

# HAHNEMANNIAN AND POST HAHNEMANNIAN HOMEOPATHIC LITERATURE ALONG WITH CLINICAL PARAMETERS OF SUSCEPTIBILITY WITH RESPECT TO CHRONIC OTITIS MEDIA

Dr. U.B. Pawar <sup>1</sup>, Dr. Anita Patil <sup>2</sup> and Dr. A.D. Mahajan <sup>3</sup>

<sup>1</sup> PhD Scholar, BV DUHMC.

<sup>2</sup> Corresponding Guide, BV DUHMC.

<sup>3</sup> Guide, BV DUHMC.

## Abstract

There are multiple risk factors associated with development of the disease in the age group of 2-15 yrs. [2]. Varied clinical presentation of the chronic otitis media ranges from Otagia chronic Otorrhoea, irreversible destructive changes with intra and extra cranial complications and with a progressive auditory dysfunction leading to communication problem and social withdrawal. This not only affects the growth but also development of the child. The factors for high incidence of Chronic Otitis media in pediatric age group, the variation in clinical presentation in cases of Otitis media and the factors that allow acute infections within the middle ear and mastoid to develop into chronic infection is on account of morbid susceptibility. ***Disease is a modification in the state of health in which Susceptibility, sensitivity and the environmental circumstances play the roles. and the variation in it we owe to the individual susceptibility and sensitivity of an altered type.*** Susceptibility is the reaction that results when the host meets the environmental factors signs and symptoms represent the only perceptible form of evidence which signifies to us the reaction that takes place within the organism. Susceptibility is important in almost all the reactions of living beings, some will react more & some will less, upon this variation of reaction depends in Homoeopathy understanding susceptibility is an important aspect in understanding the causation of the disease. Thus, a need for the basic conceptual understanding of states of susceptibility, and the correlation between susceptibility (which is qualitative) and its role in the evaluation of the disease phenomenon, expression of susceptibility in clinical presentation of chronic Otitis media is the need of time.

**Keywords:** Susceptibility, Sensitivity, Expression of Susceptibility, Chronic Otitis Media.

## INTRODUCTION

Susceptibility is the reaction that results when the host meets the environmental factors signs and symptoms represent the only perceptible form of evidence which signifies to us the reaction that takes place within the organism

According to H.A. Roberts, ***SUSCEPTIBILITY primarily is the reaction of the organism to external and internal influences.***

One person will thrive in a rigorous climate where another will become seriously ill; one will thrive dampness to which another would succumb. Altitude affects some individuals kindly and some adversely. Seashore improves one man's condition while it makes another man ill. The power of assimilation and nutrition is one of the phases of susceptibility. One easily assimilates a certain kind of food while another finds the same food indigestible. ***"One man's meat is another man's poison."***

Human beings are susceptible to infection and contagion in varying degrees. One man will become infected in contact with diseased individuals while another will experience no ill effects whatever. One person is made ill by noxious plants while another man can handle them with impunity. Certain people are capable of making a wonderful proving of a drug, whereas others will show no reaction whatever. All these reactions are due to susceptibility.

**Susceptibility is an expression of a vacuum in the individual.** This is illustrated by the desire for food. The vacuum attracts and pulls for the things most needed, that are on the same plane of vibrations as the want in the body. Contagious diseases thrive in childhood because of the extreme susceptibility of the miasmatic influences; this susceptibility has an attractive force which draws to itself the disease which is on the same plane of vibrations and which tends to correct this miasmatic deficiency.

## DEVELOPMENT OF SUSCEPTIBILITY

1. **Heredity:** – Susceptibility in a person is inherited from his parents. It depends on the miasmatic background of both the parents. It is also influenced by the mental condition and circumstances during the production of sperm and ovum. An interaction of all these determines the miasmatic background of the individual.
2. **Early and late environmental factors:** – may also influence the development of susceptibility. Early environmental factors involve condition pertaining to intra-uterine life. Any influence or indulgence during gestational period may affect the development of susceptibility of the individual. E.g. worries, diseases, tension, smoking, alcoholism, malnutrition etc.

Late environment factors also affect the development of susceptibility. These involve the influence during childhood and adulthood. E.g. fright during childhood, nutrition, any indulgences, smoking, tobacco chewing, alcoholism, worries and anxieties etc.

Thus both genetic and environmental factors determine the susceptibility of the individual.

## Susceptibility In Turn Determines The Quality Of Vital Force.

### I. Expression of Susceptibility

Susceptibility is expressed in physical, psychological and sexual levels.

In areas of

- a) affinity
- b) attraction
- c) desires
- d) needs
- e) Hunger.

These are expressed normally and are satisfied by the individual. But when they become morbid and perverted then disease, suffering and death occurs. They can also be altered by suitable modifying agent's viz. drugs. These expressions of susceptibility can be taken as generals of the patient during case taking and thus the natural susceptibility of the patient could be found out.

### II. Types of Susceptibility

#### a) Natural Susceptibility or normal Susceptibility

According to H. A. Roberts -Reaction to stimuli under the healthy state of the individual could be recognized by the reaction of the individual to physical environment, food, remedies and its defense to toxic agents. Upon this normal susceptibility depends the health of the individual.

Natural susceptibility is the power of the organism to react defensively to a toxin, a contagion or an infection and to react constructively to food and drinks and curatively to the homoeopathic remedy.

**b) Artificial Susceptibility:**

Kent speaks of artificial susceptibility in his Lecture of homoeopathic philosophy. When medicines are given they act for a time satisfying the susceptibility. They alter the susceptibility and when that dose of medicine is no longer able to act on altered susceptibility another dose or potency is required. This altered susceptibility that is arrived at is called artificial susceptibility.

**c) Morbid Susceptibility:**

Susceptibility may become morbid and perverted under conditions of disease, suffering and death. According to S. Close morbid susceptibility could be regarded as a state of negative or minus condition—a state of lowered resistance.

**d) Abnormal or Altered Susceptibility:**

Abnormal susceptibility either demands excessive or defective stimuli or reacts to stimuli in an exaggerated or a diminished way.

Reaction- According to S. Close reaction is an expression of susceptibility. Reaction can be of two types

- 1) Excessive reaction
- 2) Deficient reaction.

Excessive reaction or irritability is a condition sometimes met where the patient seems to suffer an aggravation from every remedy without corresponding improvement. This is a state of general hypersensitiveness.

**In Idiosyncrasy:** – It is a constitutional reaction, which makes a peculiar constitution predisposed to a peculiar agent even in a very much minute quantity at all the times.

**Deficient Reaction** – Deficient reaction may occur in cases where improvement is found to cease and well selected remedies fail to act. Under such circumstances it is necessary to give some intercurrent remedies.

**e) Morbid susceptibility implies negative or diminished condition. (S.C)**

**Diminished susceptibility:** – Susceptibility can be diminished by forcibly using heterogeneous medication, antitoxins, antiseptics, external applications, vaccination etc. Uses of stimulants and depressants like alcohol, brandy etc and inoculation of crude pathological products like animal sera and vaccines may lead to diminution of susceptibility.

**III. Destruction of Susceptibility:** Total destruction of susceptibility means total destruction of reactivity of the body or death. Partial destruction of susceptibility means serious impairment that makes the patient chronically invalid and impossible to cure. Coma and suspended animation occur due to the partial destruction of susceptibility.

**IV. Demands of Susceptibility**

Susceptibility according to H. A. Robertis an expression of vacuum in the individual. This vacuum attracts and pulls the things most needed that are in the same plane of vibrations as the want of the body.

**Natural Susceptibility:** – Demands of natural susceptibility include the demands in the normal healthy state in the areas of hunger, affinity, attraction, desire and need. E.g. hunger demands food.

**Altered Susceptibility:** – Demands either excess or deficient stimuli to satisfy it. E.g. loss of appetite, abnormal hunger, excessive craving for special foods.

**Morbid Susceptibility:** – When susceptibility becomes morbid and perverted it demands external morbid agents in other words there is an influx of disease causing agents resulting in disease.

If the morbid susceptibility demands symptomatically similar medicine or a simillimum it results in cure. If it is satisfied only by a partial simillimum it results in palliation.

If a defective simillimum i.e. non homoeopathic medication or antiseptics, antitoxins, external applications etc. are used it leads to suppression or sometimes a zigzag cure.

## V. Factors Which Modify Susceptibility

- 1) **Age:** – Susceptibility is greatest in young vigorous persons and children and it diminishes with age. Children are particularly sensitive during their developmental period. The most sensitive organs are those, which are being developed.
- 2) **Constitution and Temperament:** – High potencies are adapted to nervous, sanguine and choleric temperament and also to intelligent, intellectual, zealous and impulsive persons who are quick to act and react. Lower potencies and more frequent dose correspond to torpid phlegmatic individuals, coarse fibered, sluggish individuals of gross habits and to those of great muscular power who require powerful stimuli to excite them.
- 3) **Habit and Environment:** – Susceptibility is increased by intellectual occupation, by excitement of imagination and emotions, by sedentary occupation by long sleep and effeminate life. Therefore high potencies are required. A person who is accustomed to long and severe labor out of doors who sleep little and whose food is coarse is less susceptible. Persons expose to continuous influence of drugs such as tobacco worker and dealers, distillers and brewers and all connected with liquors and tobacco trade, druggist, perfumers, chemical workers are less susceptible and require low potencies. An idiot, imbeciles, deaf and dumb has low susceptibility hence require low potencies. But persons who have taken many crude drugs of allopathic, homoeopathic or bargain counter prescription often require high potencies for their cure. Here high potency is effective because it acts on virgin soil and invades new territories.
- 4) **Pathological conditions:** – In certain terminal conditions the power of organism to react even to indicated homoeopathic remedy is low therefore material doses are required. This may be due to existence and gross pathological lesions, long existent exhausting chronic disease or much previous treatment. If the grade of disease is low, power of reaction is low; the remedy must be given low.
- 5) **Seat character and intensity of the disease:** – In certain malignant rapidly fatal diseases like cholera susceptibility is low so it requires material doses or low potencies. Diseases characterized by diminished vital action, torpor, collapse require lower potencies and increased vital action requires high potencies.

- 6) **Previous abuse of medicine:** – Due to this we may find that the patient is not at all sensitive even to the indicated remedy. Then all medication has to be ceased for few days. Then carefully regulate the diet and regimen. Hahnemann recommends the administration of opium in one of the lowest potencies every 8th or 12th hour until some signs of reaction are perceptible. By this means, susceptibility is increased and new symptoms of disease are brought to light. Carboveg, Sulphur and Thuja are other remedies, which serve to arouse the organism to reaction so that indicated remedies will act

## VI. Clinical Assessment of Susceptibility

Clinical assessment of susceptibility helps us in determining the potency, dose and also the repetition of medicine. While assessing susceptibility one should bear in mind its modifying factors like age, habits, environment, pathological conditions, Idiosyncrasy, homoepathicity etc.

### **Susceptibility can also be assessed Jahr's law.**

**JAHN'S LAW:** – The more similar the remedy, the more clearly and positively the symptoms of the patient takes on the peculiar and characteristic form of the remedy, the greater is the susceptibility to that remedy and higher is the potency required.

The practical bearing of this on the selection and potency or dose is that-in a given case where the symptoms are not clearly developed and there is absence or scarcity of characteristic features or where 2 or 3 remedies seem about equally indicated, susceptibility and reaction may be regarded as low. Therefore we give remedy, which seems most similar in a low potency. But when the symptoms of a case clearly indicate one remedy, whose characteristic symptoms correspond closely to the characteristic symptoms of the case we give high potencies.

Stuart Close modifies Jahr's advice by suggesting that the clearer and more positively the finer, more peculiar and more characteristic symptoms of the remedy appear in a case, the higher the degree of susceptibility and the higher the potency required.

## VII. Utility of Susceptibility

Knowledge of susceptibility helps in assessing the attitudes and reactions of a living being to varying environmental conditions. In the healthy normal state, the personality and behavioral traits could be understood by knowing his affinities, attractions, desires and needs. This helps in making and maintaining interpersonal relationships. Bearing of hardships and its effects, the effects of joy, pleasant surprises, good news and success upon the individual, his attitude and reaction towards adversities etc could be understood. This will help us in individualizing the person, helps us to understand his constitutional make up, his temperament and his miasmatic background.

In a diseased person, the knowledge of susceptibility helps us in satisfying the morbid susceptibility by giving a similimum. Living organism is much more susceptible to homogenous or similar stimuli. Selection of similimum depends on the susceptibility. For similimum corresponds to the more peculiar and characteristic feature of the drug therefore makes the individual highly susceptible to the drug. Similarly in selection of dose and potency the knowledge of the kind and degree of susceptibility is important. Highly susceptible individuals require high potencies and low doses whereas less susceptible require low potencies and massive doses. Prognosis of a case is also depended upon the susceptibility of the individual. Power of the person to react to the

medicinal stimuli makes a good prognosis where as a lack of reaction leads to a poor prognosis.

### VIII. Duty of the Physician

(S.C) The ability to modify susceptibility is the basis of the art of the physician. If the physician knows how to modify susceptibility in such a way as to satisfy the requirements of the sick organism and bring about a true cure, then he is a physician indeed. For cure consists of simply satisfying the morbid susceptibility of the organism. Physician should know how to maintain normal susceptibility and he should also know the factors, which hinder the natural susceptibility.

Physician should never react to any methods that will diminish or destroy the susceptibility. During the time of Hahnemann, old school adopted many torturous method which did nothing to advance the process of cure but contributed to the lowering of resistance or susceptibility. Such methods as the specifics, derivatives, repellent, medication, counter irritants, stimulating and strengthening agents, mixture prescriptions etc against which Hahnemann fought with an undaunted energy.

At present the modern school resorts to the inoculation of crude pathological products of animal sera and vaccines, antitoxins, antiseptics etc which also lead to diminution of susceptibility. The action of endotoxins have led to status infectious- a sterile death were the bacteria have been fully destroyed but there is an active degeneration of the organs.

Stimulants and depressant like alcohol, brandy and strychnine also leads to destruction or decrease of susceptibility.

The physician should be able to correctly assess the patient's susceptibility. He must not waste his time by violent measures. The imaginary idea of violence, the malignity and rapidity of the disease should not lead the physician to believe that it should be treated with violent heroic medicines. This would be like practicing homoeopathy with a vengeance. (s.c)When susceptibility is lowered, when everything indicates that life and strength are at lowest ebb and store of vital energy is almost exhausted, physician should not use any violence but should treat in a mildest and most delicate means. Proper use of stimulants is advisable. But physiological drug stimuli should be legitimately filled only in exceedingly small or rare instances.

(Source: <https://www.homeobook.com/susceptibility-in-homoeopathy/>)

***Susceptibility varies in degree in different patients, and at different times in the same patient.*** Homoeopathic application of a remedy is an illustration of meeting the susceptibility and filling the vacuum that is present in the sick individual. The vibrations of the sick individual call aloud for something to meet the need. The application of the homoeopathic remedy in sickness satisfies this natural susceptibility. No matter how little reaction of the remedy develops in the proving on a healthy individual, the susceptibility is greatly accentuated in sickness. The indications for a remedy show the susceptibility in a marked degree and the patient will respond, because the similar potentized remedy is always stronger than the susceptibility so that it fully satisfies the morbid condition. ***A patient may be susceptible to a number of remedies, but the greatest susceptibility is manifest in the most similar; i.e. similimum.***

Susceptibility can be increased, diminished or destroyed. It therefore becomes a state of lowered resistance or attraction. *Susceptibility in organism, mental or bodily, is*

*equivalent to state.* State involves the attitude of organizations to internal causes and to external circumstances.

It is incumbent upon us to recognize conserve and utilize normal susceptibility, to physical environments, to food, to remedies, and to toxic agencies. Upon this normal susceptibility and reaction depends, the status of health.

***Rather it is the province of the physician to conserve natural susceptibility, for without recognition of this power all our efforts as physician would be worthless.*** Again it is as natural and important for the organism to react pathogenetically to the size and power of a dose of poison as it is for it to react to the demand for food.

We must lay particular stress on demanding the conservation of normal susceptibility in the care of the sick for ***in sickness susceptibility is exaggerated*** and we must be very careful to do nothing to impair it, for it is through this exaggerated reaction that we find our clue to the similar remedy. In sickness it is essential to remember that it is only in the administration of the similar remedy that susceptibility is satisfied. All our efforts must gauge by this one question: ***Does the remedy satisfy the demands of this exaggerated susceptibility?***

***Total destruction of the reactivity of the body means death.*** Partial destruction or serious impairment may render the patient a chronic invalid with impossibility of cure.

Increase of fever is a manifestation of the vital reaction and resistance towards disease on the part of organism, this normal reactivity shows an increase in leucocytes, antibodies and antitoxins. This normal process should never be interfered with, because it represents the normal reaction and resistance of the vital energy and it is nature's method of protecting the organism.

The human economy has inherited many tendencies from the accumulations of its ancestral heritage.

***This tendency of human economies is brought out still further by the susceptibilities of whole families towards certain types of diseases.***

This is often seen when whole family succumb to certain types of diseases that leave their neighbors untouched. This again is governed by the law of susceptibility, which attracts on to itself and has particular affinity for certain disease conditions because they are similar to the constitutional condition. We find the tendency to predominate in certain racial groups, one race being particularly susceptible to certain diseases, which touched another race but lightly.

A proper concept of this principle is something that the homoeopathic physician must seriously consider, the interplay of this principle must become as second nature to him, if he wishes to use well forces of nature in healing the sick. *The similar remedy, or the similar disease, satisfies susceptibility and establishes immunity.*

According to **Stuart Close**, ***action and reaction in medical and physiological sense takes place only in the living organism, and that it depends upon fundamental quality and attribute of life which we call SUSCEPTIBILITY.***

**Dr. M. L. Dhawale** states the following in relation to SUSCEPTIBILITY AND REACTION ***"Susceptibility is an inherent capacity in all living things to react to stimuli in the environment and represents a fundamental quality that***

***distinguishes the living from the non-living***". It forms the very basis of continued existence in this world and, therefore, physician will have to be thoroughly conversant with the important role it plays in the following:

1. Maintenance of health
2. Evolution of the constitution
3. Development of diathesis
4. Development of disease
5. Manifestations of disease
6. Processes of recovery and cure
7. Evolution of the drug picture
8. Manifestation of the remedy (Remedy Reaction)
9. Determination of the dose and repetition.

Susceptibility is made known to us through the reaction that results when the host meets the environmental factors. ***Signs and symptoms represent the only perceptible from of evidence which signifies to us the reaction that takes place within the organism.*** From this it will be obvious that much of our knowledge of this vital aspect is purely inferential and not direct. As such, everything turns on the validity of our inferences and interpretations which determine our therapeutic measures."

**Susceptibility And Health:** An organism in perfect balance represents health. This fine balance, even in the presence of adverse environmental factors, is a resultant of different processes that are going on within and which maintain the optimum conditions. In the higher forms of life the neuro-endocrine system represents the homoeostatic control which regulates the various processes of anabolism and katabolism. This fine regulation is feasible only when a cell – the unit of life – exhibits what we call normal susceptibility. Any change in the normal susceptibility will interfere with the capacity of pre-determined response and this interference will be reflected in a chain-response which ultimately leads to a loss of balance as evidenced by the development of disease.

Increased susceptibility promotes development of disease and abnormal responses to stimuli in the environment which, ordinarily, are innocuous. This capacity for abnormal and exaggerated response is seen in the clinical states of Atopy and Allergy, Collagen Disorders, Nephritis, certain Hematological Disorders and many a wide variety of illnesses resulting from variegated causes.

**Susceptibility And Disease:** These processes of adaptation are governed by the neuro-endocrine system which acts as a homoeostat. Development of immunity is an example of the adaptation that takes place when a person is exposed to an infectious disease from which he does not suffer in consequence. Abnormal susceptibility, on the other hand, affects them in the first instant and interfered with the processes of adaptation and thereby lead to development of disease Thus, signs and symptoms furnish the only indication of abnormal susceptibility that exists within and of the disease that result.

**Susceptibility And Drugs:** Drugs are capable of influencing the organism because of its susceptibility.



**Susceptibility And Remedies:** The invariable aggravation that preceded the amelioration when Hahnemann started employing remedies selected on the Law of Similars, but in the crude dose then prevailing led him to postulate **that the maximum susceptibility is exhibited by host to the Similimum. This observation with its correct interpretation led him to the great discovery of Potentization – the release of drug – energy.**

**Susceptibility And Dose:** The susceptibility to the subsequent administration of the same potency tends to fall gradually and this is reflected in the progressively decreasing response as evidenced by shorter remission. Changing the potency can offset this. Roberts suggests that the potency should not be readily changed as long as it helps the patient; otherwise, a needless aggravation may be precipitated. Kent, however, is of the view that the same potency should to be repeated more than twice. Hahnemann himself, in his later years, was experimenting with a schedule in which every subsequent dose was of a slightly higher dynamization and he expresses himself in favor of this innovation. But subsequent prescribers have not much to record on this interesting aspect of Posology.

The whole relationship of drugs to disease rests on the susceptibility. The power of the drug over disease is solely in its similarity. Without it, it has no power except in physiological form, and that is never curative.

Dr Stuart Close has focused on the relationship of Susceptibility, Reactivity and Immunity. “Homoeopathic Remedy, correctly chosen upon indications afforded by the anamnesis and symptoms of the disease as manifested in the individual and the community, and administered in infinitesimal doses, *per oram*, satisfies the morbid susceptibility, supplies the need of the organism and confers a true immunity by promoting *health*, which is the true object to be gained.”

**Dr. A. R. Kapse**, explained about OPERATIONAL CONCEPTS Susceptibility – Reactivity and Immunity: These three terms need to be differentiated and related to each other in order to derive the maximum meaning and implication for our work at the bedside.

Susceptibility is an inherent capacity in all living things to react to stimuli in the environment at the level of Tissues / Cells. It represents a fundamental quality that distinguishes the living from the non living. Signs and symptoms are the only perceptible form of evident that signifies to us the reaction that takes place within the organism.

**Thus We Judge Susceptibility on:**

- (a) Availability of characteristic symptoms and signs and**
- (b) Type of changes occurring at the level of Tissue / Cell.**

**Susceptibility** of the cell is the fundamental expression of the genes and it is responsible for all expressions of the system.

**Reactivity is an important facet of susceptibility.** Essentially, reactivity will be judged by the “effects” the evolution as well as the content of the forms that are perceptible to the clinician. If a form containing a cluster of characteristics emerges quite rapidly in a given case, it implies that the patient has a high state of reactivity; while the disease may have assumed structural dimensions. In such a situation,

overall susceptibility would be moderate. This analytical treatment of susceptibility makes our planning of treatment precise and sharp.

***Susceptibility operates at the general cellular level that gets very well reflected in the quality of host response at the cellular level when the system is under stress.*** This is mediated through the Reticular Endothelial System (R.E.S), the protective mechanism available to the body the **Immunity**. Altered immune reactions gives rise to various pathological processes like allergic 'Hypersensitivity' autoimmune as well as compromised immune responses a in ARC / AIDS phases of the HIV disease. ***Reactivity and immunity will permit us to understand the qualitative state of the susceptibility.***

A detailed analysis of the case on the following parameters should enable us to formulate to the above. The definitions of the terms are started before the implications for posology are put down. ***Homeopathic posology still has a number of grey areas.*** Only with analysis of this order can we hope to alter the course of events that has worked out so far to the advantage of the patient.

## DISCUSSION

### Significance

1. This helps in deciding the potency and repetition.
2. It guides us towards the prognosis, danger and precaution to realize Aphorism 2
3. It also guides us toward different approaches required in different cases depending on their presentation.

### Assessment of Susceptibility and Repetition of Dose

1. Age: In infants and children susceptibility is **high** and reacts well to **medium** and **higher** potencies. In old age susceptibility is **low** so requires **low** potency and needs **frequent repetition**.
2. Constitution: In robust constitution susceptibility is **high** and needs **higher** potency and **infrequent repetition**.
3. In acute and explosive onset of disease susceptibility is **high**.
4. Diseases of insidious onset indicate poor susceptibility which requires **deep acting remedy** and / or **Nosode**.
5. Characteristic mental symptom indicates **high** susceptibility and requires **high** potency.
6. Diseases with advance pathology indicate **poor** susceptibility and requires **lower** potency i.e. material dose in **frequent repetition** to the point of reaction.
7. Sensitive subjects with plethora of symptoms i.e. hysterical type show extreme susceptibility and requires caution in use of both **high** and **low** potencies and requires **medium** range **30** and **200**.
8. Advance case with characteristic indications requires deep acting remedies and shows **extreme** susceptibility.
9. Patient with **poor** symptomatology of acute exanthemata where eruptions do not come out and the nervous system get involved which indicates **poor** susceptibility

and require strong remedy or who cannot move further and has got stuck indicates **poor** susceptibility and represents miasmatic influences calling for **antimiasmatic** or **Nosode**.

10. Patient with bizarre symptomatology which does not fit any single remedy indicates morbid type of susceptibility.
11. Patient recovering from acute illness indicates **high** susceptibility and call for constitutional remedy.
12. A woman during pregnancy and after delivery indicates **high** susceptibility and call for constitutional remedy.
13. All allergic patients especially those with skin allergy, have extreme susceptibility which requires **high** potency in **infrequent** repetition.

## CONCLUSION

Some conclusions drawn are as follows,

Susceptibility is important in almost all the reactions of living beings, some will react more & some will less, upon this variation of reaction depends in Homoeopathy understanding susceptibility is an important aspect in understanding the causation of the disease.

Thus, a need for the basic conceptual understanding of states of susceptibility, and the correlation between susceptibility (which is qualitative) and its role in the evaluation of the disease phenomenon, expression of susceptibility in clinical presentation of chronic Otitis media is the need of time.

- a. Closer the similarity a remedy bears to the picture presented by the patient- higher the potency
- b. A prescription with predominantly mental in a case- higher potency
- c. In chronic cases when the highest potencies have been tried with progressive decreasing responses- 30<sup>th</sup> potency repeated to the point of reaction works satisfactorily.
- d. Remedy prescribed on poor indication or only on a particular effect the potency acts best is the one in the lower range.at times even a mother tincture.

## References

### Reference Style: Vancouver

- 1) Rodrigo DeAntonio, Juan- Pablo Yaezabal, James Philip Cruz, Johannes E. Schmidt, Jos Kleijnen; Epidemiology of otitis media in children from developing countries: A systematic review, Int. J. Pediatr. Otorhinolaryngology 85 (2016) 65-74 published by Elsevier Ireland Ltd. A. Sophia, R. Isaac, G. Rebekah, K. Brahmadathan, V. Rupa, Risk factors for otitis media among Pre-school, rural Indian children, Int. J. Pediatr. Otorhinolaryngology .74 (2010) 677-683.
- 2) Zhang Y, Xu M, Zhang J, Zeng L, Wang Y, et al. (2014) Risk Factors for Chronic and Recurrent Otitis Media—A Meta-Analysis. PLoS ONE 9(1): e86397. doi: 10.1371/journal.pone.0086397. Editor: Franklin D. Lowy, Columbia University, College of Physicians and Surgeons, United States of America
- 3) Stuart Clause. The genius of Homoeopathy. Lectures and Essays on Homoeopathic Philosophy. Reprint Edition 1996, B Jain Publishers, Chapter VII Susceptibility, Reaction and Immunity, 76.

- 4) Dr M.L. Dhawale M.D. (Bom). Principles and practice of Homoeopathy- Part 1. 3<sup>rd</sup> Reprint 2004, Published by: Dr M. L. Dhawale Memorial Trust. Chapter 14 Susceptibility, 253, 254, 255, 258.
- 5) Rahul Mittal, Christopher V. Lisi, Robert Gerring, Jeenu Mittal, KalaiMathee, GiriNarasimhan, 3 Rajeev K. Azad, 4 Qi Yao, M'hamedGrati, Denise Yan, Adrien A. Eshraghi, Simon. Angeli, Yeo SG, Park DC, Hong SM, Cha CI, Kim MG. Bacteriology of chronic suppurative otitis media- a multicentre study. pubmed.2007; 127(10):1062-7.
- 6) Dr M.L. Dhawale M.D. (Bom). F.H.M.S. Clinico- pathologic correlations with comparisons; ICR Vol 2. Disease an expression of susceptibility inadequate. C-77, C-79.
- 7) Dr Sarabhai Kapadia, B.Sc., D.H.B. Projections into Homoeopathic posology and Therapeutics. ICR VOL 2. Susceptibility- restoration of order. C-67.
- 8) Levi J, Robert C O'Reilly. Chronic suppurative otitis media (CSOM): Pathogenesis, clinical manifestations, and diagnosis. <http://www.uptodate.com/contents/chronic-suppurative-otitis-media-csomp-pathogenesis-clinical-manifestations-and-diagnosis>
- 9) Rahul Mittal, Christopher V. Lisi, Robert Gerring, Jeenu Mittal, KalaiMathee, GiriNarasimhan, 3 Rajeev K. Azad, 4 Qi Yao, M'hamedGrati, Denise Yan, Adrien A. Eshraghi, Simon. Angeli, Fred F. Telischi and Xue- Zhong Liu. Current concepts in the pathogenesis and treatment of chronic suppurative otitis media. J Med Microbiol. 2015 Oct; 64 (Pt 10); 1103-1116. Doi: 10.1099/jmm.0.000155. PMCID: PMC4835974. PMID: 26248613. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4835974/>
- 10) Stuart Clause. The genius of Homoeopathy. Lectures and Essays on Homoeopathic Philosophy. Reprint Edition 1996, B Jain Publishers, Chapter XIII Homoeopathic Posology, 192.
- 11) Herbert a. Roberts, M.D.; The principles and art of cure by Homeopathy; chapter XII, the dynamic action of drugs