered with minute ulcerating points. Cough and expectoration lasting 4 months. < night, <walking. Hard hacking cough, profuse sweating and loss of weight, rales all over chest. Deposits begin in apex of the lungs ^{(3), (7)}.

GENERAL MODALITY:

< Motion, Music; before a storm; Standing; Dampness; from draught; Early morning and after sleep. > Open air ⁽²⁾.

CONTRADICTORY CHARACTERISTICS OF TUBERCULINUM:

- ✓ Mania and Melancholia,
- ✓ Insomnia and sopor ⁽³⁾.

CONTRAINDICATIONS OF TUBERCULINUM:

Those who have, massive heart pathology especially in children with heart disease (even a single dose will complicate the patient) ⁽⁸⁾.

MIASM:

Tuberculo – syphilitic ⁽⁸⁾.

They will tell that a bacillus is the cause of tuberculosis. But if the man had not been susceptible to the bacillus, he could not have been affected by it. As a matter of fact, the tubercles come first and the bacillus is secondary.

It has never been found prior to the tubercle, but it follows that, comes then as a scavenger. The cause of the tubercular deposit's rests with the psora, the chronic miasm. Bacilli are not the cause of the disease, they never come until after the disease. So, Dr. Kent has well said PSORA being the evil root prior to infection ⁽¹⁰⁾.

TREATMENT:

“All curable diseases make themselves known to the intelligent” (Hahnemann). Pathological conditions, as also the patient is incurable when there are no signs and symptoms, and so long as there are no signs and symptoms these remain incurable. In proportion as the pathology progress the signs and symptoms decrease.

This is marked in TB and all of the organic conditions of the body. In some instances, the remedy that was once indicated by mental and physical symptoms will cure even in moderately advanced pathological conditions; again, such a remedy will soon reveal that the patient has been sick too long the reaction is so feeble that he sinks rapidly and the remedy must be antidoted.

The patient must have the reactive ability when the similar remedy is administered, or it become worse after such a remedy than before. Therefore, it is a homoeopathic remedy when the patient can react from it, otherwise it is only a similar agent and not a remedy.

It is never such when the patient lacks that reaction which is always depended on and so promptly noticed in all curable cases.

So, we can see what we need in order to cure is a good guide in form of well-developed signs and symptoms, develops which lacks not only in advanced cases of Tuberculosis but also in other advanced pathological conditions of diseases ⁽⁹⁾.

CONCLUSION:

In certain places it is taught that anything relating to syphilis must be treated with Syphilinum; that anything relating to gonorrhoea must be treated with Medorrhinum; anything relating to psoric must be treated with Psorinum; and anything that relates to tuberculosis must be treated with Tuberculinum. That will go out us some day; It is mere isopathy, and it is an unsound doctrine, it is not better idea od homoeopathy. It is not based upon sound principles. It belongs to a hysterical homoeopathy that prevails in this century. Yet much good has come out of it ⁽²⁾.

It is intended that proving's made so that we may be able to prescribe Tuberculinum on the symptoms of Tuberculosis just as we could use any drug ⁽²⁾.

In what I have ventured to put before you are the principle, I desire to enunciated is this, the importance of discovery, and when discovered, treating the cause, whatever it may be, which led to the Tuberculosis. If we only fix our attention upon the latter and neglect the former, failure will be too often the consequences, but treatment directed to the caution of the disease, will I believe, be crowned by the most satisfactory results ⁽⁸⁾.

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