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Homoeopathy in terminally ill and apparently incurable cases

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Abstract

Homoeopathy is a science which is based upon natural laws which was constructed with the help of the deductive and inductive logic. In Homeopathy, the most appropriate treatment protocol is based on the *similia* principle; however, this may not happen in all the cases. This is because in certain cases there may not be adequate symptom to select the similitum, or in certain cases already other mode of treatment might have been applied and the true picture might be masked. There may also be instances the case may be at an incurable stage, which may warrant only palliation. Therefore, planning the course of treatment may not always be on a fixed protocol. Experienced physicians switch from one method to another based on the case, availability of the symptoms and also based on his experience. The basic objective is to find out a closest similitum to the patients totality of symptom perceived by the physician, through his skill, knowledge and observations.

Keywords: homoeopathy, terminally ill, incurable cases, physiological medicine, genius of homoeopathy

Introduction

Incurable Disease

Disease that cannot be cured, remedied, or corrected is called incurable disease. Hahnemann talks about incurability of artificial disease, drug disease, created following chronic use of suppressive remedies. It can be understood with the help of following aphorisms how even a curable disease becomes the incurable ones. (§41, §74, §75) ^[1].

It is a man that is sick and to be restored to health, not his body, not the tissues. It is nonsense to say that prior to the localization of disease, the patient is not sick. Under traditional methods it is necessary that a diagnosis be made before the treatment can be settled, but in most cases the diagnosis cannot be made until the results of disease have rendered the patient incurable ^[2].

Terminally Ill Cases 3

Having a disease that cannot be cured and will cause death ^[4]. In 1984 WHO achieved the first international consensus on the use of drugs for cancer pain relief. The concept of the three-step analgesic ladder provided a simple, affordable, and scientifically sound approach that is applicable to the care of all terminally ill patients.

Worldwide, tens of millions of people die every year as a result of terminal illnesses such as cancer and AIDS. Most of these deaths are in developing countries. Many people with terminal illness suffer unnecessarily because they do not receive effective symptomatic treatment. Symptom management requires an understanding of underlying causes. Symptoms in terminal illness are caused by the disease itself, either directly (e.g. intestinal obstruction due to cancer) or indirectly (e.g. decubitus ulcers due to debility); by the treatments given (e.g. adverse effects of anticancer drugs); or by a coexistent disorder (e.g. arthritis) that is unrelated to the main disease. Symptom management is often empirical (i.e. based on experience and observation) and evolves constantly in response to new research and clinical trials. There is already a large body of knowledge that could transform the quality of life of terminally ill patients worldwide

- the challenge is to apply that knowledge in everyday clinical practice.

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How To Approach Patients With Terminal Illness ^[3]**A. Elauation of Patient**

Careful evaluation is the essential basis for symptom management and is the responsibility of both doctor and nurse. The evaluation should include not only physical problems but also psychological, social, and spiritual aspects. This approach helps to build a picture of the disease itself, of the patient as a whole, and, in particular, of the effects of the illness on the patient's quality of life.

The priorities of evaluation are

- To identify the patient's main symptoms and concerns;
- To listen carefully to what the patient is saying;
- To believe what the patient is saying.

A detailed history should be taken which should include specific questions as follows

- Routine questions to evaluate the nature and severity of a symptom
- How does the symptom affect the patient's life?
- How does the symptom affect the patient's physical function and mobility?
- What makes the symptom better? Any particular position, activity, food, or medicine?
- What makes the symptom worse?
- Is the symptom worse at any particular time of day or night?

B. Symptom Relief In Terminal Illness

Information from the patient's relatives or caregivers is often invaluable. The information obtained usually indicates one or more causes for the symptom(s) and provides a basis for effective treatment. Symptom relief requires organization and communication

C. Organization And Communication**Organization****a) Team work**

As in other areas of medical practice, palliative care requires coordination and cooperation among health workers, patient, and family.

b) Planning

Effective palliative care is based on planning and, as far as possible, anticipation of crisis. For example, regular examination of the mouth and skin identifies problems at an early, often asymptomatic stage. Some problems are more likely to be treatable *if* detected early. Each patient needs an individual treatment plan which should be understood by all concerned: health workers, patient, and family.

c) Preparation

Crises can often be prevented by careful planning. Health workers should make sure that the family is aware in advance of the problems that could occur and of how to deal with them.

2. Communication**a). Explanation**

Patients and family should be informed about the likely cause(s) of the symptom(s) and what treatment options are available. Such information should be given clearly and concisely in words that are easy to understand.

b). Education

Health workers are trained mainly within hospitals and therefore tend to learn a hospital model of care. Palliative care, however, is often based in the home. Treatment plans should be adaptable for home use and must include education of patients and their families.

c). Psychological aspects

Psychological distress tends to make symptoms worse. For example, severe dyspnoea almost always causes anxiety, which in turn may worsen dyspnoea. Treatment must address both physical and psychological aspects of symptoms.

D. Principles of Treatment**1. Relief of symptoms**

Symptoms such as pain can often be relieved completely; others, such as dyspnoea, may be only partly relievable. When complete relief of symptoms is not possible, the aim of treatment is to help the patient move from a feeling of helplessness to a feeling of supremacy over the symptom. Practical advice and psychological support are crucial to achieve this objective.

2. Maintenance of independence

Patients need help and support to maintain independence for as long as possible. Physical limitations may be reduced by treatment and mobility aids. Disease-specific treatment (e.g. radiotherapy) may also be helpful, even if the illness is incurable. Such treatment should usually be given in combination with symptomatic treatment.

3. The treatment plan

A successful treatment plan requires accurate evaluation of the patient as described above and should consider non-drug methods and/or drug therapy. The two approaches are often used in combination (multimodality treatment).

E. Non-Drug Methods

Most symptoms can be improved by non-drug measures:

- a) Explanation and Reassurance;
- b) Avoidance of factors that make the symptom worse and promotion of factors that make the symptom better;
- c) Correction of biochemical abnormalities (e.g. hypercalcaemia, hyponatraemia)

F. Drug Therapy

Drugs are the mainstay of management for many symptoms. Four principles underlie their use in terminal illness:

'By mouth'

Drugs should be given by mouth where possible.

"By the clock"

Drugs should be given at appropriate regular intervals to ensure continued relief of persistent symptoms. The timing of doses should take into account the pharmacology of the drug(s) and the metabolic state (functional state of liver, kidneys, etc.) of the patient.

"For the individual"

Drug doses should be adjusted to achieve maximum benefit with minimum adverse effects. The doses recommended are for a "standard" adult of 60 kg body weight.

"Keep it simple"

Treatment should be as straightforward as possible to ensure that the patient takes the right dose at the right time. Before a new drug is prescribed, the patient's other medication should be reviewed to exclude the possibility of a drug interaction.

Role of Homoeopathy In Terminally Ill And Incurable Cases

It is agreed that the purpose in giving a homoeopathic remedy is not to produce symptoms, but to remove those already present. It is established that the homoeopathic dose is always a sub-physiological dose; i.e., a dose too small to produce symptoms. The nature of its action is curative. In practice it often turns out that the highest potencies do the best work.

The physician who applies the single remedy in potentized form under the Law of Cure any length of time will easily be convinced that there is no other way of palliation that holds out any permanent hope for the patient.²

The oftener you prescribe for different groups of symptoms, e.g. the worse it is for your patient, because it tends to rivet the constitutional state upon the patient and to make him incurable. Do not prescribe until you have found the remedy that is similar to the whole case, even although it is clear in your mind that one remedy may be more similar to one particular group of symptoms and another remedy to another group^[2].

In some cases, palliation is a necessary tool of prescribing, not just in terminal illness but in any situation where there is extreme pain or urgency. As human beings, our inclination is to alleviate suffering where possible; however, this may be resorted to in incurable cases, otherwise the precious symptoms that form the totality may get suppressed and the case may become an incurable one^[5].

In terminally ill patients the aim of the physician would be to ensure painlessness, less discomfort and relief to the suffering of the patient. In this regard Homeopathy is effective without side effects^[5].

They affirm that every emergency requiring the use of medicine is best met by administering the similar medicine, in dose or form suited to the nature of the case. In the matter of the dose they are not disposed to dogmatize, but are content to let individual judgment and experience decide.⁵

In his *Genius of Homoeopathy*, Stuart Close gives us the following admonition:

Many substances are used medically in such form, in such doses, by such methods and upon such principles as to be distinctly depressive or destructive of normal reactivity. They are forced upon or into the suffering organism empirically without regard to nature's laws. So far as their effect upon disease is concerned they are in no wise curative, but only palliative or suppressive and the ultimate result, if it be not death, is to leave the patient in a worse state than he was before. Existing disease symptoms are transformed into the symptoms of an artificial drug disease. The organism is overwhelmed by a more powerful enemy which invades its territory, takes violent possession and sets up its own kingdom. Such victories over disease are a hollow mockery from the standpoint of a true therapeutics^[6].

Others think that it has its limitations, even in purely medical cases, and that there comes a time in many such cases when it is necessary, for them at least, to abandon

homoeopathic methods and resort to traditional or conventional routine measures for relief. They would be "physicians

first, and homoeopaths afterwards", and they are disposed to criticize those who do not agree with them^[5].

To every action there is a corresponding reaction in the opposite direction. The drug which stimulates in its direct or primary action depresses and weakens in its secondary action. If the case be in its terminal stage, life is shortened and the sum total of suffering increased; for the temporary sense of comfort and well-being sometimes experienced after a palliative or stimulant is fleeting and deceptive. It is soon replaced by the weakness and irritability of the secondary action, with increase of suffering and decrease of ability to endure it. The physiological action is never curative but always pathogenetic. Hence, our purists say that we are never justified in giving drugs for their so-called physiological effects, except when it is necessary to make provings in the healthy for the purpose of creating or augmenting the materia medica^[7].

Opium will sometimes relieve pain, stop diarrhoea, and mitigate cough, but woe to the patient. It so annuls reaction that there is no possible development of the symptoms that are necessary to indicate what homoeopathic remedy the patient needs, and while the pain is stopped the patient is not cured. What has been said of Opium is as true of all drugs given to relieve pain. When an opiate must be given, let it be clearly understood that a cure of this patient is abandoned^[5].

When we are facing these incurable conditions, what needs to be done in those cases?^[5]

- ✓ 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. 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 symptom 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.

After a prescription has been made the physician commences to make observations. The whole future of the patient may depend upon the conclusions that the physician arrives at from these observations, for his action depends very much upon his observations, and upon his action depends the good of the patient^[2].

Conclusion

In Homeopathy, the most appropriate treatment protocol is based on the *similia* principle; however, this may not happen in all the cases. This is because in certain cases there may not be adequate symptom to select the similimum, or in certain cases already other mode of treatment might have been applied and the true picture might be masked. There

may also be instances the case may be at an incurable stage, which may warrant only palliation. Therefore, planning the course of treatment may not always be on a fixed protocol. Experienced physicians switch from one method to another based on the case, availability of the symptoms and also based on his experience. The basic objective is to find out a closest similmum to the patients totality of symptom perceived by the physician, through his skill, knowledge and observations. Sometimes the physician may get a clue about the similmum with one or two symptoms, wherein he may resort to key not prescription, in another case he may have to take full case history to get the totality. Even in such cases if the physician is not able to arrive a similmum, he may evaluate the miasmatic back ground, past history etc. to get more accurate prescription. This is the artistic aspects of case study peculiar in homeopathy. If the physician knows what can really be accomplished with homoeopathic remedies, and if he had the best welfare of the patient at heart, there would seem to be but one answer to the questions under discussion. He will adhere to the use of homoeopathic remedies only, because they are capable of accomplishing more for the comfort and benefit of both curable and incurable medical cases than any other measure. The real duty incumbent upon us is to make ourselves proficient in the application of the homoeopathic method.

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