**DYNAMIC ALTERATION OF MIASM IN INFECTIVE ENDOCARDITIS**

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**Abstract**- Infective endocarditis is an endovascular microbial infection that can manifest as acute, sub-acute or chronic forms. The aetiology and clinical presentation help us to understand its evolution from Sycosis to Syphilis. Management of a case of IE with constitutional remedy focussing on the dominant miasm can help the patient through Homoeopathy.

**Keywords-** Infective endocarditis, Miasm, Homoeopathy, Cardiac disease.

**Introduction-** Infective endocarditis is defined as an endovascular microbial infection of the cardiovascular structures. It is a serious infection associated with significant morbidity and mortality and is becoming more frequently recognised in children and adolescents.

 The risk of IE up to 18years of age has been reported to be 6.1 per 1000 children. The risk factors for bacterial endocarditis include-

1. Congenital heart diseases like Bicuspid aortic valve, ventricular septal defect, Patent ductus arteriosus, Tetralogy of Fallot.
2. Acquired heart diseases like Rheumatic valvular heart diseases, Mitral regurgitation, Mitral stenosis, Aortic regurgitation and aortic stenosis.
3. Post- surgical- valve replacement with prosthesis, Conduit repair for CHDs, insertion of intra-cardiac devices like defibrillators/pacemakers.
4. Risk for right sided IE- indwelling catheters in ICU.

These factors injure the endothelial surface due to turbulent blood flow, making it susceptible to formation/deposition of non-infected thrombus comprising of fibrin, platelets and occasional RBCs. Secondary bacteraemia/fungaemia in these children results in adherence of microbial pathogens to the injured endocardium and thrombus. Finally, fibrin and platelet deposition over the infected vegetation results in formation of a protective sheath that isolates the organisms from host defences and permits rapid proliferation of the infectious agent. Subsequent involvement of other organs due to embolization or immune-mediated processes causes the complications of the disease.

 Three main pathogens responsible for the infection are- Viridans group Streptococci, Staphylococcus aureus, Enterococcus species.

**Clinical manifestations**-

The clinical presentation has 3 main variations-

* Subacute
* Acute infective
* Neonatal infective

 Subacute presentation:

* Prolonged low-grade fever, fatigue, arthralgia, myalgia, weight loss, pallor, headache, diaphoresis, microscopic haematuria.
* Petechiae are present on the skin of the extremities/mucus membrane.
* Splinter haemorrhages under the nail bed, Roth spots, Janeway lesions and Osler’s nodes.
* Septic embolization leading to arterial occlusions.

Acute infective Endocarditis:

* High spiking fevers, rapidly changing symptoms, deteriorating cardiac functions.
* May lead to cardio-genic shock.
* Rapid destruction of heart tissues, abscess formation and embolic phenomena.
* Progressive, fulminant course with high morbidity and mortality.

 Neonatal infective Endocarditis:

* In neonates, symptoms are non-specific.
* Feeding intolerance, tachycardia, respiratory distress, hypotension, a new/changing murmur.
* Fever may be absent
* Fungal IE is common in neonates.
* Acute fulminant course with septicaemia or heart failure. 1

 **MIASMATIC EVOLUTION:**

 Considering the pathology of infective endocarditis and its clinical presentation, the evolution of miasm from Sycosis to Syphilis can be seen. IE caused as a result of congenital heart diseases is more inclined towards Syphilis as early destruction and degeneration can be observed, while that caused post-surgically will result in deposition of thrombus that eventually leads to infection. Hence, it is noted that it starts as Sycosis.

 Dr. Proceso Sanchez Ortega, in his book ‘Notes on the Miasms’ states that Syphilis is the worst of the exterminators of the human vital force. It consists of disequilibrium carried to the depths of the being, causing in it a deformed rhythm. He quotes Dr. Helios Ordohoz, “Syphilis is a state in which the natural functions of producing sufficient antibodies to protect the underlying organic structures is obstructed by precipitate and improper treatment.” 2

 Some of the Sycotic features of the heart as stated by Dr Subrata Kumar Banerjee include incoordination such as mitral or aortic regurgitation, dilatation and abnormality of valves, hypertrophy of heart.

 Sycotic patients are generally fleshy and puffy, and their dyspnoea is caused by obesity. Sycosis also suffers from fluttering, throbbing with oppression and difficulty in breathing at intervals.

 Marked anasarca and dropsical manifestations occur such as cardiac dropsy.

 Thrombosis and embolism are common.

 Syphilitic manifestations include ulcerative bacterial Endocarditis, and heart affections, with valvular degeneration.

 Syphilis is subject to congenital abnormalities like Fallot’s tetralogy, PDA.

 There is sensation of heaviness in the pericardium with lack of expression.

 Complaints are aggravated at night, from sunset, perspiration, extremes of temperature, movement and from warmth of bed.

 Palpitations, irregularity of pulse. 3

 Destructive and degenerative alterations will take place from his skin in, to his bines. All complaints have a reddish tint of the syphilitic miasm. 4 In practice, we never find syphilis isolated. It is usually present with another miasm, but predominates.

 During the treatment of an IE case, a constitutional remedy with the dominating miasm kept in mind, can be given, with an aim to revert the miasm from Syphilis to Psora.

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