

Editorial for October 2009

My views on Genus Epidemicus in Homoeopathy

There is an old saying, "An ounce of prevention is worth a pound of cure". Hahnemann applied a similar maxim to Homeopathy. In the footnote to aphorism 73 Hahnemann says, "*Scarlet fever found its preventative and curative means in Belladonna*".

One of the common surmounted topics in contemporary homoeopathy is the understanding of the preventive treatment of acute epidemic disease. Yet a review of homoeopathy's 214 year history reveals that this is a coliseum in which we have seen some of the greatest examples of the effectiveness of our science.

At the threshold let me draw a clear cut difference between *homoeopathic vaccination* and *homoeopathic prophylaxis* while *homoeopathic vaccination* involves the use of routine combinations and series of nosodes in an effort to confer long-term resistance to a variety of diseases.

In contrast, *homoeopathic prophylaxis* involves the use of individual remedies, selected according to the laws of similars and doctrine of individuality in a strictly non-specific manner, to wipe out the morbidity of epidemic and *sporadic contagious acute diseases in the short term*. (In the language of Hahnemann as mentioned in Organon the "Organon of the Medical Art" by Samuel Hahnemann edited by Wenda O'Reilly)

Homoeopathic vaccination one can say is a classical example of contemporary innovation, borrowing on the notoriety of allopathic vaccination; whereas homoeopathic prophylaxis is well rooted in classical homeopathic practice.

We don't have to search far in the historical record to find examples of the effective use of homoeopathic prophylaxis.

In 1799 three years after the "nativity" of homoeopathy in Hahnemann's landmark article *Essay on a New Principle* which achieved fame throughout Europe from his exceptionally effective treatment of a Scarlatina epidemic that was sweeping Germany. He wrote:

“I resolved in this case of scarlet fever just in the act of breaking out, not to act as usual in reference to individual symptoms, but if possible (in accordance with my new synthetical principle) to obtain a remedy whose peculiar mode of action was calculated to produce in the healthy body most of the morbid symptoms which I observed combined in this disease. My memory and my written collection of the peculiar effects of some medicines, furnished me with no remedy so capable of producing a counterpart of the symptoms here present, as Belladonna.”

Hahnemann after an arduous experience of treating the very first epidemic of his life published a small pamphlet *“Cure and Prevention of Scarlet Fever”* in 1801. At the time he promoted *Belladonna* as a specific prophylactic remedy for Scarlatina and accompanying each pamphlet he sold, a vial of *Belladonna* prepared according to his technique at that time.

With increased experience observing and treating epidemic illnesses, Hahnemann recognized the unique nature of each occurrence of an epidemic. *Aconite* proved to be the specific for a subsequent Scarlatina epidemic sweeping Germany between 1800 and 1808.



In 1808 Hahnemann yet wrote another scientific paper *“Observations on the Scarlet Fever”*, here he carefully described how the two epidemic of same disease Scarlet fever needs two different remedies e.g. Belladonna and Aconite he once again stressed on the principle of art of observation and individualization.



An approach to treat epidemics using homoeopathic prophylaxis:

The main aim of every homoeopathic physician is to select one remedy what we call in classical homoeopathy as *genus epidemicus*.

In homeo prophylaxis we see two approaches the most common which I see being practiced all over the world is the use of diseased nosode e.g. the use of *Coqueluchinum* in whooping cough prophylaxis or *Parotidinum* in a mumps epidemic. Closely related to this would be the use of the sarcode *Anas barbarea hepatis et cardus extractum* (liver and heart of the Barbary

duck) for flu. Derived from tissues of the native host of influenza, this remedy is prepared from tissue containing and reacting to the influenza virus.

The nosode represents the undifferentiated or generic appearance of an acute miasm, not accounting for individual variability of persons or individual epidemic occurrences. Its routine use in active disease would be considered isopathy rather than homoeopathy; and historical experience reveals the general inadequacy of this approach.

I personally am not in favor of this method however, this may be a successful strategy in a pinch, particularly early in the epidemic of an acute miasmatic illness, and before a *genus epidemicus* - the specific remedy for the individual epidemic - has been identified. Following Hering's introduction of nosodes into our *Materia Medica*, Boenninghausen experimented early on, with considerable success, at using *Variolinum* (the smallpox nosode) for the prophylactic treatment of smallpox.

The second approach is to select a remedy deemed central to the undifferentiated or generic nature of the epidemic illness. This is done by taking an anamnesis of the disease-as-named, without specific attention to the individuality of the prevailing epidemic or the individuality of a specific case. Examples might include *Drosera* for whooping cough or *Bromium* for Mumps.

Here again the individual nature of the particular epidemic is not taken into account, and this approach works best with those epidemic illnesses that can be termed *acute miasms* - ones in which there is less variability in individual expression. Hahnemann in this manner suggested *Camphora* as the homoeoprophylactic simillimum for the approaching epidemic of Asiatic cholera. Boenninghausen had some excellent success in using *Thuja occidentalis* in this manner in the prophylactic treatment of smallpox.

This of course can only be done for those diseases that Hahnemann would class as "acute miasms" - diseases that "recur in the same manner and are therefore known by a traditional name". As an example, we could look at Swine flu epidemic that hit India very badly recently. We know that this acute miasmatic disease - although certainly individually variable to some extent in its individual presentation - commonly presents with:-

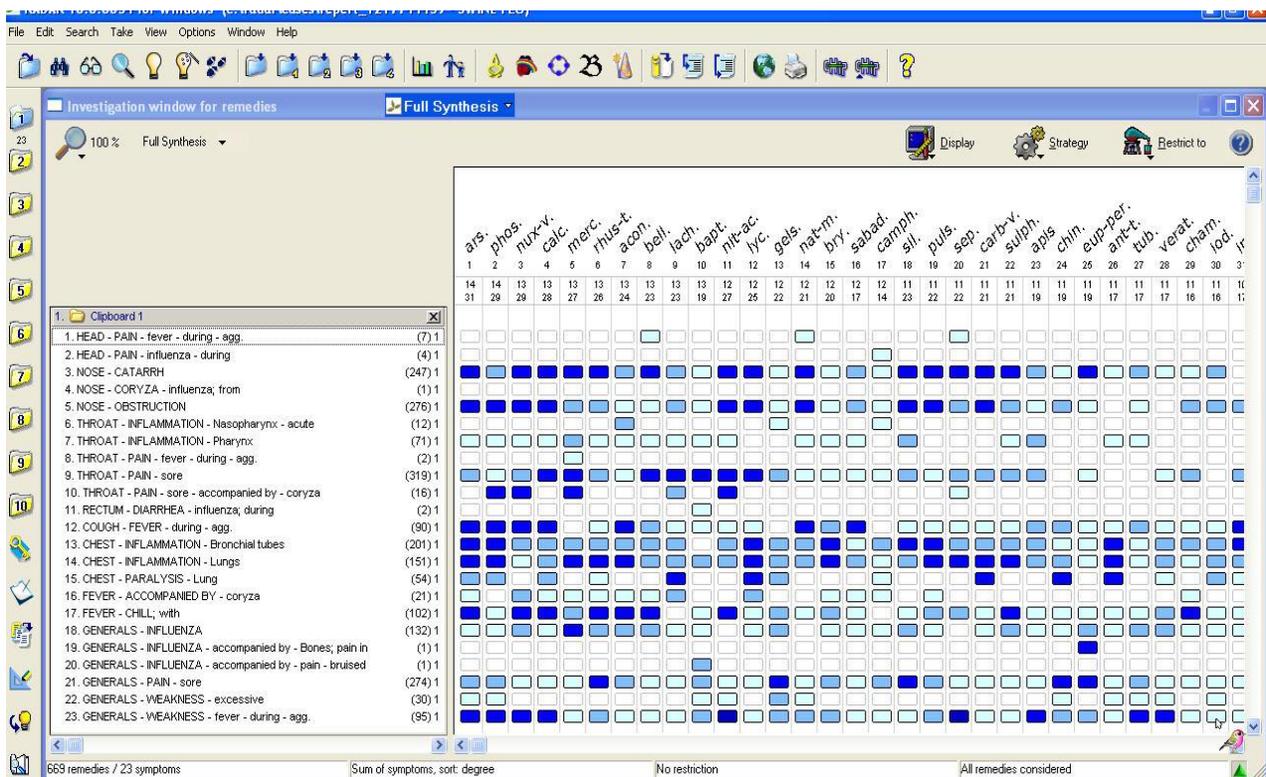
- A sudden fever (a high body temperature of 38°C/100.4°F or above),
- A sudden cough.

Other symptoms may include:

- Aching muscles
- Chills
- Diarrhoea or stomach upset
- Headache
- Loss of appetite.
- Nose obstruction
- Respiratory paralysis
- Runny nose
- Severe body ache with sore pains all over the body
- Sneezing
- Sore throat
- Throat pain
- Tiredness

From the Synthesis10 Repertory, we could select the following rubrics to represent these common or *generic* symptoms of Swine flu epidemic.

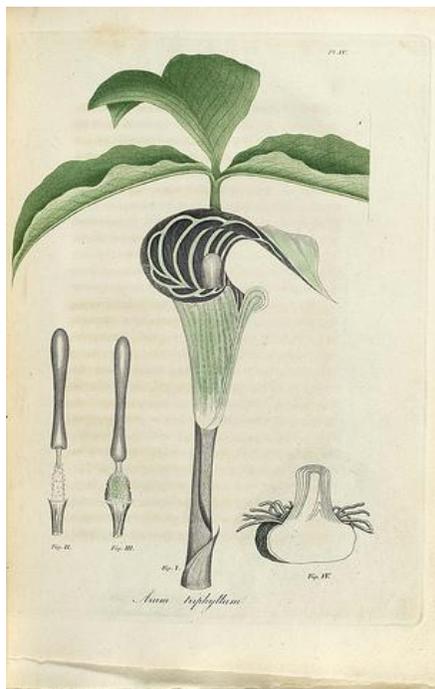
- HEAD - PAIN - fever - during - agg.
- HEAD - PAIN - influenza - during
- NOSE - CATARRH
- NOSE - CORYZA - influenza; from
- NOSE - OBSTRUCTION
- THROAT - INFLAMMATION - Nasopharynx - acute
- THROAT - INFLAMMATION - Pharynx
- THROAT - PAIN - fever - during - agg.
- THROAT - PAIN - sore
- THROAT - PAIN - sore - accompanied by - coryza
- RECTUM - DIARRHEA - influenza; during
- COUGH - FEVER - during - agg.
- CHEST - INFLAMMATION - Bronchial tubes
- CHEST - INFLAMMATION - Lungs
- CHEST - PARALYSIS - Lung
- FEVER - ACCOMPANIED BY - coryza
- FEVER - CHILL; with
- GENERALS - INFLUENZA
- GENERALS - INFLUENZA - accompanied by - Bones; pain in
- GENERALS - INFLUENZA - accompanied by - pain - bruised
- GENERALS - PAIN - sore
- GENERALS - WEAKNESS - excessive
- GENERALS - WEAKNESS - fever - during - agg.



The striking similitude of *Baptisia* to the generic undifferentiated picture of Swine flu stands out. Closely following *Baptisia* in this analysis are Camphor, *Eupatorium perfoliatum*, *Gelsemium*, and the small remedy *Lobelia purpurascens*. These remedies all address the essential characteristics of swine flu - the *genus* of the disease - but they do so in their own varied manners, each differing somewhat from the generic, undifferentiated similarity of *Baptisia* to the scarlatina disease-state.

In the year 1800, John Minz, Canton, Ohio USA, witnessed a epidemic of scarlatina not responding to commonly indicated remedies. An excoriating nasal discharge, swelling of the glands, boring of the nose to this individual epidemic led him to select *Arum triphyllum* for this peculiar case, which he

applied with great success. This individualization to a *particular occurrence of an epidemic* is key to select *genus epidemicus*.



The two approaches mentioned above - the use of the acute-disease nosode, and the identification of a genus remedy for the acute miasm have successfully employed by homoeopaths all over the world. In their earliest stages, these diseases are often ill defined, or generic in appearance; e.g. in flu, there is a mild poorly-defined malaise with fever mild body ache; in mumps, fever with mild pain near the jaw on eating and mild rash; etc. As the individual case of disease evolves, differentiating features then appear which further characterize the case and point to an individually specific simillimum; but early on, this less-differentiated disharmony may respond to a remedy bearing more generic

similarity.

When a remedy specific to the *individual occurrence* of an epidemic - the *genus epidemicus* - is identified, this remedy will act more surely in homoeoprophylaxis.

This genus epidemicus may often become clear following the treatment of 10-15 cases in a particular epidemic; though it may require additional cases to obtain a clear picture, particularly when the situation is complicated by the presence of more than one viral illness moving through the community. This remedy will not only be useful in prophylaxis, but will often be the simillimum to developed cases of the acute disease.

Finding the Genus Epidemicus

Hahnemann describes the process of determining the genus epidemicus concisely, in his Organon:

Aph. 101:

Usually the physician does not immediately perceive the complete picture of the epidemic in the first case that he treats, since the collective disease

reveals itself in the totality of signs and symptoms only after several cases have been closely observed. Nevertheless, an observant physician can often come so close after seeing only one or two patients that he becomes aware of the characteristic picture of the epidemic and can already find its appropriate homoeopathic remedy.

Aph. 102

From writing down the symptoms of several cases of this sort, the outline of the disease picture becomes more and more complete - not more extensive and wordy, but more characteristic, containing more accurately the peculiarity of the particular collective disease. The ordinary symptoms - e.g., loss of appetite, sleeplessness, etc. - become more precisely qualified, and those that are more exceptional, special, and, in the circumstances, unusual, and belong to only a few diseases, reveal themselves and constitute the characteristic picture of this epidemic.

All those who catch an epidemic at a particular time have a disease flowing from the same source and therefore the same disease. But the entire scope of such an epidemic disease, the totality of its symptoms (which we need to know in order to grasp the whole disease picture and choose an appropriate remedy for it) cannot be perceived in any one patient, but can be fully distilled and gathered only from the sufferings of several patients with different physical constitutions.

In subsequent cases either the appropriateness of the homoeopathic remedy chosen in the first cases will be corroborated or else a more appropriate one, the most appropriate one, will be revealed to the physician.

Potency and dose

Potency and dosage for prophylactic treatment are guided by the same issues that guide the treatment of other acute illnesses; One has consider the susceptibility, the constitution etc. In general, the lower potencies suffice. I'll commonly use 30C or 200C, occasionally 1M.

Few doses in pills form diluted with distilled water will confer good protection.

This frequency of repetition has as much to do with the *pace of the disease* and the (similar) *pace of the remedy* as it does with the duration of the

epidemic. Plague generally has a rapid and furious pace, calling for a simillimum (e.g., *Pyrogen*) with a matching pace and more limited duration of action. Influenza more often has a more indolent pace, calling for a simillimum of matching slow pace (e.g., *Bryonia*, *Gelsemium*) and longer duration of action.