**Medorrhinum animalcule**

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**Introduction**

*Medorrhinum*, an attenuated preparation from the gonococcal discharge, which develops due to gonococci, is a far-reaching remedy of multi-miasmatic type often missed in practice. The statements, ‘Nosode is not always a nosode’ and ‘it has in its stock, beyond the ken of anti-miasmatic and intercurrent usage, acute and chronic dimensions’, aptly apply to Med.

A nosode is a blend of the disease-potential and the host-response; hence, it represents the dynamic potential of germ, host and their inter-action to become the powerful and complex healing force to meet the inveterate morbific conditions. Med. is characteristic in a way that host-response is almost minimally represented in gonococcal pus from which Med. is prepared.

**Minimal Host Response**

Two aspects need to be mentioned here -

1. Congenital immunity to gonococcus does not exist in a human. A person who suffered from this disease also does not produce true immunity and he may therefore be repeatedly infected with gonorrhea. Different antibodies (complement-fixing, agglutinins, etc.) appear quite rapidly in the blood in gonorrhea, but they do not prevent complications or repeated infection. These antibodies evidently have no defense function and are ‘witnesses’ to an existing or previously existing infection (*Ilyin*).(3)

2. Phagocytic immunity also fails to develop in gonorrhea. The purulent secretions of patients suffering from acute gonorrhea are usually found to contain many gonococci arranged in clusters both inside and outside the polynuclear neutrophils. Phagocytosis, however, is incomplete. The gonococci do not die in the phagocytes, but, on the contrary, they multiply. Such phagocytosis, therefore, does not protect the body from infection, but protects the causative agents from the effect of specific immunity humoral factors (antibodies) and the natural resistance of the body.(3)

Source information vis-à-vis Medorrhinum

Source information is of paramount importance in perceiving the essence of the drug and Med. is no exception to this.

1. Neisser’s gonococcus, which causes gonorrhea, became adapted as a parasite mainly on mucous membranes covered with columnar epithelium.
2. The gonorrheal process is usually restricted to the urogenital organs and sometimes affects rectum and occasionally the conjunctiva. Only rarely the infection acquires a generalized character.

* Hahnemann, very early in his career, coined this term for ‘chronic miasms disease-parasites.’

3. The word ‘gonorrhea’ comes from GK: *gone* seed, *rhota* flow and Galen (2nd century, A.D.) suggested this name in view of inflammation attended with the discharge.
4. According to WHO experts, no less than 150 million people on earth contract gonorrhea every year. In some developed countries (such as USA, France, Sweden and others) gonorrhea incidence is second only to that of influenza among infectious diseases. (The figures may be less today.)
5. The clinical picture of gonorrhea had undergone marked changes (pathomorphosis) in terms of increase in the average duration of the incubation period, a mitigation of the inflammatory reaction and other signs (Ilyin) (3) after introduction of antibiotics.

6. Gonococci come from the group of Gram-negative diplococci. They are lentil-shaped about 1.5 mm long and 0.75 mm wide, arranged in pairs with their concave surfaces facing each other. Gonococci change their morphological and tinctorial properties under the effect of unfavorable factors to the point of becoming L-shaped.

7. Like other causative agents of venereal diseases, the gonococci are strictly human parasites. Outside the human body, they perish rapidly.

8. In pus, the gonococci retain their viability and pathogenecity only till the pathological substrate dries.

9. Since gonococci are extremely unstable outside the human body, infection usually occurs by the sexual route.

10. Gonococci very rarely multiply in the bloodstream causing the development of sepsis.

11. In chronic inflammation the columnar epithelium sometimes transforms to stratified squamous epithelium with keratinization. The infiltrate of lymphoid elements penetrates deeper, acquires restricted local characters and may be replaced by cicatricial tissue.

This information allows us to peep into homoeopathic perspective of Med.

The Sycotic stigmata
The gonorrhea is not a ‘dry’ infection and Med. has inflammation that is catarrhal in nature. The sycotic stigmata that is preponderant in it amply represents the behavior of gonococci and gonorrheal process. The gonorrheal process is restricted to uro-genital organs and in Med., under the sycotic dominance, one gets simple to malignant pathologies originating from suppression of uro-genital diseases. It is the characteristic of Med. that even with advanced pathologies, a person may remain plump and well nourished despite pretty long suffering. Changing the morphological/patho-morphological or tinctorial properties and becoming L-shaped on the part of the organisms, as also retaining viability and pathogenecity in pus reflect the survival instinct and the struggle. Med’s viability is manifested well through its passionate and vivacious (we will deal with it later on) characters and through its plump constitution. The character of gonococci that they rarely multiply in the bloodstream and rarely cause sepsis typifies the non-suppurative sycotic inflammation and comparatively little action over blood. The unstable character of gonococci typifies the unstable personality character of Med. that represents the confused state of mind of sycotic dominance.

Gonococci are human parasites. They have affinity for human species and they penetrate human body chiefly through the sexual route. Med. is the representative of the sycotic miasm, which has ‘proliferation’, ‘hyperplasia’, ‘overgrowth’, and ‘exuberance’ as the key words. And all these pathologies thrive on the vital energy of the system. Gonococci, Med. and sexual route then become the inter-link to explore the drug, as the drug is prepared from a sexually transmitted material.

Sexuality
Sexual energy is the most important of the vital energy and in Med. we get early sexual awakening, precocity and early indulgence in sex. The animation, the romanticism, the vivacity allow the system to develop the sexual relations without any barrier. Early exposure to pornographic films, early sexual experiences and even history of sexual abuse play a big role in Med’s evolution. The following rubrics (bold-3 marks, italics-2 marks, and normal-1 mark) amply demonstrate the sexuality in Med.
Med. is able to impress upon others by virtue of his plump make-up, high-flown language, sensitive and vivacious nature, intuition and clairvoyance and a sort of heroic behavior! Med. girls are sensual, attractive and their body gestures often reflect the sexuality.

Owing to anticipatory anxiety, restlessness and impatience as dispositional characters, Med. cannot enjoy the sexual act in a patient way. There is little foreplay, more hurry and finish! Med. is greedy in sex, never happy with one partner and goes in for multiple partners. Regular visitors to prostitutes are often Med. Med. is always better after discharges (like Lachesis who is also sexually oriented). Being passionate, he cannot keep off his sexual passion for long and go forward. It is here that Med. can’t keep himself away from anxiety, panic and remorse after out-of-the-way sexual relations, esp. when he develops some sexually transmitted disorder. Many Med patients go the extreme defence of shamelessness in order to ward off feelings of shame, ‘Look at me, go ahead, look. I have no sexual shame’.

Med. is vulnerable to land into a full-blown addict, given his need for flamboyance and exaltation and emotional trauma of sexual abuse during childhood which evokes the shame. One has to understand that shame and addictions are natural partners. Deeply shamed Med. look outside and find ‘something’ that will take away his shame for a little while. Then Med. becomes a victim of ‘shame alone doesn’t inevitably cause addiction any more than addiction inevitably causes shame’. Med. is addicted not only to sex, but to a variety of forms like alcohol, morphine drugs, brown sugar, lottery, gambling etc.

Is Med. representative of the confusion, a male develops (and a woman is spared) owing to the single urethral tube and a single opening through which a man has to continue his journey for normal physiological excretion and for quenching sensual appetite? (1) Med. does represent this confusion through shifting for the latter, through development of gonorrhea and through the consequences of suppression of gonorrhea.

**Exuberant**

Every remedy in Materia Medica is like a living, vibrating individual that represents aches and pains, bits and pieces, beer and skittles, the ins and out and the thrills and spills and every remedy has two zones.

1. The normal zone where the personality traits are flexible, adaptive and creative.
2. The abnormal zone where the personality traits are inflexible, maladaptive and hence creative problems therefrom. Traits are “basic” to each individual but understanding that it is only the extremes of personality that make a trait problematic and thus a “disorder” is essential. Materia Medica is a record of “pathos” and hence it contains “disordered” state of the mind.

Med.’s exuberance should be understood from the normal zone in that they are intuitive, artistic, curious, and imaginative and free thinking. When taken to extremes, he moves into schizotypal personality disorder. He becomes an intuitive filled with magical thinking traits such as clairvoyance with the resulting social isolation (misanthropy), when he thinks that he is odd and unusual. He becomes oversensitive to real or imagined criticism (sensitive, reprimands to; touchy; easily upset by a harsh word).(2)

He often becomes an entertainer, actor etc. and becomes heavily involved in his relationships. He seizes the opportunity to become dramatic and seductive using his emotional sensitivity and sensuality to respond in an exciting manner. When driven to extremes, he becomes overly dramatic. This disturbs his I.P.R. (inter-personal relationship) resulting in introversion, self-accusation, remorse and despondency. As a matter of fact, he doesn’t want to cut off I.P.R., but heavy involvement, more from sexual orientation and curt, censorious behaviour coupled with misanthropy, quarrelsomeness and even cruelty make the situation difficult for others to continue I.P.R. He is himself rude with others and at the same time sensitive to the rudeness of others.(2)

The sycotic stigmata produce the exuberance at mind and physical level. Merriment produces an attraction to the outer world and the motive is to live the life fully (vivacious). Exuberance in Med. makes it ‘materialistic’. ‘Id’ has greater dominance and he cannot go for platonic love (Carc. has this amply). He has penchant for momentary excitements, fleeting adventures and shortsighted hedonism. Dilettante by trait, he falls in love easily and falls out of love just as easily. He believes in “life, liberty and the pursuit of joy” - chiefly his own! He demands a great deal, but surrenders little, particularly when it comes to his all-important freedom (selfish). He looks at life through his rose-colored glasses, over indulging in pleasure principle. Apparently he gives the feeling of being sociable, confident, vivacious, and self motivated. But careful interrogation allows a homoeopathic physician to know the innermost feelings and traits. When driven to extremes, he moves towards the ‘narcissistic’ personality

Med. needs to be compared with Mercurius. Merc. has ‘use and throw’ attitude. He has pathological detachment to family. He doesn’t go for anxiety of conscience and there is no guilt. Med. on the other hand, develops guilty feelings and remorse. Merc. is a real macho. It is syphilitic and hence more perverted. It has the central theme of ‘fluid consciousness’. (5)

Imbalanced

Med. cannot maintain a neutral state of mind. He is basically very sensitive, obsessive and although he lives in his emotional world with a lot of imaginations, ‘emotional intelligence’ is lacking. He behaves as an adventurous fellow, but he has not that organized and mature mind. Emotional push makes him hurried and crazy. He actually suffers from ‘chronic hurry sickness’. He has delusion that time passes too slowly and in order to get over this delusion, he jerks about like a water bug on a pond. When he eats, he may gulp down the food like a hound dog. He finishes his entire meal before his companions are through with the appetizer. The rapidity extends to all fields - thinking, moving, walking, and decision-making and also performing several things at once. He has a ‘polyphasic’ behavior and he can’t concentrate on doing one thing at a time. This results in ‘confusion’. He is unable to finish one job in an efficient manner.
This agitates him. Fussily, he bustles and makes mistakes to land into lack of confidence, despondence and frustration.

Med. presents the polarity, two opposing attributes, which pull the ego functioning to develop stress and strain and consequent psychic and somatic manifestations.

**POLAR OPPOSITES**

1. Absent-minded                          1. Active-minded
2. High-strung                             2. Unstrung
3. Timid                                     3. Courageous
4. Talkative                                  4. Indisposed to talk
5. Weakness of memory                               5. Active memory
7. Cross, depressed, or prostrated during day 7. Exhilarated and playful at night
8. Rudeness                          8. Sensitive to rudeness of others
11. Cruelty to animals                  11. Love of animals
14. Fear of darkness                       14. Better with the onset of darkness
15. Anticipation of death                                15. Even if serious, no fear of death

Due to these polar opposites, he develops the problem both with time and space and consequently as to his identity. He puts in his vibrant energy for the accomplishment of task(s) but rather than performance as the theme, to finish the task hurriedly becomes the motive. He becomes anxious and panicky and often behaves unconstrained. Argentum nitricum, (which is an offspring of Med. and Sulph.), shares a similar pattern with Med. (2) But Med. is clairvoyant and anticipates the future events, though he lacks the capacity to control. Arg-n. is non-clairvoyant, anxious, panicky, and busy fruitlessly. Procrastination is more pronounced in Med. than in Arg-n. Confusion hovers over both of them. Waiting is indeed a torture for both!

Med. feels a constant sense of urgency and he is impatient with the pace at which things occur. His experience of impatience is often the result of understanding the time it takes to complete a task. He works under unrealistic, self-imposed time limits and becomes abrupt. (2) He doesn’t understand that ‘life is a journey and not a destination!’

**Life as a dream**

Med. begins the journey of life as the vivacious one who wants to grab the joy of life. He rushes in life, physically, emotionally and mentally. He travels from a thrill-seeking personality to an anxious-reactive personality to develop Type A personality to land into varied psychic and physical manifestations. He has behaved crazy throughout and life now becomes boredom. He develops loss of adaptability and fear of insanity. Memory doesn’t stand by him; he does continue
making mistakes. There have been no close friends. He has behaved in a suspicious, mistrustful and manipulative way and others stand off him. As a counter-action he develops misanthropy and develops a strong delusion ‘someone is walking behind him and when he turns around there is no one or sees faces in the dark which are not really present or that everything seems unreal.’ This perception of unreality makes a homoeopathic physician aware of the magnitude of psychopathological states possessed by Med.

Med. represents the exuberant dancing of life, in an agile, nimble and ‘out of control’ way and heavily suffers from dispersed state of the mind, to the extent of loss of personal identity.(2)

References

Gonorrheal transmission

Active Gonorrhea